

## UTILITY AND SERVICE IMPACT PERMIT

### PART I (Filled out by Contractor or Requestor)

#### Section A - Requestor Information

Date: \_\_\_\_\_ SDR#: \_\_\_\_\_ (for Major projects only)  
 Prime Contractor: \_\_\_\_\_ GC Safety Manager: \_\_\_\_\_  
 Contractor POC: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section B - Date and Time of Impact - 21 day notice required (form submission to VA)

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_  
 End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

#### Section C - Systems (This section may be revised during Part II coordination)

Medical Gas:	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Nitrous Oxide	<input type="checkbox"/>	Air	<input type="checkbox"/>	Vacuum
Electrical:	<input type="checkbox"/>	Feeder	<input type="checkbox"/>	Panel (# _____)	<input type="checkbox"/>	Riser	<input type="checkbox"/>	Circuit (# _____)
HVAC:	<input type="checkbox"/>	Air Handler	<input type="checkbox"/>	Exhaust Fan	<input type="checkbox"/>			
Plant:	<input type="checkbox"/>	Water	<input type="checkbox"/>	Steam	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	
Plumbing:	<input type="checkbox"/>	Hot Water	<input type="checkbox"/>	Cold Water	<input type="checkbox"/>	Heating	<input type="checkbox"/>	Sewer

**When impacting fire alarm system utilize Worksheet A "Fire Alarm Equipment Status" if shutdown effects only an individual device or system reset to restore to normal. Complete Parts II and III of this form if multiple devices or entire fire zone is effected.**

Fire Alarm:	<input type="checkbox"/>	Device Type:	<input type="text"/>	Device Identifier:	<input type="text"/>
Fire Suppression:	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	Fire Pump	<input type="checkbox"/>
Initiating Device:	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	Heat	<input type="checkbox"/>
				Pull	<input type="checkbox"/>
					AV

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

#### Section D - Purpose of Shutdown

Describe the purpose of the utility and/or system impact.

### PART II (Filled out by COR, Supervisor, or PM in coordination with Integrated Project Team - GC, Engineering M&O, Safety, etc)

#### Section A - COR / PM Information

Date: \_\_\_\_\_ VA COR/PM: \_\_\_\_\_  
 Project # \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section B - Areas Effected by Shutdown

List the rooms effected by the shutdown (**Highlight** rooms that contain Critical Mission equipment or functions)

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 sequence to make utility safe and then bring back on line; SOP may be attached in lieu of a description.

## UTILITY AND SERVICE IMPACT PERMIT

### PART II Cont'd

#### Section D - Special Issues Required (Forms highlighted below need to be posted in the jobsite)

Lockout:	<input type="checkbox"/>	Simple	<input type="checkbox"/>	Complex	<input type="checkbox"/>	Form Attached (Complex Only)	<input type="checkbox"/> N/A
Electric "Live Work":	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
Hot Taps:	NOT AUTHORIZED						
Hot Work Permit:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
Hazard Assessment:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
ILSM:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
VISN Notification:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
ICRA:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
Excavation & Trenching:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	

#### Section E - Service representative concurrence (Service POC will print name, job title, sign, and date)

POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
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POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____

### PART III (Routed to Signatures per Section A)

#### Section A - Approvals

COR/Supervisor/PM name: _____	Signature: _____	Date: _____
Shop Requiring Shutdown: _____ Supervisor approval below:		
Supervisor name: _____	Signature: _____	Date: _____
Shop Requiring Shutdown: _____ Supervisor approval below:		
Supervisor name: _____	Signature: _____	Date: _____
Shop Requiring Shutdown: _____ Supervisor approval below:		
Supervisor name: _____	Signature: _____	Date: _____
OSEMS Safety Manager: _____	Signature: _____	Date: _____
General Foreman: _____	Signature: _____	Date: _____

#### Section B - Notification of Employees

Owning Section Chief:	Recommendation: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>
Signature: _____	Date: _____
Chief, Engineering Service: _____	Date: _____

Affected employees shall be notified both before the onset of and after completion of the outage.

<input type="checkbox"/>	Construction Safety Committee Notified - Email: <a href="mailto:VHALONCSCNotifications@va.gov">VHALONCSCNotifications@va.gov</a>
<input type="checkbox"/>	General Notification (3 Days Out) - via LEAF request: <a href="https://leaf.va.gov/VISN22/600/public_affairs_office/">https://leaf.va.gov/VISN22/600/public_affairs_office/</a>
<input type="checkbox"/>	General Notification (If less than 24 hrs) - Email request to: <a href="mailto:vhalonpublicaffairs@va.gov">vhalonpublicaffairs@va.gov</a>

## UTILITY AND SERVICE IMPACT PERMIT

### 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: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
POC Name : _____	Title: _____	Signature: _____	Date: _____
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## UTILITY AND SERVICE IMPACT PERMIT: **FIRE ALARM EQUIPMENT STATUS**

### General Notes:

1. Fill out form to ensure an accurate account of the fire system is kept.
2. VA Facilitates all programing.
3. If fire alarm system is affected for more than 4 hours, ILSM and Fire Watch forms are needed. Final copies must be sent to the VA Electric Shop.

### What type of device

**Fire Alarm:**

**Fire Suppression:**

**Initiating Device:**

Device Type:

Device Identifier:

☐

Sprinkler

☐

Fire Pump

☐

Smoke

☐

Heat

☐

Jockey Pump

☐

Pull/AV

Who is putting the fire system into a trouble condition? (Name and Department/Section)

Electronics ☐

Contractor ☐

Safety Office ☐

Other: ☐

Has Safety Service been informed?

☐ YES

☐ NO

☐ N/A

### **REPORT OF ACTIONS**

Describe the work that is being conducted:

Describe how this work will impact the fire alarm system:

List the areas that will be affected - Building(s), Area(s), Floor(s)+1, etc.:

Describe how long the fire alarm system will be affected- Time/date(s):

Additional Comments:

## UTILITY AND SERVICE IMPACT PERMIT: **EXTENSION / AMMENDMENT**

### PART I (Filled out by Contractor or Requestor)

#### Section A - Requestor Information

Date requested: \_\_\_\_\_ SDR# : \_\_\_\_\_ (for Major projects only)  
 Prime Contractor: \_\_\_\_\_ GC Safety Manager: \_\_\_\_\_  
 Contractor POC: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section B - Extension Dates and Times of Impact - 7 day notice required (form submission to VA)

Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_  
 End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

#### Section C - Systems (This section may be revised during Part II coordination)

Medical Gas:	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	Nitrous Oxide	<input type="checkbox"/>	Air	<input type="checkbox"/>	Vacuum
Electrical:	<input type="checkbox"/>	Feeder	<input type="checkbox"/>	Panel (#_____)	<input type="checkbox"/>	Riser	<input type="checkbox"/>	Circuit (#_____)
HVAC:	<input type="checkbox"/>	Air Handler	<input type="checkbox"/>	Exhaust Fan	<input type="checkbox"/>			
Plant:	<input type="checkbox"/>	Water	<input type="checkbox"/>	Steam	<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	
Plumbing:	<input type="checkbox"/>	Hot Water	<input type="checkbox"/>	Cold Water	<input type="checkbox"/>	Heating	<input type="checkbox"/>	Sewer

**When impacting fire alarm system utilize Worksheet A if shutdown effects only an individual device or system reset to restore to normal. Complete Parts II and III of this form if multiple devices or entire fire zone is effected.**

Fire Alarm:	Device Type:	<input type="checkbox"/>	Device Identifier:	<input type="text"/>
Fire Suppression:	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	Fire Pump
Initiating Device:	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	Heat
			<input type="checkbox"/>	Jockey Pump
			<input type="checkbox"/>	Pull
			<input type="checkbox"/>	AV

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

#### Section D - Purpose of Shutdown **Extension / Ammendment**

Describe the purpose of the utility and/or system impact.

### PART II (Filled out by COR, Supervisor, or PM in coordination with Integrated Project Team - GC, Engineering M&O, Safety, etc)

#### Section A -COR / PM Information

Date: \_\_\_\_\_ VA COR/PM: \_\_\_\_\_  
 Project # \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Section B - Areas Effected by Shutdown **During Extension / Amendment Only**

List the rooms effected by the shutdown (**Highlight** rooms that contain Critical Mission equipment or functions)

<input type="checkbox"/>	Revised map of impacted areas and control shutoff points included with this form
<input type="checkbox"/>	Work order(s) placed. WO #'s

#### Section C - Shutdown Process

Narrative to include sequence to make utility safe and then bring back on line; SOP may be attached in lieu of a description.

## UTILITY AND SERVICE IMPACT PERMIT: **EXTENSION / AMMENDMENT**

### PART II Cont'd

#### Section D - Special Issues Required (Forms highlighted below need to be posted in the jobsite; Obtain new permits as needed)

Lockout:	<input type="checkbox"/>	Simple	<input type="checkbox"/>	Complex	<input type="checkbox"/>	Form Attached (Complex Only)	___ N/A
Electric "Live Work":	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
Hot Taps:	NOT AUTHORIZED						
Hot Work Permit:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
Hazard Assessment:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
ILSM:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
VISN Notification:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
ICRA:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	
Excavation & Trenching:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Form Attached	

#### Section E - Service representative concurrence (Service POC will print name, job title, sign, and date)

POC Name : \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PART III (Routed to Signatures per Section A)

#### Section A - Approvals

COR/Supervisor/PM name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Supervisor name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OSEMS Safety Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

General Foreman: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Section B - Notification of Employees

Owning Section Chief: Recommendation: ☐ Approval ☐ Disapproval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief, Engineering Service: \_\_\_\_\_ 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](mailto:VHALONCSCNotifications@va.gov)

General Notification (3 Days Out) - via LEAF request: [https://leaf.va.gov/VISN22/600/public\\_affairs\\_office/](https://leaf.va.gov/VISN22/600/public_affairs_office/)

General Notification (If less than 24 hrs) - Email request to: [vhalonpublicaffairs@va.gov](mailto:vhalonpublicaffairs@va.gov)

**UTILITY AND SERVICE IMPACT PERMIT: EXTENSION / AMMENDMENT**

**Section E - Service representative concurrence - If additional signatures are needed**

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