## **OUTAGE REQUEST FORM**

Form to be submitted 7 days prior to requested outage. Top portion to be completed by requestor (typed in).

Date: NCRF# / Proje Outage Reque Affected Syste								
Location:	<b>,</b>							
Shutdown Are	ea:	Abov	e Floor	Below Flo	or			_
Outage to Begin (Date/Time):		(MM/DD/YYYY): AM						PM
Outage to End (Date/Time):		(MM/DD/YYYY):						PM
Outage For:	. (= 0.00)		kdays	Weekend	s O	ver nights	AM	
Title Company/Dep						Email (if you want to be notified)		
PM		TTUHSC						Cell Phone
PM	TTU							
Contractor	110							
Client								
Client								
Client								
		TO B	E COM	PLETED BY PL	ANT OPE	RATIONS		
AFFECTED SH	OP(S)			Additio	onal Comm	nents:		
Elect	tric							
	nbing							
	Domestic Water							
	Cold Water							
	Hot Water							
	Hot Water Ret	urn						
	Not Water Net Natural Gas	ai ii						
	Medical Gas Type:							
Waste Lines								_
Waste times Sanitary Sewer								
	Acid Waste	•						
HVA								
	Steam							
	Chilled Water							
	Heating Water							
	Air Handler Ur	nit(s):						
	Chilled or Hea		r Pumps	:				
Fire	& Safety	. 0						
Fire Detection System Disabled:				☐ yes	no			
Fire Suppression System Disabled:				yes				
Disable Bells:				☐ yes				
	Affected Area(s):							
EMS / POEC Notified:					no			
Safety Services Notified:				☐ yes	=			
	Police Services No			yes				
	er Shon(s)							

El Paso Facilities and Operation: 915-215-4500