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: ☐ Steam ☐ Chilled Water ☐ Domestic Hot Water

☐ Domestic Cold Water ☐ Deionized Water ☐ Distilled Water

☐ Compressed Air ☐ Vacuum ☐ Air Conditioning

☐ Building Heat ☐ Electric Power ☐ Natural Gas

☐ Fire Alarm ☐ Fire Suppression

☐ Elevator Elevator #_______

Other: ______________________________________________________________

Fire Alarm Devices and Areas Affected: ______________________________________

Is Hot Work Involved? Yes ☐ No ☐

If yes. Work Type: *Please see Hot Work Request Form on next page

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Requester</td>
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<tr>
<td>FS Project Manager</td>
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<tr>
<td>Onsite Contact</td>
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<tr>
<td>Sub-Contractor</td>
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<tr>
<td>Prime Contractor</td>
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</tbody>
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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: __________

*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.