

# FORM 5: UTILITY SHUTDOWN REQUEST

Ver. #:

Ver. Date:

**Instructions:** Complete this form if the project requires shutdown of a building service or utility system, and/or access to a high voltage vault/space. Submit to the appropriate BCIT Facilities Foreperson/Manager within 5 **business days** of the proposed impact. When approved, submit the completed and approved form to SSEM for record keeping.

<b>Project #:</b>	<b>BCIT Liaison:</b>	<b>Cell #:</b>
<b>Contractor(s) Requiring Shutdown(s):</b>		
<b>Prime Contractor (if none, state BCIT):</b>		

## REQUESTED SERVICE(S)

Service	Location(s)	Date and Times	Reason/Scope
		Date(s): to	
		Date(s): to	
		Date(s): to	
		Date(s): to	
		Date(s): to	
Other:		Date(s): to	

## BCIT FACILITIES SERVICES APPROVAL

Req.	Position	Name	Signature	Date
<input type="checkbox"/>	Electrical Foreperson/Manager			
<input type="checkbox"/>	Mechanical Foreperson/Manager			
<input type="checkbox"/>	(Other)			

Notes:

**SSEM Use Only – Receipt Confirmation**

Date Received: \_\_\_\_\_