□ SHUTDOWN
□ IMPAIRMENT

UNIVERSITY OF MIAMI

□ Coral Gables Campus
# 713870

□ Medical Campus
# 741393

□ RSMAS Campus
# 746119

□ UHealth Tower
# 101537

□ WATSCO
# 401068

□ Richmond / C-Stars
# 401236

□ Lennar Med. @ Gables

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 ☐ No ☐

The following will be shutdown: (please check one) Special

☐ Air Conditioning ☐ Electricity ☐ Fire Pump ☐ Extinguisher System
☐ City Water ☐ Underground Tank

☐ 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:

TO: __________________________ TO: __________________________

Date of Impairment/Shutdown: __________

Time of Impairment/Shutdown: __________

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

Facilities Administration & Physical Plant

FACILITIES ADMINISTRATION & PHYSICAL PLANT

REQU...