### 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/impaired: (please check one)
- Air Conditioning
- Electricity
- Fire Pump
- Extinguisher
- City Water
- Underground Tank
- Automatic Sprinklers
- Alarm System
- Other (please specify)

**Scope of work**

**Type?**
- Planned
- Emergency
- Hidden
- Long-term
- Ongoing
- HVAC
- Other

**Trade required on site:**
- Plumber
- Electrician
- HVAC
- Other

**Date of Impairment/Shutdown:**
- FROM: ___________________
- TO: ________________

**Time of Impairment/Shutdown:**
- FROM: ___________________
- TO: ________________

**Estimated Restoration Date:**
- ___________________

**Estimated Restoration Time:**
- ___________________ (am / pm)

**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 to notify of Shutdown or Impairment and of return to normal operations to the required notification list below:

<table>
<thead>
<tr>
<th>REQUIRED CHECKLIST</th>
<th>Customer Service Desk:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Fire Alarm Company</td>
<td>Gables: x8 8282 Medical: x6 6375</td>
</tr>
<tr>
<td>Notify Municipal Fire Department</td>
<td></td>
</tr>
<tr>
<td>Notify Department Head</td>
<td></td>
</tr>
<tr>
<td>Notify Site Emergency Response/Fire Team</td>
<td></td>
</tr>
<tr>
<td>Notify Director of Facilities Planning &amp; Construction</td>
<td></td>
</tr>
<tr>
<td>Notify Director of Facilities &amp; Operations</td>
<td></td>
</tr>
<tr>
<td>Notify Facilities /Building Manager</td>
<td></td>
</tr>
<tr>
<td>Watchman surveillance in place</td>
<td></td>
</tr>
<tr>
<td>Impairment Red Tags attached to impaired equipment</td>
<td></td>
</tr>
<tr>
<td>Work to be continuous</td>
<td></td>
</tr>
<tr>
<td>Pipe plugs/caps/etc. on hand</td>
<td></td>
</tr>
<tr>
<td>Emergency connection planned</td>
<td></td>
</tr>
<tr>
<td>Welding, cutting, other hot work discontinued*</td>
<td></td>
</tr>
<tr>
<td>* Unless hot work is part of repairs to impaired EPS</td>
<td></td>
</tr>
<tr>
<td>Cease hazardous operations</td>
<td></td>
</tr>
<tr>
<td>No smoking</td>
<td></td>
</tr>
</tbody>
</table>

**Call / Email a copy to the following departments**

- **AIG Insurance:** GlobalProperty.Impairment@AIG.com
- **Toll Free:** 1-877-705-7287
- **AHCA (Hospitals Only) Shutdowns over 4-Hours** (305) 593-3121
- **Risk Management** riskmanagement@miami.edu
- **EHS** firesafety@miami.edu
- **UMPD / Public Safety** x8 6666 (Gables) x6 6000 (Medical)
- **Fire Dept (Gables):** fireprevention@coralgables.com / (Medical): fireprevention@miamigov.com

*Updated EHS 3/20/2024 (Medical)*