

SERVICE SHUTDOWN PERMIT

Date of Request: _____

PO/Cost Center: _____

Date IN / OUT: _____

Project Name: _____

FOR ALL EMERGENCIES DIAL 5000

Life Safety System/s Impacted:

Other Building Systems Impacted:

Estimated Down Time:

Start Date:

End Date:

Requested By:

Start Time:

End Time:

Building(s) Affected:

Floor:

Exact Site Area:

Pillar:

Details of Work:

Checklist (All items must be checked)

Yes No	Work Information		Compliances
1.	Work affects life safety system/s?		Service personnel briefed on safety. (1-10)
2.	Hot Work?		Clearance with affected groups. (1-10)
3.	Confined Space Entry?		Shut down notice required. (4,5,10)
4.	Electrical Mechanical Service interruption?		Security personnel required. (7)
5.	Disruption to building Systems?		Fire extinguisher required. (2-3)
6.	Loud Noises / Strong Odours?		Safety barriers required. (2-4,7-10)
7.	Building Access/Egress blocked?		Supplementary cleaning required. (1-10)
8.	Work in ceiling spaces?		Notification of affected groups. (1-10)
9.	Drilling/Coring in occupied space?		Lock-out / Tag-out required. (4)
10.	System shutdown required?		Entry / Burn permit posted. (2-3)

Personnel Information (Name those on site who can be contacted during emergencies):

Company Name	First/Last Name	Cell Phone	Algonquin Contact
1.			
2.			
3.			

NOTIFIED BY EMAIL: (Minimum required is a FEOMS Coordinator and Security Desk)

Electrical Coordinator (Print):	Stakeholders Notified: YES	NO
Mechanical Coordinator (Print):	Stake Holder Description:	
Manager or Coordinator(Print):	SIGNATURE: _____	
Security - security@algonquincollege.com	Service Desk - 7710@algonquincollege.com	

Originator/Coordinator/Project Manager to action notifications:

	Yes	No(not req'd)	Yes	No(not req'd)	Yes	No
Alarm Company:					<input type="checkbox"/>	<input type="checkbox"/>
Fire Dept:					<input type="checkbox"/>	<input type="checkbox"/>
Other:					<input type="checkbox"/>	<input type="checkbox"/>

To be completed by Originator/Coordinator/Project Manager

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OFFICE USE ONLY WORK REQUEST NUMBER: _____