

Project Manager/Facilities Manager:

Project Manager/Facilities Manager Email:

Coral Gables Campus	RSN	IAES			Richmond / C	2-Stars
WATSCO Center						
Project Manager/Supervis	or to complete hove	l nortion a	and submit to Fac	ilities Wor	k Control with	a Minimum of
Project Manager/Supervis			nutdown or Impa		k Control With	a Willimum OI
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Date of Notice: Service	Service Req. #: Work		Order #:		Has this been scheduled with the customer? Yes No	
	The following	will be shut	:down/impaired: (pl	ease check o		
	THE TOHOUTHE	, 50 5.140	Special	case oncor c		
AirConditioning E	Electricity Fire F	ump	Extinguisher System	City Wat	er Und	erground Tank
Automatic Sprinklers	Alarm System Othe	r (please spe	ecify)			
Scope of work						
Type? Planned	Emergency	Hidden	Long-te	rm	Ongoing	
Trade required on site:	Plumber	☐ Electric	-		Other	
Data of Immairmant/Shutda	num. FDOM:		TO:			
Date of Impairment/Shutdo Time of Impairment/Shutdo			TO:			
			то:			(
Estimated Restoration	Date:		Estimated Re	estoration Ti	me:	_ (am / pm)
Project Manager / Supervisor:			Phone:		Emergenc	y:
Contractor/Vandor:			Phone:		Emorgono	
Contractor/Vendor:					Emergend	y:
	The following	building(s) w	vill be affected:			
	To be completed	l by the PRO	JECT MANAGER / SI	JPERVISOR		
Project Manager / Supervisor to i					s to the required	notification list below:
Project Manager / Supervisor to I			d of return to norm	al operation	s to the required Service Desk	
REQUIRED CHECKLIST		pairment an	d of return to norm	al operation		notification list below: RSMAES: x5-4066
REQUIRED CHECKLIST Notify Fire Alarm Company		pairment an	d of return to norm Gables Other building	al operation Customer : x8-8282		
REQUIRED CHECKLIST Notify Fire Alarm Company Notify Municipal Fire Department		pairment an Yes Yes	d of return to norm	al operation Customer : x8-8282	Service Desk	RSMAES: x5-4066
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REQUIRED CHECKLIST Notify Fire Alarm Company Notify Municipal Fire Department Notify Department Head	notify of Shutdown or Im	pairment an Yes Yes	d of return to norm Gables Other building	al operation Customer : x8-8282	Service Desk	RSMAES: x5-4066
REQUIRED CHECKLIST Notify Fire Alarm Company Notify Municipal Fire Department Notify Department Head Notify Site Emergency Response/Fire Team Notify Director of Facilities Planning & Constructions	notify of Shutdown or Im	Yes Yes Yes Yes Yes Yes	d of return to norm Gables Other building	al operation Customer : x8-8282	Service Desk	RSMAES: x5-4066
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