##

## EMERGENCY OUTAGE NOTIFICATION

After completing this form, please send to faccomm@central.uh.edu for processing.

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| Informational Messages |
| OUTAGE PURPOSE: (insert brief overview statement to include why the outage is needed – i.e. new breaker installation, water leak repair, valve installation) |
| IMPACT MESSAGE: (insert brief statement to help the user understand what the outage will mean for them and their use of the building – i.e. no water during the outage or full power outage or blips) |
| Outage Schedule / Building(s) |
| **Outage Start Date:** | (day of week, mm/dd/yy) | Outage End Date: | (day of week, mm/dd/yy) |
| **Start Time:** | (outage start time) | **End Time:** | (outage end time) |
| **Building(s) Affected:** | (building name) | **Building No:** | (building number) |
| **Building(s) Affected:** | “ “ “ | **Building No:** | “ “ “ |
| **Building(s) Affected:** | “ “ “ | **Building No:** | “ “ “ |
| **Building(s) Affected:** | “ “ “ | **Building No:** | “ “ “ |
| Type of Outage |
|  |
| **[ ]**  | **Electric** | **[ ]**  | **Gas** | **[ ]**  | **Domestic Cold Water** |
| **[ ]**  | **DI Water** | **[ ]**  | **Condensate** | **[ ]**  | **Domestic Hot Water** |
| **[ ]**  | **Steam** | **[ ]**  | **Compressed Air** | **[ ]**  | **Chilled Water** |
| **[ ]**  | **Vacuum** | **[ ]**  | **Air Handling Unit** | **[ ]**  | **OTHER** |
|  |
| Primary Outage Contact |
| **Primary Contact:** |  | **Please call the Facilities Service Center, 24/7, at 713-743-4948 (FIXIT) to reach the Primary Outage Contact.** |
| **Secondary Contact:** |  |  |
| Onsite Contractor Contact |
| **Primary Contact:** |  | Position: |  |
| **Telephone:** |  | Email: |  |
| **Secondary Contact:** |  | Position: |  |
| **Telephone:** |  | Email: |  |
| Outage Review and Approval Process (FS Communications Office Use Only) |

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| --- | --- | --- | --- |
| **Outage Requested by:**  |  | **Request Date:** |  |
| **Outage Approved by:** |  | **Approval Date:** |  |
| **Outage Notice Issued by:** |  | **Issue Date:** |  |
| **Building Coordinator:** |  | **Sign Off Date:** |  |
| **Fire Marshal:** |  | **Sign Off Date:** |  |