

<input type="checkbox"/> Coral Gables Campus # 713870	<input type="checkbox"/> Medical Campus # 741393	<input type="checkbox"/> RSMAS Campus # 746119	<input type="checkbox"/> UHealth Tower # 101537
<input type="checkbox"/> WATSCO # 401068	<input type="checkbox"/> Richmond / C-Stars # 401236	<input type="checkbox"/> Lennar Med. @ Gables	<input type="checkbox"/>

Project Manager/Supervisor to complete boxed portion and submit to Service Desk with a Minimum of 48 hours in advance of Shutdown or Impairment

Date of Notice: _____ Work Order # _____

Has this been scheduled with the customer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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The following will be shutdown: (please check one)

- Air Conditioning
 Electricity
 Fire Pump
 Extinguisher
 City Water
 Underground Tank System
 Automatic Sprinklers
 Alarm System
 Other (please specify) _____

Reason? (be specific i.e. what floor, suite or area) _____

Type? Planned Emergency Hidden Longterm Ongoing

Date of Impairment/Shutdown: FROM: _____ TO: _____

Time of Impairment/Shutdown: FROM: _____ TO: _____

Estimated Restoration Date: _____ Estimated Restoration Time: _____ (am / pm)

Contact for More Information:

Project Manager / Supervisor: _____ Phone: _____ Emergency: _____

Contractor / Vendor: _____ Phone: _____ Emergency: _____

The following building(s) will be affected:

To be completed by the PROJECT MANAGER / SUPERVISOR

Project manager / supervisor is to notify of Shutdown or Impairment and of return to normal operations to the required notification list below

FACILITIES ADMINISTRATION & PHYSICAL PLANT REQUIRED NOTIFICATION LIST	Customer Service Desk:		
	Gables: x8 8282	RSMAS: x5 4066	Medical: x6 6375
Red Tags <input type="checkbox"/> Yes	Occupants who need to be notified:	_____	Phone / Fax: _____
Notify Department Head <input type="checkbox"/> Yes			
Cease Hazardous Operations <input type="checkbox"/> Yes			
Charged Hose Lines and Extinguishers <input type="checkbox"/> Yes			
Notify Alarm Company <input type="checkbox"/> Yes			
Work to be Continuous <input type="checkbox"/> Yes			
Discontinue Welding, Cutting, Hot Work <input type="checkbox"/> Yes			
Discontinue Smoking <input type="checkbox"/> Yes			
Notify Fire Department <input type="checkbox"/> Yes			
Watchman Surveillance <input type="checkbox"/> Yes			
Notify Site Emergency Response/Fire Team <input type="checkbox"/> Yes			
Pipe Plugs/Caps/Etc. at Hand <input type="checkbox"/> Yes			
Emergency Connection Planned <input type="checkbox"/> Yes			
Director of Facilities Planning & Construction <input type="checkbox"/> Yes			
Director of Physical Plant <input type="checkbox"/> Yes			
Facilities / Building Manager <input type="checkbox"/> Yes			

**** Email & Fax a copy to the following departments ****

	Gables	RSMAS	Medical
AXA XL Insurance	(866) 880-4308	(866) 880-4308	(866) 880-4308
Email: RSVP_AMERICAS@axaxl.com			
AHCA (Hospitals Only)	Shutdowns over 4-Hours		(305) 593-3121
Risk Management	riskmanagement@miami.edu		
EH&S	firesafety@miami.edu		
Academic Services	x8 6293	-	-
Telecommunications	x8 3663 / 4300	-	-
Public Safety / Security	x8 1541	x5 4174	x6 8189