Appendix B

DIRKSEN COURTHOUSE PROP SHUT DOWN REQUEST FORM	1A. NAME OF EMERGENCY CONTACT Contractor Contact	1B. TELEPHONE NUMBER Contractor Contact
	2. OFFICE ISSUING PERMIT GSA Contact Office	

3. LOCATION FOR PERMIT	3A. BUILDING NAME Building Office	3B. SPECIFIC LOCATION WITHIN BUILDING Floor/Room Number/Area

4A. DATE OF WORK	5. DESCRIPTION OF SHUTDOWN:
00/00/0000	Example) Request to turn off the points at the fire alarm panel for the restrooms and duct detectors outside the restrooms on the 27th floor to allow soldering pipe connections together Request to shut down low rise electrical switchgear at 8 PM on Friday until 12 AM Saturday
4B. START TIME 00:00 ☐ a.m. ☐ p.m.	
4C. STOP TIME 00:00 ☐ a.m. ☐ p.m.	

6. EQUIPMENT AFFECTED BY SHUTDOWN: (Example) 27th floor smoke detectors, Low rise switchgear, tenant data rooms, etc.

7. LIST OF PROTECTIVE CLOTHING AND EQUIPMENT REQUIRED FOR WORK *(Include personal protection and public production)*
Description of PPE – Example) Face shield with safety glasses, gloves, Cal Suit, etc.

8. NAME OF PERSON PERFORMING WORK	9. NAME OF FIRE WATCH AT SITE
Contractor Contact	Contractor Contact

10. EMERGENCY PRECAUTIONS *(Include type of required fire extinguisher)* Description of Precautions – Example) 2 hour fire watch, ABC fire extinguisher, cover/remove combustibles, cover penetrations. The contractor must have approved permit available on site. Property Manager can cease work if no permit or not in compliance with emergency precautions. Qualified electricians on stand-by, approved safety and job hazard analysis plan approved by GSA Safety team

11. PREWORK SITE INSPECTOR

A. SIGNATURE Contractor Contact	B. NAME AND TITLE Contractor Contact	C. DATE

12. PERMIT ISSUED BY

A. SIGNATURE GSA Property Manager	B. NAME AND TITLE GSA Property Manager	C. DATE

13. POST-WORK CHECKUP INSPECTOR

A. SIGNATURE GSA Property Manager	B. NAME AND TITLE GSA Property Manager	C. DATE

SAMPLE