

# Fire Protection System Shutdown Request

Date: \_\_\_\_\_

Name of Company/Person performing work \_\_\_\_\_

Phone/Pager/Radio # where person performing work can always be reached \_\_\_\_\_

Name/Phone/Pager # of Requester \_\_\_\_\_

Location:

Campus \_\_\_\_\_

Building Name \_\_\_\_\_

Room(s) #'s \_\_\_\_\_

Description of Work \_\_\_\_\_

Type of FP system or Device Affected:

\_\_\_\_\_ Fire Alarm System \_\_\_\_\_ Fire Sprinkler System \_\_\_\_\_ Hydrant (Number \_\_\_\_\_ )

\_\_\_\_\_ Other FP System Describe \_\_\_\_\_

How will the system be affected? \_\_\_\_\_

Dates and Times work to be performed \_\_\_\_\_

A minimum of 48 hours notification required for all non-emergency related shutdown.

**SUBMIT COMPLETED FORM TO EHS & INSURANCE OFFICE Fax # 512-223-1035**

Date and Time: \_\_\_\_\_

Approved: \_\_\_\_\_  
EHS & Insurance Office

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Director of Buildings and Grounds

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Maintenance Supervisor

Date: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Explanation if Denied: \_\_\_\_\_

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## System Restoration

Date and time System restored: \_\_\_\_\_

Person restoring system: \_\_\_\_\_

Print Name

Signature

Date

Person Notifying Campus Police Dispatch \_\_\_\_\_

Print Name

Signature

Date

Campus Police Dispatch: \_\_\_\_\_

Print Name

Signature

Date

**FAX FORM TO EHS & INSURANCE OFFICE AT 512-223-1035**