□ IMPAIRMENT
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	Medical	□ UHealth T	Tower	☐ Lennar @ G	ables		
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 follow	ving will be shutd	own/impaired: (please ch Special	neck one)		
	☐ Air Conditioning ☐ Electricity ☐ Fire Pump ☐ Extinguisher ☐ City Water ☐ Underground Tank  System ☐ City Water ☐ Underground Tank						
☐ Automatic Sprinklers ☐ Alarm System ☐ Other (please specify)  Scope of work							
эсор	e of work						
Type Trad	Planned e required on site:	☐ Emergency ☐ Plumber	☐ Hidden ☐ Electrician	☐ Long-term ☐ HVAC	☐ Ongoing ☐ Other		
	Date of Impairment/S	Shutdown: FROM:		TO:			
	Time of Impairment/S						
	Estimated Restora	tion Date:		Estimated Restoration	Time:	(am / pm)	
Project Manager / Supervisor:Ph			Phone:		Emergency:		
	Contractor / Vendor:		Phone:		Emergency:		
		The fellows:		1 ho offeeted.			
		<u>I ne ionown</u>	ng building(s) wil	i be affected:			
To be completed by the PROJECT MANAGER / SUPERVISOR							
		-	•				
Projec	et Manager / Supervisor to	-	•	of return to normal operat	tions to the requ	uired notification list below:	
	ct Manager / Supervisor to a	-	•	of return to normal operat	tions to the requ	esk:	
REQU		-	•	of return to normal operat	tions to the requ		
REQU Notify Notify	UIRED CHECKLIST  Fire Alarm Company  Municipal Fire Department	notify of Shutdown or	☐ Yes ☐ Yes	of return to normal operat	omer Service De	e <u>sk:</u> al: x6 6375	
REQUE Notify Notify Notify	UIRED CHECKLIST  Fire Alarm Company  Municipal Fire Department Department Head	notify of Shutdown or	☐ Yes ☐ Yes ☐ Yes ☐ Yes	of return to normal operate Custe Gables: x8 8282	omer Service De	e <u>sk:</u> al: x6 6375	
REQUENCY Notify Notify Notify	UIRED CHECKLIST  Fire Alarm Company  Municipal Fire Department Department Head Site Emergency Response/	notify of Shutdown or t	☐ Yes	of return to normal operate Custe Gables: x8 8282	omer Service De	e <u>sk:</u> al: x6 6375	
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