

Safety, Security & Emergency Management  
Contractor Safety Procedures

## UTILITIES SHUTDOWN REQUEST

**ALLOW FIVE BUSINESS DAYS FOR REVIEW BY FACILITIES**

**FORM TO BE SUBMITTED TO SSEM UPON VERIFICATION BY FACILITIES (NO VERIFICATION REQUIRED)**

### Project Information

Project Name:	Start Date:
BCIT Liaison:	Office: Cell:
Company Name:	Office:
Site Supervisor:	Cell:

- NOTES:**
- This form shall be initiated by the SUBCONTRACTOR or CONTRACTOR requesting the service shutdown.
  - This form shall be sent to the BCIT Liaison for scheduling with the appropriate trades foreperson.
  - Contractors are not to assume that the shutdown will be scheduled on the date requested until notification from the BCIT Liaison.
  - Upon verification by BCIT Facilities Maintenance, the BCIT Liaison will send notification of the work to SSEM Projects (no verification required).

**PLEASE CONTACT YOUR BCIT LIAISON FOR ADDITIONAL INFORMATION**

### Description of work to be performed by Contractor

Type of Service:	Date(s) Required:
Start Time:	End Time:
<input type="checkbox"/> HVAC	<input type="checkbox"/> Power/Electrical
<input type="checkbox"/> Water	<input type="checkbox"/> Other (specify) _____

Scope of Work:

Contractor Signature:	Date:
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### BCIT Facilities Verification

Facilities Foreperson or Manager, Signature:	Date:
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Notes:

### SSEM Receipt Confirmation

Security Manager or Associate Director, Signature:	Date:
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