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

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
8. If dust is created, smoke and heat heads must be covered, even when devices are disabled:
   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.

FOR EH&S USE ONLY:

[ ] Approved by: __________________________ Date: ______________ Work Request # __________
Special instructions: ________________________________________________________________
_________________________________________________________________

[ ] Denied by: __________________________ Date: ______________
Reasons for denial: ______________________________________________________________
_________________________________________________________________

WHITE ⇒ PROJECT MANAGER       YELLOW ⇒ EH&S       PINK ⇒ FOC