

ATTACHMENT 1: Outage Notification Form

Notification Message:

Outage Schedule / Building			
Outage Start Date:	Click or tap to enter a date.	Outage End Date:	Click or tap to enter a date.
Start Time:	Choose an item.	End Time:	Click or tap here to enter text.
Building(s) Affected:	Choose an item.	Building Room No:	Click or tap here to enter text.
Building(s) Affected:	Choose an item.	Building Room No:	Click or tap here to enter text.
Building(s) Affected:	Choose an item.	Building Room No:	Click or tap here to enter text.

Type of Outage					
<input type="checkbox"/>	Electric	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Domestic Cold Water
<input type="checkbox"/>	Sprinkler Systems	<input type="checkbox"/>	Air Handling Unit	<input type="checkbox"/>	Domestic Hot Water
<input type="checkbox"/>	Other				
Impact: Click or tap here to enter text.					

Responsible Party	
Primary Contact:	Click or tap here to enter text.
Secondary Contact:	Click or tap here to enter text.

Onsite Contractor Contact			
Primary Contact:	Click or tap here to enter text.	Position:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.	Email:	Click or tap here to enter text.
Secondary Contact:	Click or tap here to enter text.	Position:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.	Email:	Click or tap here to enter text.

Outage Approve by:	Approval Date: Click or tap to enter a date.
Outage Notice Issued by:	Issue Date: Click or tap to enter a date.