

## **Standard Operating Procedure**

I. Title: Outage Request

**II. Purpose:** Ensure outages are communicated to required stakeholders in a timely manner in order to minimize impacts to students, faculty, and staff.

#### **III.** Actions (Chronological Order)

- 1) **Requestor:** Obtain preliminary approval from project stakeholders to perform outage. Project stakeholders typically include the Client, Building Manager(s), General Contractor, and Shop/Zone support. Requestor must be affiliated with UT CPFM or UT System.
- 2) Requestor: Once the outage date has been agreed upon by <u>all</u> project stakeholders, fill out the Notification of Scheduled Outage Form and e-mail it to <a href="mailto:pmcs-outagerequest@austin.utexas.edu">pmcs-outagerequest@austin.utexas.edu</a> for construction-related outages, or the appropriate Zone for all other outages. Submit the Notification of Scheduled Outage Form seven (7) UT business days prior to the outage date requested.
- 3) **Construction Services:** E-mail the Notification of Scheduled Outage, with selected schedule date and time of the outage, to the building contacts, all shops involved, and all members of the Outage Distribution List.
- 4) **Requestor:** A Shop Supplement to Work Order must be submitted for the outage-related work to be performed by Shops.

### **IV.** Outage Cancellation Instructions

1) **Requestor:** Contact Construction Services at 471-7776, or via e-mail at <u>pmcs-outagerequest@austin.utexas.edu</u>, to process request for outage cancellation.

#### V. Resources

- 1) Building Contact List: http://www.utexas.edu/facilities/buildings/
- 2) Building Zone lookup: http://www.utexas.edu/facilities/request/zone/php
- 3) PMCS Construction Coordination: http://www.utexas.edu/pmcs.services/construction.html

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# **Notification of Scheduled Outage**

This notification concerns essential work that must be accomplished. In order to keep the inconvenience connected with this interruption to a minimum, this outage is subject to cancellation due to unforeseen conditions.

Date of Request:				
Service Interrupted:				
Building Affected:				
Areas/Rooms Affected:			 	
Include room, hall, crawl space, basement machine room, etc.				
Reason for Interruption:			 	
Is this an emergency?	Yes No		 	
Outage Date and Time:	Start Date:	Start Time:		
*Specify time. Do not enter, "When job is finished."	End Date:	End Time:		
Requested by:				
Phone Number:				
Work Order Number:				
Equipment Numbers:				
Shops Involved:			 	
Work to be performed by shops:				
Special Instructions:				

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