



# REQUEST FOR SERVICE INTERRUPTION

Job Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

## PART I: SCOPE OF WORK:

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Date: \_\_\_\_\_ Stop Time: \_\_\_\_\_

If work is ongoing specify details: \_\_\_\_\_  
\_\_\_\_\_

Building Location: \_\_\_\_\_ Floor: \_\_\_\_\_ Room Number: \_\_\_\_\_

Description of work to be done and system affected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If other companies are involved please describe: \_\_\_\_\_  
\_\_\_\_\_

Does this affect the area below? Description: \_\_\_\_\_

Does this affect the area above? Description: \_\_\_\_\_

Does this affect neighboring areas? Description: \_\_\_\_\_

Requester/ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II: RISK ASSESSMENT:

(1) How will the risks be isolated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Describe safe work practices to be followed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) Describe personal protective equipment used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART III: APPROVAL(S) TO PERFORM THE SHUT DOWN:

\_\_\_\_\_  
Facilities Manager

\_\_\_\_\_  
Facilities Engineer

\_\_\_\_\_  
Other specify: ( \_\_\_\_\_ )

\_\_\_\_\_  
Person performing the work

Note: Once the work is complete, forward this form to NAC Project Manager for review and retention.