



EXAMPLE UTILITY DISRUPTION PERMIT FORM

BUILDINGS/ ROOMS DIRECTLY AFFECTED:		
SYSTEMS INVOLVED:		
REASON FOR SHUTDOWN:		
REQUESTED DATE(S):	DAY(S):	DURATION:
	<small>(M-F, Sa, Su)</small>	
START TIME <i>(Include Prep Time)</i> :	END DATE/TIME:	

Instructions: The General Contractor is responsible for completing this form and forwarding it to the Harvard University Project Manager (HUPM) for coordination with University Groups. The HUPM and the General Contractor shall collaboratively determine which systems/groups are affected and the appropriate contacts for each group. The HUPM is responsible for reviewing this document prior to the utility disruption, for coordination purposes only, and is in no way responsible for the safety of the workers performing the operation.

CONTRACTOR KEY CONTACT INFO:

Name: _____	Name: _____	Name: _____
Company: _____	Company: _____	Company: _____
Phone #: _____	Phone #: _____	Phone #: _____

Type of services affected: CHECK ALL AFFECTED UTILITIES THAT APPLY

POWER	WATER	AIR	STEAM	OTHER
<input type="checkbox"/> Access Controls	<input type="checkbox"/> Chilled Water	<input type="checkbox"/> Supply-Ventilation	<input type="checkbox"/> High Pressure	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Emergency Generator	<input type="checkbox"/> Condenser Water	<input type="checkbox"/> Supply-Cooling	<input type="checkbox"/> Medium Pressure	<input type="checkbox"/> Telephone
<input type="checkbox"/> Emergency Power	<input type="checkbox"/> Hot Domestic	<input type="checkbox"/> Supply-Heating	<input type="checkbox"/> Low Pressure	<input type="checkbox"/> Data Network
<input type="checkbox"/> Building Power	<input type="checkbox"/> Cold Domestic	<input type="checkbox"/> Exhaust-General	<input type="checkbox"/> Condensate Return	<input type="checkbox"/> Clocks
<input type="checkbox"/> Elevator	<input type="checkbox"/> Heating Hot Water	<input type="checkbox"/> Exhaust-Kitchen Hoods		<input type="checkbox"/> Audio/Visual
<input type="checkbox"/> Computers/Servers		<input type="checkbox"/> Exhaust-Toilet	DRAINAGE	<input type="checkbox"/> ATM
<input type="checkbox"/> Lighting	FIRE PROTECTION		<input type="checkbox"/> Sanitary	<input type="checkbox"/> Crimson Cash
<input type="checkbox"/> Corridors/Stairs	<input type="checkbox"/> Fire Suppression		<input type="checkbox"/> Storm Drain	
	<input type="checkbox"/> Sprinkler Protection			

Notifications may include the following. Please include other stakeholders as appropriate. All departments must consent to proceed.

Dept/Group	Name	Signature	Consent to Proceed? (Yes/No)	Date
<input type="checkbox"/>	Facilities Management			
<input type="checkbox"/>	Operations Center			
<input type="checkbox"/>	Fire Safety Services			
<input type="checkbox"/>	Engineering & Utilities			
<input type="checkbox"/>	Electrical Distribution			
<input type="checkbox"/>	Food Services			
<input type="checkbox"/>	Network Services			
<input type="checkbox"/>	Media Services			
<input type="checkbox"/>	Events Office			
<input type="checkbox"/>	Dean of Students Office			
<input type="checkbox"/>	Construction Mitigation			
<input type="checkbox"/>	HUEHS			
<input type="checkbox"/>				
<input type="checkbox"/>				



HARVARD
 Campus Services
 ENVIRONMENTAL HEALTH & SAFETY

Reviewed by (G.C.): _____

Date: _____

Reviewed by (HUPM): _____

Date: _____

Distribution: After each stage, HUPM/Owner's Representative will determine distribution as required.

Always Includes:		May Include:		Other:	
<input checked="" type="checkbox"/>	Initiator	Engineering & Utilities	Fire Safety Services	Events Office	
<input checked="" type="checkbox"/>	Facilities Management	Construction Mitigation	Network Services	Dean of Students Office	
<input checked="" type="checkbox"/>	Operations Center	HUEHS	Food Services	Media Services	