



# Utility Interruption

**University Requestor:**

Name:

Authorized By:

Phone:

Facility Operations  
Work Order #:

Email:

Building Name:

Today's Date:

Building Number:

## Type of Interruption

|                     |                   |                        |                          |
|---------------------|-------------------|------------------------|--------------------------|
| Domestic Cold Water | Fire Alarm System | Irrigation Water       | Road/Sidewalk            |
| Domestic Hot Water  | Fire Hydrant      | Process Compressed Air | Sewer                    |
| Electricity         | Fire Sprinklers.  | Process Cooling        | Specialty Water          |
| Elevator            | Fume Exhaust      | Process Heating        | Storm Drain              |
| Emergency Generator | Gas               | Process Steam          | Zone Temperature Cooling |
| Exhaust Air Flow    | Humidity          | Process Vacuum         | Zone Temperature Heating |

**Buildings/ Areas that are affected:**

**Room/ Location:**

**Start Date & Time**  
Date                      Time

**End Date & Time**  
Date                      Time

**Purpose for Interruption/Connection**

**Location/ Area work will be performed:**