

UNC Pembroke Facilities Operations

Utility Service Interruption

Request Form Policy

[Electric, Water, Sewage, Natural Gas, Conditioned Air & Elevator]

Instructions

A. **Purpose:** This form is to be used to provide FOA [Facilities Operations Administration] with the appropriate information needed to authorize a requested utility service interruption on the campus UNCP. This policy will ensure proper communications between all parties involved have been addressed and that all Business Continuity needs have been addressed.

B. Where to Obtain Request Form and Instructions:
Facilities Operations WCC [Work Control Center] Phone: 521-6233

C. Distribution of Completed Form: The requestor will complete the top portion of the form and deliver it to the Facilities Operations WCC. The WCC clerk will stamp and initiate a work request to the Assistant Director of Facilities Operations.

NOTE:

The requestor must have a copy of the completed and signed USI form. The Assistant Director of Facilities Operations will approve, oversee and manage all outages, assuring compliance to the request.

*Form: USI-001
Drafted 9/15/05*

UNC Pembroke Facilities Operations

Utility Service Interruption Request Form

General Guidelines/Instructions:

- Completed request should be submitted to the Facilities Operations Work Order Control Center Phone: (910) 521-6233 Fax # (910) 521-6554
- **UNCP Facilities Operations request a minimum of 96 HRS (after request submission for scheduling and coordination with building users for building utility service interruption)**
- UNCP Facilities Operations will contact all affected departments and coordinate building utility outage around campus schedules. Contractor will be notified of approval or disapproval for interruption date.
- **Responsibility:** The requestor/company will be responsible for any unforeseen repair cost due to neglect or misunderstanding of job scope. Requestor will be responsible assuring that building utility service will be restored per initial interruption schedule even if utility interruption has to be re-scheduled.
- **Valid Permit:** This permit will be valid for the completion of the scheduled utility interruption and not entire project. In the event a re-scheduling request or another utility interruption request a new permit/request will be required.

Check Requested Utility Outage

Electric Water Sewage Natural Gas Conditioned Air Elevator

UNCP Project Name/Number: _____

Facility Name, Campus Location and/or Purpose: _____

Requested Project Start Date/Time: _____

Completion Date/Time: _____

Requestor: _____ Contact Phone No. _____

Company or Department Name: _____

Requestor Signature: _____ Date: _____

FOR PHYSICAL PLANT USE ONLY:

Record # _____
Work Order# _____

Facility Coordinator (If applicable) _____ DATE _____

Project Manager (If applicable) _____ DATE _____

Request Approved Not approved

COMMENTS: _____

HAS CAMPUS EMAIL NOTIFICATION REQUIREMENTS BEEN ADDRESSED via Adm. Sec. II? Yes (Attach copy) { } No

Asst. Facilities Operations Director _____ DATE _____

Completed copies are to be distributed to Requestor & PP Data Processing