

THE UNIVERSITY OF RHODE ISLAND

Planned Outage Notification

NOTIFICATION MESSAGE:

Outage Schedule/Building					
Outage Start Date:		Outage End Date:		Duration of Outage:	
Start Time:		End Time:			
Building(s) Affected:					

Type of Outage									
Water		Steam		Electrical		Gas		Other:	

Impact/Service Area(s)									
Domestic Water (Hot)		Electrical		Cooling		Alarm/Fire Suppression			
Domestic Water (Cold)		Elevator		Heating		Gas			
Restrooms/Plumbing Fixtures		Air/Environmental		Steam		Exit/Emergency Lights			

Description & Details:

URI Responsible Party	
Primary Contact:	
Secondary Contact:	

Onsite Contractor Contact	
Vendor/Contractor Name:	

Outage Approved By:

Approval Date:

Outage Notice Issued By:

Issue Date:

Facilities Operations Use Only

Support Needed from Facilities Operations (Lands & Grounds, Maintenance & Repair, Custodial, Utilities):

Work Orders Needed:

Related Work Order Number:

Are there any critical experiments that are going to be affected?

Yes

No

Excavation Required?

Yes. Dig Safe
Number _____

No

Confined Space Entry?

Yes. Contact
EH&S 874-7993

No