

Request for Shutdown Notice Procedures:

1. A "Request for Shutdown Notice" form shall be completed by the Contractor for any required shutdowns of Queen's Services such as Electrical, Domestic Water, Fire Alarm, Heating or Cooling Systems, HVAC, Steam etc.
 - a. Written notice of a minimum of 3 business days is required for a localized shutdown.
 - b. Written notice of a minimum of 5 business days is required for a complete building system shutdown.
2. A "Request for Shutdown Notice" may be rejected or postponed at the discretion of Queen's University. Reasons may vary due to availability of personnel for time requested, lack of information, ongoing research that may be affected by the shutdown, or impacts to other events that may be scheduled within the time frame requested.
3. The "Request for Shutdown Notice" form shall clearly:
 - a. Summarize what work is required to be performed and why it is necessary. What equipment and/or systems will be impacted (it is within the Contractor's scope and responsibility to coordinate and investigate the impact on the building systems and occupant operations, with the collaboration of the Consultant and Queen's Project Manager).
 - b. What support is required from Queen's Physical Plant Services (PPS) Operations personnel for the requested shutdown.
4. The information on the "Request for Shutdown Notice" form will be used to generate the necessary work requests for the required supporting PPS Operations personnel. Notification will be to the building occupants.
5. Each "Request for Shutdown Notice" form is to be submitted to the Queen's Project Manager for approval and internal coordination.
6. Any "Request for Shutdown Notice" shall be discussed at the Contractor's bi-weekly site meetings to allow for the proper investigation, coordination, and to plan the work. Any rescheduling impacts incurred due to the rejection, postponement, or final scheduling of a "Request for Shutdown Notice" will not be reason for a claim by the Contractor.

REQUEST FOR SHUTDOWN NOTICE**Date submitted:** _____ **Requestor:** _____**Project # (if applicable):** _____**Date of shutdown:** _____ **Start Time:** _____ **End Time:** _____**Building/s affected** _____

_____**Service/s affected:** _____
_____**Fire Safety Implications:** _____
_____**Reason for shutdown:** _____**On site contact/s:** _____ **Cell#** _____**PPS Tradesperson Required: Yes** _____ **No** _____**Electrician:** _____**Plumber:** _____**Elevator Electrician:** _____**Refrigeration:** _____**Other:** _____**Additional Information:**

