



UTILITY SHUTDOWN REQUEST

NOTE:

1. TWO WEEKS notification is required for all shutdowns.
2. All shutdowns must be scheduled through the WCM Project Manager.
3. Any work involving hot work must be scheduled with EHS. A Hot Work Scheduling Request Form is required for all work outside of normal business hours.

WCM Project Name:

WCM Project Manager:

Contractor:

Contact Name:

Office Phone:

Cell Phone:

System Type:

Building:

Areas Involved:

Requested Shutdown
Date:

Start / Finish Times:

WCM Acct #:

Project Manager
Approval:

Date:

FCS Approval:

Date:

1300

WGC

BRB

Feil

Electrical

Comments:

Original: Project Manager

Copies: M. Murphy, P. O'Sullivan, V. Romano, A. Brown, J. Errante, H. Tepper, W. Halliday

Depts: EHS - ehs@med.cornell.edu

Email the completed form to: USR@med.cornell.edu