



SYSTEM SHUTDOWN REQUEST

Request Name _____

Request Type Select

(Note: Life-Safety ECS and Tie-in Request - Complete Section C)

COMPLETE THIS FORM IN ITS ENTIRETY.
Completed form must be received no later than five (5) working days
(Monday – Friday) prior to requested shutdown time.

A. CONTACT INFORMATION

**DEN DEPT. SUPERVISOR/
PROJECT MANAGER:**

DEN CONTACT PERSON NAME:

Radio Channel: _____

Radio Call Sign: _____

Cell Number: _____

DEN ADDITIONAL CONTACT PERSON:

Radio / Cell Number: _____

REQUESTED BY:

Name / Email: _____

Company: _____

On-Site Contact Person: _____

Office Number: _____

Cell Number: _____

Home Number: _____

B. SHUTDOWN INFORMATION

REQUESTED SHUTDOWN START:

Date: _____

Time: _____

SCHEDULED COMPLETION:

Date: _____

Time: _____

SPECIFIC PURPOSE OF SHUTDOWN:

**SPECIFIC LOCATIONS/ EQUIPMENT
AFFECTED:**

VENDORS AFFECTED:



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C. LIFE SAFETY (Acknowledgement – Relevant documents will be available for review at time of inspection)

Document	Acknowledgement		Initials
	Yes	No	
1 Contractor Check List Cover Letter	<input type="checkbox"/>	<input type="checkbox"/>	
2. Conditions for Shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
3. Contractors – New Requirements for Systems Testing	<input type="checkbox"/>	<input type="checkbox"/>	
4. Simplex Pre-inspection Check List	<input type="checkbox"/>	<input type="checkbox"/>	
5. ECS Pre-inspection Checklist	<input type="checkbox"/>	<input type="checkbox"/>	
6. NFPA 72-2016	<input type="checkbox"/>	<input type="checkbox"/>	

D. OTHER CONDITIONS

E. ATTACHMENTS INCLUDED

Yes No