

<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/impaired: (please check one)

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

Scope of work _____

- Type? Planned Emergency Hidden Long-term Ongoing
 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)

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

REQUIRED CHECKLIST	Customer Service Desk:		
	Gables: x8 8282	RSMAS: x5 4066	Medical: x6 6375
Notify Fire Alarm Company <input type="checkbox"/> Yes	Other building occupants to be notified: <u>Phone / Fax:</u> _____ _____ _____ _____ _____ _____		
Notify Municipal Fire Department <input type="checkbox"/> Yes			
Notify Department Head <input type="checkbox"/> Yes			
Notify Site Emergency Response/Fire Team <input type="checkbox"/> Yes			
Notify Director of Facilities Planning & Construction <input type="checkbox"/> Yes			
Notify Director of Physical Plant/Facilities <input type="checkbox"/> Yes			
Notify Facilities /Building Manager <input type="checkbox"/> Yes			
Watchman surveillance in place <input type="checkbox"/> Yes			
Impairment Red Tags attached to impaired equipment <input type="checkbox"/> Yes			
<input type="checkbox"/>			
Work to be continuous <input type="checkbox"/> Yes			
Pipe plugs/caps/etc. on hand <input type="checkbox"/> Yes			
Emergency connection planned <input type="checkbox"/> Yes			
Welding, cutting, other hot work discontinued* <input type="checkbox"/> Yes			
* Unless hot work is part of repairs to impaired FPS <input type="checkbox"/> Yes			
Cease hazardous operations <input type="checkbox"/> Yes			
No smoking <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