



Environmental Health, Safety and Insurance

Fire Protection System Shutdown Request

Date: _____

Name of Company/Person performing work _____

Phone/Pager/Radio # where person performing work can always be reached _____

Name/Phone/Pager # of Requester _____

Location:

Campus _____

Building Name _____

Room(s) #'s _____

Description of Work _____

Type of FP system or Device Affected:

____ Fire Alarm System ____ Fire Sprinkler System ____ Hydrant (Number _____)

____ Other FP System Describe _____

How will the system be affected? _____

Dates and Times work to be performed _____

A minimum of 48 hours notification required for all non-emergency related shutdown.

SUBMIT COMPLETED FORM TO EHS & INSURANCE OFFICE Fax # 512-223-1035

Date and Time: _____

Approved: _____ Date: _____
EHS & Insurance Office

Approved: _____ Date: _____
Director of Buildings and Grounds

Approved: _____ Date: _____
Maintenance Supervisor

Special Conditions: _____

Denied By: _____ Date: _____

Explanation if Denied: _____

System Restoration

Date and time System restored: _____

Person restoring system: _____
Print Name Signature Date

Person Notifying Campus Police Dispatch _____
Print Name Signature Date

Campus Police Dispatch: _____
Print Name Signature Date

FAX FORM TO EHS & INSURANCE OFFICE AT 512-223-1035