

UNIVERSITY PLANNING, DESIGN AND CONSTRUCTION

Request for Building System Coverage / Utility Shutdown

Data of Damast.	
Date of Request:	(five (5) working days prior to the required day
Note - If an emergency,	check here:
TO: CC (all):	Dan Severino, AVP, Facilities Operations & Management <u>das494@drexel.edu</u>
* *	o at ggd28@drexel.edu Micha Sabag at mts57@drexel.edu
Brian Smeltzer	at <u>bls343@drexel.edu</u> Jeffrey Andricola at <u>jna26@drexel.edu</u>
	at epm38@drexel.edu Aaron Jeter at alj79@drexel.edu t at ba639@drexel.edu Fateen Shuler at fos25@drexel.edu
	t at ba639@drexel.edu ck at cp42@drexel.edu Yaniv Berdugo at yb99@drexel.edu Yaniv Berdugo at yb99@drexel.edu
Degraphed Dry	
Requested By:	(Contractor)
Indicate building name, bu and, if possible, the actual	tilding #, floors, areas or rooms requiring utility/coverage; include room numbers by campus pl
and, if possible, the actual	Toom numbers.
Type of utility shutdown/c	overage: Plumbing () Electrical () Mechanical () Fire Protection (
Type of diffity shatdown/e	overage. I fullotting () Electrical () Wicchaineal () I lie i lottection (
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Reason for utility shutdow	
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Reason for utility shutdow Start date: Completion date:	n/coverage:
Start date: Completion date:	Approximate starting time:
Start date: Completion date: Requested for:	Approximate starting time: Duration of Coverage:
Start date: Completion date: Requested for: Foreman:	Approximate starting time: Duration of Coverage: (Subcontractor)
Start date:	Approximate starting time: Duration of Coverage: (Subcontractor)
Start date: Completion date: Requested for: Foreman: Signature of Superintende	Approximate starting time: Duration of Coverage: (Subcontractor)
Start date: Completion date: Requested for: Foreman: Signature of Superintende	Approximate starting time: Duration of Coverage: (Subcontractor)
Start date: Completion date: Requested for: Foreman: Signature of Superintende: Comments:	Approximate starting time: Duration of Coverage: (Subcontractor) nt: (GC/C)
Start date: Completion date: Requested for: Foreman: Signature of Superintende: Comments: cc: Project Manager - Plann Martin Bell - Environme	Approximate starting time: Duration of Coverage: (Subcontractor) nt: (GC/C) mg, Design & Construction ntal Health and Radiation Safety mwb32@drexel.edu
Start date: Completion date: Requested for: Foreman: Signature of Superintende: Comments:	Approximate starting time: Duration of Coverage: (Subcontractor) ing, Design & Construction intal Health and Radiation Safety Safety (Fire) interpolation of Coverage: (GC/C) interpolation of Coverage: (GC/C)