

SECTION 01 73 05

UTILITY INTERRUPTION – MECHANICAL, ELECTRICAL, PLUMBING

PART 1 - GENERAL

1.1 RELATED DOCUMENTS

- A. Drawings and general provisions of the Contract, including General and Supplementary Conditions and other Division 01 Specification Sections, apply to this Section.

1.2 SUMMARY

- A. Section includes administrative and procedural requirements governing the shutdown of mechanical, electrical, and plumbing services for proper notification of all impacted by shutdown.
- B. Contractor to complete attached outage request and submit to university project manager.
- C. Outage requests must be submitted in advance per the time periods identified on attached form.

PART 2 - PRODUCTS (Not Used)

PART 3 - EXECUTION

3.1 COORDINATION

- A. University staff will coordinate and announce internally to all impacted areas.
- B. Contractor & Subcontractors requesting outages must be present at specified time identified in approved outage request to initiate the start of outage. If contractors are not present, outage may be postponed.
- C. Examine products covered by an allowance promptly on delivery for damage or defects. Return damaged or defective products to manufacturer for replacement.

END OF SECTION 01 73 05

Facilities Management

UTILITY INTERRUPTION/ SHUTDOWN REQUEST FORM **INSTRUCTIONS**

1. Starting on page 2, fill out all necessary information on the Utility Interruption/ Shutdown Request Form.
2. On page 3, fill out all necessary information on the Utility Interruption/ Shutdown Method of Procedure.
3. Utility Interruption/ Shutdown Request Forms can only be submitted to the Outage Coordinator by a University Representative. All others will be returned to sender.
4. Contractors submit your request to your University Project Manager, not the contracts listed below.
 - a. Submit the Utility Interruption/ Shutdown Request Form and the Utility Interruption/ Shutdown Method of Procedure to:
Jesse.Walklett@CUAnschutz.edu
Cc...
David.Tilton@CUAnschutz.edu
Ron.Turner@CUAnschutz.edu
5. Requests for minor outages (**determined by severity of impact**) must be submitted to the Outage Coordinator seven (7) working days prior to the requested start date.
6. Requests for major outages (**determined by severity of impact**) must be submitted to the Outage Coordinator thirty (30) working days prior to the scheduled outage.
7. After receiving both the Utility Interruption/ Shutdown Request Form and the Utility Interruption/ Shutdown Method of Procedure, the Outage Coordinator will create an outage file and begin coordinating the request.
8. After the outage has been successfully coordinated, the request will be submitted for approval.
9. After the outage has been approved, the Outage Coordinator will send out the approved outage notice, create a meeting reminder for Facilities Staff, and send out the MOP followed by a Campus Announcement.

When an Outage is requested without the benefit of the minimum advance notice (7 days for a minor outage - 30 days for a major outage), **the Outage Coordinator will request that the Project Manager and Contractor still submit an adequate Method of Procedure (MOP) for the outage.** The requester will be responsible for distributing notices to the occupants of any and all affected area(s). The requester will also distribute a copy of the Outage Posting and a copy of the MOP to the Contractor and/or person performing the outage. The requester will then send, via email, the names of all the people they have distributed notices to, as confirmation to the Outage Coordinator.
ANY AND ALL DISPUTES WITH THE OCCUPANTS OF THE AFFECTED AREA(S) WILL BE RESOLVED BY THE REQUESTER.

In case of an EMERGENCY, contact the CSC at 303-724-1777



Facilities Management

UTILITY INTERRUPTION/ SHUTDOWN REQUEST FORM

Utility or Service Requesting to be Interrupted or Shutdown	
Affected Areas (Building & Room Numbers)	
Outage Requester (Name & Phone Number)	
Requested Start Time & Start Date	Time: _____ Date: _____
Anticipated Finish Time & Finish Date	Time: _____ Date: _____
University Project Manager (Name & Phone Number)	
University Back-Up Project Manager (Name & Phone Number)	
Contractor (Name & Phone Number)	
Sub-Contractor (Name & Phone Number)	
Facilities Management Building Representative (Name & Phone Number)	
Maximo Work Order Number or Project Number	
Additional Assistance Required? (Check All Required) *Facilities Maintenance Use Only*	Zone Staff ___ Electrical Staff ___ Plumbing Staff ___ HVAC Staff ___ Shift Staff ___ Other ___ (Who?) _____

Completely fill out the Method of Procedure section on page 3.

A missing or incomplete MOP will result in an automatic denial of the outage request.



University of Colorado
Anschutz Medical Campus

Facilities Management

UTILITY INTERRUPTION/ SHUTDOWN METHOD OF PROCEDURE

Clearly list all necessary actions in a step-by-step format that will be required for completion of this request.

Additional Notes: