UTILITY SHUTDOWN REQUEST FORM

SITE: _____ **SERVICE AFFECTED:** _____

DATE: _____ **DURATION:** _____

PURPOSE:

PLANNING MEETINGS HELD: Y/N____ MINUTES ATTACHED: Y/N_____

RISK:

INTERNAL SUPPORT REQUIRED (Y/N):

Maintenance:	_____	**Housekeeping:**	_____
Security:	_____	**Switchboard:**	_____
Infection Control:	_____	**Other:**	_____

RECOMMENDED MEASURES / STRATEGY:

EXTERNAL IMPACTS:

COMMUNICATIONS ISSUED:

BUILDING AREAS IMPACTED (Y/N):

Wing A	_____	**Floors**	_____	**Wing E**	_____	**Floors**	_____
Wing B	_____	**Floors**	_____	**Wing F**	_____	**Floors**	_____
Wing C	_____	**Floors**	_____	**Wing H**	_____	**Floors**	_____
Wing D	_____	**Floors**	_____	**External**	_____	**Areas**	_____

SERVICE LEGEND:

Heating (H)	**Emergency Power (E)**	**Ventilation (V)**	**Normal Power (P)**
Cooling (C)	**Water Supply (W)**	**Drains (D)**	**Fire Protection (F)**
Network/Telecom (T)	**Fire Alarm (A)**	**Humidification (U)**	**Security/Access/CCTV (S)**
Elevators (L)	**Medical Gas (M)**	**None (N)**	

DEPARTMENT AND SERVICES IMPACTED:

Ambulatory Care		**Emergency Department**	
Day Surgery		**Operating Rooms**	
Diagnostic Imaging		**Labour and Delivery**	
Critical Care		**MDR**	
Pediatrics		**Rehab**	
Mental Health		**Dialysis**	
Lab		**Pharmacy**	
Receiving/Stores		**Housekeeping**	
Kitchen		**Tim Hortons**	
ICT		**Administration and Support**	
Records and Education		**Volunteers**	
Foundation		**Patient Care Beds**	

ACCEPTANCE / AUTHORIZATION:

Area	**Director/Manager**	**Signature**
Area	**Director/Manager**	**Signature**
Area	**Director/Manager**	**Signature**
Area	**Director/Manager**	**Signature**
Area	**Director/Manager**	**Signature**
Area	**Director/Manager**	**Signature**
Area	**Director/Manager**	**Signature**

PLANNING DETAILS / SUPPORT DOCUMENTS ATTACHED (Y/N): _____

COMMENTS