

Utility Outage Request Form

Date: _____

Location: _____

Reason for Outage: _____

***All outage submissions by contractors require a minimum 14-day lead time from the date outage submission is received by Utilities. Please allow 5 business days for decision on approval.**

Requested Start Date: _____ Start Time: _____ am pm

Requested End Date: _____ End Time: _____ am pm

- Utilities Affected:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Steam | <input type="checkbox"/> Chilled Water | <input type="checkbox"/> Domestic Hot Water |
| <input type="checkbox"/> Domestic Cold Water | <input type="checkbox"/> Deionized Water | <input type="checkbox"/> Distilled Water |
| <input type="checkbox"/> Compressed Air | <input type="checkbox"/> Vacuum | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Building Heat | <input type="checkbox"/> Electric Power | <input type="checkbox"/> Natural Gas |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Fire Suppression | |
| <input type="checkbox"/> Elevator | Elevator # _____ | |

Other: _____

Fire Alarm Devices and Areas Affected:			
Is Hot Work Involved? If yes. Work Type:	Yes <input type="checkbox"/> No <input type="checkbox"/> *Please see Hot Work Request Form on next page		
	Name	Phone	Email
Requester			
FS Project Manager			
Onsite Contact			
Sub-Contractor			
Prime Contractor			

Building Rep(s) Notified: _____

Request Sent To: _____

Date Submitted: _____

Date Approved: _____

Additional Comments: _____

Date Rejected: _____

****For Emergencies please contact One Call @ 865-946-7777****

PERMIT

FOR CUTTING AND WELDING

IMPORTANT—Follow precautions indicated*

Building: _____

Permit Issue Date: _____

Dept/Area: _____ Floor _____

Work to be done: _____

Permit Expires: _____

Operator Name: _____

Assigned Fire Watch Name: _____

Is this Fire Impairment? Yes No

*If YES, make sure to complete an Outage Request Form

Signed: _____

(Individual Responsible for authorizing welding and cutting)

Title: _____

Time Started: _____ Time Completed: _____

*Complete this Hotwork Permit including having the precautions followed, signed by someone in authority and hang this permit in the vicinity of the hotwork operation. Check list and signatures must be filled out with pen onsite. Once the hotwork is complete in the area observed and signed off as being safe, sign this permit and retain it for review.

PRECAUTIONS TO PREVENT FIRES

DO NOT CUT OR WELD UNTIL THE FOLLOWING

PRECAUTIONS HAVE BEEN TAKEN

Check each item below:

- The work area was personally examined.
- Sprinkler system is in operation.
- There are no flammable liquids or un-purged tanks in the area.
- The job will be confined to the area described on permit.
- Floors are clean.
- All combustibles have been located 35 feet from the job area and/or protected.
- All floor and walls openings within 35 feet have been covered tightly.
- Fire watchers have been assigned to the area and know how to give alarm.
- Ample extinguishing equipment for immediate use has been provided.
- All cutting & welding equipment was found to be in good repair.

** Notify UT Project Manager when work is expected to extend beyond completion time.

FINAL CHECKUP

The work area was observed for at least 60 minutes after work was completed and found fire safe.

Signed: _____

Title: _____ Date: _____ Time: _____

Outage Directives

- The 14-day minimum request time starts on the next business day after the Utilities department receives the request for outage. Please consider this when requesting dates.



- During the 14 days, requests are made to campus representatives. The dates are approved, adjusted, or rejected. Utilities will then send the information back to the Facilities Project Manager for distribution back to the original requester.
- All Materials must be onsite before official request is made.

❖ Star Impairment Hotline

This campus has an impairment program for fire protection equipment on site. We request that our impairment hotline be notified when expected to extend beyond one shift or one day, whichever is less, at 877-STARR50 (877-782-7750) or by email at impairments@starrcompanies.com. During normal business hours, the caller will be asked for specific details about the impairment. After hours, when prompted, the caller should record the following information:

- Name of caller and Company
- Physical address of plant
- Call back number
- Type of impairment/what is affected
- Estimated time until restoration
- Precautions that have been taken

The phone line is available 24 hours per day, 7 days per week.