

**UCSF Medical Center**  
**Facilities "Impact Request" Form**

UTILITY SHUTDOWN

MAINTENANCE ASSISTANCE

SYSTEM IMPACT

Mount Zion

Moffitt / Long

Mission Bay

Date Submitted		Project #:		Work Order #:		Impact #:
Project Title:			Provide names of site Supervisors:			
Project Manager		Office:			Pager:	
		Email			Cell:	
General Contractor:			Superintendent:			Phone:
Sub-Contractor:			Foreman:			Phone:

Building

Floor

Room #

- |          |                   |                    |                    |                           |
|----------|-------------------|--------------------|--------------------|---------------------------|
| DCW      | Heating Water     | Electrical Panel   | Facilities IMPACT  |                           |
| DHW      | Chilled Water     | Electrical Circuit | Maintenance Assist | <i>Oxygen</i>             |
| Waste    | MP Steam          | Lighting           | Low Voltage        | <i>Nitrous Oxide</i>      |
| Vent     | LP Steam          | Fire Sprinkler     | Natural Gas        | <i>Medical Air/Vaccum</i> |
| DI Water | Condensate Return | Fire Alarm         | Fan                | <i>Nitrogen</i>           |

OTHER (Equipment Specify) \_\_\_\_\_

Contract Drawing Reference:			
Estimated Duration:		Review Date REQUIRED MATERIALS & STAFFING ON SITE:	
Requested Date for Activity:			
<b>DO NOT WRITE BELOW THIS LINE: FACILITIES MANAGEMENT USE ONLY</b>			
Research by:		Date Started	
Shutdown Scheduled:			
Date:		Time:	Duration:

**EMAIL TO FACILITIES MANAGEMENT: [impact2@ucsf.edu](mailto:impact2@ucsf.edu)**