



## Utility Outage/System Testing Notification Worksheet

Requested By: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date/Time  
of Outage: \_\_\_\_\_

Length of  
Outage/Testing: \_\_\_\_\_

Building (s) to  
be affected:  
  
\_\_\_\_\_

Authorized by:
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Rooms/Area to be affected: \_\_\_\_\_

Type of Shutdown:	Air Handler	Water: Select One	Hot	Cold	Both
	Chiller	Power: Select One	Partial		Total
	Elevator				
	Steam				
	Other (Please Explain) _____				

Type of Testing:	Fire Alarm (Please Select One)	Horns	No Horns
	Sprinkler/Suppression		

Reason for Outage/Testing:

\_\_\_\_\_

Affects the Outage/Testing  
may have on these & other areas:

\_\_\_\_\_