## 

## EMERGENCY OUTAGE NOTIFICATION

After completing this form, please send to [faccomm@central.uh.edu](mailto:faccomm@central.uh.edu) for processing.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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) | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |  |