UTILITY AND SERVICE IMPACT PERMIT						
PART I (Filled out by Cor	ntractor or Requestor)					
Section A - Requestor	Information					
Date:		SDR#:		(for Majo	or projects onl	ly)
Prime Contractor:		GC Safety Manager:		_		
Contractor POC:		Phone:				
Section B - Date and T	ime of Impact - 21 day notice	required (form submission)	to VA)			
Start Date:	ine of impact. 27 day notice	Start Time:	to my			
End Date:		End Time:				
	his section may be revised d		l		,	
Medical Gas:	Oxygen	Nitrous Oxide	Air		/acuum	,
Electrical:	Feeder	Panel (#)	Riser		Circuit (#	_)
HVAC:	Air Handler	Exhaust Fan	1			
Plant:	Water	Steam	Natural Gas			
Plumbing:	Hot Water	Cold Water	Heating		Sewer	
or system reset to re	m system utilize Worksheet A estore to normal. Complete P		nultiple devices or	entire fire z		
Fire Alarm:	Device Type:		Device Identifier:			
Fire Suppression:	Sprinkler	Fire Pump	Jockey Pump	/ Pump		
Initiating Device:	Smoke	Heat	Pull	P	٩V	
Other:						_
	COR, Supervisor, or PM in co	ordination with Integrated P	Project Team - GC, E	Engineering	ј М&O, Safet	ty, etc)
Section A - COR / PM I	nformation	*** 20D/DM				
Date:		VA COR/PM:				
Project #		Email:				
Project Name:		Phone:				
Section B - Areas Effec	-					
List the rooms effected by	by the shutdown (Highlight roo	ms that contain Critical Missio	on equipment or func	tions)		
	In an a firm and a large					
Map of impacted areas and control shutoff points included with this form						
Work order(s) placed. WO #'s						
Section C - Shutdown Process						
Narrative to include sequ	uence to make utility safe and t	hen bring back on line; SOP m	nay be attached in lie	eu of a desci	ription.	

UTILITY AND SERVICE	E IMPACT PER	RMIT						
PART II Cont'd								
Section D - Special Issues	Required (Forms	highlighted belo	ow need to be pos	ted in the jobsite)				
Lockout:	Simple	C	omplex	Form Attached	(Complex Only)	N/A		
Electric "Live Work":	Yes No Form Attached							
Hot Taps:	NOT AUTHORIZED							
Hot Work Permit:	Yes	N N		Form Attached				
Hazard Assessment:	Yes	l N		Form Attached				
ILSM:	Yes			Form Attached				
VISN Notification:	Yes	N		Form Attached Form Attached				
Excavation &	ICRA: Yes Excavation & Yes		0	Form Attached				
Trenching:		· `						
Section E - Service repres	entative concurrer	nce (Service PO	C will print name,	job title, sign, and o	date)			
POC Name :		Title:	Sigr	nature:	Date:			
POC Name :		Title:	Sigr	nature:	Date:			
POC Name :		Title:	Sigr	nature:	Date:			
POC Name :		Title:	Sigr	nature:	Date:			
POC Name :	POC Name :		Sigr	nature:	Date:			
POC Name :	POC Name :		Sign	nature:	Date:			
POC Name :		Title:	Sigr	nature:	Date:			
POC Name :		Title:	Sigr	nature:	Date:			
POC Name :		Title: Sign		nature: Date:				
POC Name :		Title:	Signature:		Date:			
PART III (Routed to Signature	es per Section A)							
Section A - Approvals								
COR/Supervisor/PM name:			Signature:		Date:			
Shop Requiring Shutdown:		. Superviso	or approval below:					
Supervisor name:	Signature:			Date:				
L								
Shop Requiring Shutdown:					_			
Supervisor name:		Signature:			Date:			
Shop Requiring Shutdown:		Superviso	or approval below:					
Supervisor name:		Signature:			Date:			
OSEMS Safety Manager	·		 Signature:		 Date:			
OSEMS Safety Manager:								
General Foreman: Section B - Notification of	Employees		Signature:		Date:			
				7				
Owning Section Chief:	Recommenda	ation: A	pproval	Disapproval				
Signature:	Signature: Date:							
Chief, Engineering Service:				Date	: <u></u>			
Affected employees shall be	notified both before	e the onset of an	d after completion o	of the outage.				
	-		•	ALONCSCNotificatio	ns@va.gov			
	General Notifica	tion (3 Days Out)	- via LEAF request	t: https://leaf.va.gov/	/ISN22/600/public af	ffairs_office/		
General Notification (If less than 24 hrs) - Email request to: vhalonpublicaffairs@va.gov								

UTILITY AND SERVICE IMPACT PERMIT Section E - Service representative concurrence - If additional signatures are needed POC Name :__ Title: _____ Signature: ____ Date: POC Name :_____ Title: _____ Date: _____ Title: _____ Date: _____ POC Name : POC Name : Title: _____ Date: ____ POC Name :_ Title: _____ Date: ____ _____ Signature:____ Date: ___ POC Name :__ Title: Title: _____ Date: ____ POC Name : POC Name : Title: _____ Signature:___ Date: ___ POC Name :__ Title: _____ Signature: ____ Date: ___ POC Name :_ Title: _____ Signature:____ Date: POC Name :___ Title: _____ Date: ____ POC Name : Title: Signature:____ Date: ___ POC Name : Title: ______ Date: ____ POC Name : Title: _____ Signature:____ Date: Title: _____ Signature:____ POC Name :___ Date: POC Name: Title: Signature:_ Date:

UTILITY AND SERVICE IMPACT PERMIT: FIRE ALARM EQUIPMENT STATUS						
General Notes:						
1. Fill out form to ensure an accurate account of	f the fire system is kept					
VA Facilitates all programing.						
3. If fire alarm system is affected for more than 4	4 hours, ILSM and Fire	Watch forms are ne	eded. Final o	copies must be sent to the		
VA Electric Shop.						
What type of device						
Fire Alarm:	Device Type:		Device Iden			
Fire Suppression:	Sprinkler		e Pump	Jockey Pump		
Initiating Device:	Smoke	He	at	Pull/AV		
Who is putting the fire system into a trouble con	dition? (Name and Der	partment/Section)				
Electronic						
Contract						
Safety Office						
Other:						
Other.	·					
Has Safety Service been informed?	YES	NO		N/A		
	REPORT OF A	CTIONS				
Describe the work that is being conducted:						
Describe the work that is being conducted.						
Describe have the constraint in a set the first along						
Describe how this work will impact the fire alarm	i system:					
List the areas that will be affected - Building(s),	Area(s), Floor(s)+1, etc	D.:				
Describe how long the fire alarm system will be	affected- Time/date(s):					
Additional Comments:						
Additional Comments.						

UTILITY AND SER	VICE IMPACT PERMIT	: EXTENSION / AMMEND	<u>MENT</u>			
PART I (Filled out by C	ontractor or Requestor)					
Section A - Requesto	r Information					
Date requested:		SDR#:		(for Major projects only)		
Prime Contractor:		GC Safety Manager:		-		
Contractor POC:		Phone:				
	_ n Dates and Times of Impact		submission to VA			
Start Date:	,	Start Time:	,			
End Date:		End Time:				
	(This section may be revised					
Medical Gas:	Oxygen	Nitrous Oxide	Air	Vacuum		
Electrical:	Feeder	Panel (#	Riser	Circuit (#		
HVAC:	Air Handler	Exhaust Fan		/		
Plant:	Water	Steam	Natural Gas			
Plumbing:	Hot Water	Cold Water	Heating	Sewer		
_		eet A if shutdown effects only a	<u> </u>			
		of this form if multiple devices				
Fire Alarm:	Device Type:		Device Identifier	r:		
Fire Suppression:	Sprinkler	Fire Pump	Jockey Pump			
Initiating Device:	Smoke	Heat	Pull	AV		
Other:						
PART II (Filled out by	COP Supervisor or PM in	coordination with Integrated Pr	roject Team - GC	Engineering M&O Safety et		
Section A -COR / PM		coordination with integrated F1	oject ream - Go,	Engineering Mao, Salety, etc		
Date:	, , , , , , , , , , , , , , , , , , , ,	VA COR/PM:				
Project #		—— Fmail:	 Email:			
Project Name			Phone:			
•	acted by Chutdown During F					
	ected by Shutdown <u>During E</u>		a aquipment or fun	ctions)		
List the rooms effected	by the shutdown (Highlight re	ooms that contain Critical Mission	i equipment or fund	cuons)		
	Revised map of impac	cted areas and control shutoff poi	nts included with th	his form		
	Revised map of impact Work order(s) placed.	·	nts included with th	his form		
Section C - Shutdow	Work order(s) placed.	·	nts included with th	his form		
	Work order(s) placed.	·				
	Work order(s) placed.	. WO #'s				
	Work order(s) placed.	. WO #'s				
	Work order(s) placed.	. WO #'s				
	Work order(s) placed.	. WO #'s				
	Work order(s) placed.	. WO #'s				

UTILITY AND SERVICE IMPACT PERMIT: EXTENSION / AMMENDMENT							
PART II Cont'd							
Section D - Special Iss	ues Required (Forms	highlighted below n	eed to be posted	in the jobsite; Obt	tain new permits	as needed)	
Lockout:	Simple	Comp	lex	Form Attached (Co	omplex Only)	N/A	
Electric "Live Work":	Yes	No	NOT AUTUOR	Form Attached			
Hot Taps:	Vee	l No	NOT AUTHORI				
Hot Work Permit: Hazard Assessment:	Yes Yes	No No		Form Attached Form Attached			
ILSM:	Yes	No		Form Attached			
VISN Notification:	Yes	No		Form Attached			
ICRA:	Yes	No		Form Attached			
Excavation &	Yes	No		Form Attached			
Trenching:							
Section E - Service rep	presentative concurre	nce (Service POC wi	Il print name, job	title, sign, and dat	te)		
POC Name :		Title:	Signatu	ıre:	_ Date:		
POC Name :		Title:	Signatu	ıre:	_ Date:		
POC Name :		Title:	Signatu	ıre:	_ Date:		
POC Name :	 	Title:	Signatu	ıre:	_ Date:		
POC Name :		Title:	Signatu	ıre:	_ Date:		
POC Name :		Title:	Signature:		_ Date:		
POC Name :	POC Name :		Signature:		_ Date:		
POC Name :	POC Name :		Signatu	ıre:	_ Date:		
POC Name :	POC Name :		Signature:		_ Date:		
POC Name :	POC Name :		Signature:		_ Date:		
PART III (Routed to Signa	atures per Section A)						
Section A - Approvals							
COR/Supervisor/PM na	me:		Signature:		Date:		
Shop Requiring Shutdown:	:	Supervisor ap	proval below:				
Supervisor na	Supervisor name:		Signature:		Date:		
Shop Requiring Shutdown:		. Supervisor ap	proval below:				
Supervisor na		Signature:			Date:		
Shop Requiring Shutdown:	<u> </u>						
Supervisor na		Cupor vicor up	Signature:		Date:		
OSEMS Safety Manage	•		Signature:		 Date:		
General Foreman:	<u> </u>		Signature:		 Date:		
Section B - Notification	n of Employees						
Owning Section Chief:	Recommend	ation: Appro	val	Disapproval			
Signat				Date:			
				Duto.			
Chief, Engineering Serv	ice:			Date:			
Affected employees shall be notified both before the onset of and after completion of the outage. Construction Safety Committee Notified - Email: VHALONCSCNotifications@va.gov							
						effective - eff: /	
		ation (3 Days Out) - via ation (If less than 24 h				allairs_office/	

UTILITY AND SERVICE IMPACT PERMIT: EXTENSION / AMMENDMENT Section E - Service representative concurrence - If additional signatures are needed POC Name : Title: _____ Signature:____ Date: POC Name : Title: Signature: Date: POC Name :__ Title: ____ Signature:___ Date: ___ Title: ____ _____ Signature:___ POC Name : Date: POC Name :__ Title: _____ Signature:___ __ Date: __ POC Name : Title: _ Signature:_ Date: Title: Signature: POC Name : Date: POC Name :__ Title: _____ Signature:____ Date: POC Name :___ Title: ____ Signature:____ Date: POC Name :_____ Title: _____ Signature:____ Date: _____ POC Name : _ Signature:____ Date: Title: _____ Signature:____ POC Name :__ Date: POC Name :__ Title: ______ Date: _____ POC Name :___ Title: _____ Date: _____ POC Name : Title: _____ Signature:____ Date: _____ Title: POC Name : Signature:____ Date: