



FIRE PROTECTION SYSTEM SHUTDOWN REQUEST

Date of Request: _____

Name of company/person performing work: _____

Phone/cell where they can be reached 24/7: _____

Name and cell of SUNY project manager or representative: _____

Location: Building: _____ Room #s / Area: _____

Description of Work: _____

Type of fire protection system or device affected: (check all that apply)

Fire alarm system Fire sprinkler system Hydrant # _____

Other FP system: _____

Exact date(s) and time(s) work is to be performed: _____

(a minimum of 72 business hours required for all non-emergency related shut downs)

**** ATTENTION SUNY PROJECT MANAGER:** Submit completed form to EH&S, SB 110A, Attn: Scott Schulte (by fax 845-257-6915). Request is not considered complete until EH&S approval **

READ INSTRUCTIONS BELOW CAREFULLY

<ol style="list-style-type: none"> 1. Any field left blank or incomplete will result in denial of request. 2. Shutdown request must be submitted by SUNY Project Manager or Director/Asst. Director of FOC. 3. Work cannot begin if there is a chance of fire alarm activation, without approval via signed form. 4. Approved form must be posted with Building Permit, Hot Work Permit, etc. 5. Person(s) performing work must confirm shutdown has been effected prior to commencement of work. Overtime approval must be arranged between Director/Asst Director FOC & SUNY Project Mgr. 6. Work requiring shutdown or turn on during holiday or weekend requires 120 business hours notice. 7. If dust is created, area must be ventilated prior to alarm being returned to service 	<ol style="list-style-type: none"> 8. If dust is created, smoke and heat heads must be covered, even when devices are disabled: <ol style="list-style-type: none"> a. Powder-free latex glove or shower cap b. Painters tape c. NO duct tape! 9. Damage to fire alarm devices will be the responsibility of the person/company performing work. 10. Normal hours for shutdown or turn on is 7:00 a.m. – 3:00 p.m. Hours needed outside that time must be pre-approved through FOC via SUNY Project Manager. 11. Persons/entities/organizations deemed by EHS to be causing nuisance/false alarm activations due to failure to follow impairment guidelines may be subject to STOP WORK ORDER, or removal from site.
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FOR EH&S USE ONLY:

Approved by: _____ Date: _____ Work Request # _____
Special instructions: _____

Denied by: _____ Date: _____
Reasons for denial: _____