



# SYSTEM SHUTDOWN REQUEST

Request Name \_\_\_\_\_

Request Type \_\_\_\_\_

*(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:

Company:

Contact Person:

Office Number:

Cell Number:

Home Number:

## B. SHUTDOWN INFORMATION

REQUESTED SHUTDOWN START:

Date:

Time:

SCHEDULED COMPLETION:

Date:

Time:

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			
2. Conditions for Shutdown			
3. Contractors – New Requirements for Systems Testing			
4. Simplex Pre-inspection Check List			
5. ECS Pre-inspection Checklist			
6. NFPA 72-2016			

**D. OTHER CONDITIONS**

**E. ATTACHMENTS INCLUDED**

Yes  No