



# SJC Airport Utilities Shutdown Request Form

Revised: 11/18/20

Please complete all the fields before submitting the form to the Airport. If you require additional space, please attach a separate sheet. If you have questions or need assistance or clarification filling out the form, contact Airport Planning & Development.

Today's Date: \_\_\_\_\_

Shutdown Name (Location, Utilities Shut-off): \_\_\_\_\_

Project Name: \_\_\_\_\_

## Shutdown Requests:

Electric

Data

HVAC

Domestic Water

Fire Sprinkler System

Fire Alarm System

Natural Gas

Other: \_\_\_\_\_

Start Date of Shutdown: \_\_\_\_\_ , \_\_\_\_\_ Start Time: \_\_\_\_\_

Date Restored: \_\_\_\_\_ , \_\_\_\_\_ Time Restored: \_\_\_\_\_

Total Duration of Shutdown: \_\_\_\_\_

Location: List ALL Building(s), Floors, Rooms, Corridors, Areas:

Building(s):

Floor(s):

Room(s)/ Corridor(s) / Area(s):

## Scope of Work Description

Inaccurate or incomplete information may cause delays to this request.

**Please also indicate any known impacts (i.e. impact to Tenants, Operations, Facilities, Public, etc.) and attach map of affected areas.**

1. Is a permit required for the scope of work? Yes No

If **yes**, please check the applicable permit:

Fire

Building

Electrical

Other: \_\_\_\_\_

Plumbing

Mechanical

Has the permit been issued? If yes, provide the permit #

Yes, Permit #: \_\_\_\_\_

No If not, indicate an estimated date for issuance of permit **Date:** \_\_\_\_\_

2. If an inspection is required, has an inspection request already been submitted/scheduled?

Yes

No - If not yet scheduled, please note that inspections typically must be scheduled at least 3 days prior.

\_\_\_\_\_ **[Initials]** *I understand that I am required to submit a shutdown request form with completed information at least (2) weeks prior to the shutdown start date and that requests that are submitted prior are not guaranteed. Please note that for main utility connections and shutdowns, the shutdown request form must be submitted at least (4) weeks prior to the shutdown start date.*

**Note: Please also complete the following MOP Form, which will need to be attached to your future NOW.**

### AIRPORT USE ONLY:

The Utilities Shutdown Request & MOP Form has been reviewed and approved by:

Planning & Development: \_\_\_\_\_ Date: \_\_\_\_\_

Facilities & Engineering: \_\_\_\_\_ Date: \_\_\_\_\_

Airport Operations: \_\_\_\_\_ Date: \_\_\_\_\_

Airport Technology Services (ATS): \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_



## Method of Procedure (MOP) Form

Project Name: \_\_\_\_\_

Location and Utilities Shutoff: \_\_\_\_\_

MOP Start Date/Time: \_\_\_\_\_ MOP End Date/Time: \_\_\_\_\_

Specific Pre-job Meeting Location: \_\_\_\_\_

MOP Description of Work:

### Personnel Contact List

List all necessary contacts such as: General Contractor representative, Subcontractors, Airport Project Manager, Facilities representative, Airport Operations representative, ATS representative, etc.

Full Name	Initials	Title & Description of Responsibility	Company	Phone Number / Email Address	Check Box, if required to be on-site during shutdown
1. Airport Manager On Duty	MOD	Airport Operations - MOD 24/7 Call Number	SJC	phone: (408) 277 - 5100 cell: (408) 398 - 9304	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

## MOP Required Tools & Materials List

Check box for each applicable item and list additional tools necessary to perform the work, including: power tools, equipment, and PPE. Add any tools used during the shutdown that are not on the MOP Required Tool List.

Description	Check if applicable	Description	Check if applicable	Description
1. Basic Hand Tools		11. Pipe Threader		21.
2. Concrete Saw		12. Power Drills		22.
3. Electrical / Voltage Meter		13. Scissor Lift		23.
4. Fish Tape		14. Torch (other)		24.
5. Inductance Tester		15. Walkie-Talkie / Radio		25.
6. Jack Hammer		16. Welding Machine		26.
7. Ladder		17.		27.
8. Megger		18.		28.
9. Oxy Acetylene Torch		19.		29.
10. Phase Rotation Meter		20.		30.

## Safety Tools and Requirements

Check box for each applicable item and list additional safety tools and requirements that are determined by the job hazard analysis such as LOTO, PPE, and fall protection.

Description	Check if applicable	Description	Check if applicable	Description
1. Face Masks		11. Safety Glasses		21.
2. Dust Control Walk-off Mat		12.		22.
3. Fire Blanket		13.		23.
4. Fire Extinguisher		14.		24.
5. Fire Permit		15.		25.
6. Fire Watch		16.		26.
7. Flashlight		17.		27.
8. Gloves		18.		28.
9. Hard Hats		19.		29.
10. Lock-out / Tag-Out Kit		20.		30.

**MOP Procedure** List each step of the process in sequential order including: affected equipment, testing procedure. For LOTO requests, provide a general timeline (start/end time, requesting time for LOTO, and other items related to facilities' involvement)

Step #	Detailed Description of Task	Action by: Name of Personnel & Company	Start Time	Finish Time	Duration (min / hr)	Sign-off: Completion of work (Initial)
1	Contact Airport MOD to notify intent to commence and for approval to enter the site					
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