**SECTION 01 17 91: UTILITY & CRITICAL SYSTEM OUTAGE CHECKLIST (OCL)**

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| **OUTAGE OBJECTIVE:**  |
| **PROJECT IMPACTS:** Detail below all campus buildings, utility systems and/or building systems thatare affected by the proposed outage work (i.e. buildings and building systems affected by electrical feeder work or repairs to steam lines; or building HVAC systems, elevators and lighting control systems affected by building fire alarm system work, or shut downs of user equipment affected by building process chilled water system modifications, sprinkler or fire alarm impairments): |
| **Building(s)/ System(s) affected:** | **Date/start time of outage:** | **Date/finish time of outage:** |
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| **PREPARATORY WORK:** Detail below all the required preparatory work to be completed prior to the actual outage work (i.e. equipment rigging, installation and connections of portable generator, shut down/ isolation of steam mains, switching of campus distribution feeders, sprinkler valve location and numbers, fire alarm zone identification, etc.): |
| **item #** | **Date(s)** | **Description of work item** |
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| **OUTAGE WORK:** Detail below the sequence of outage and restoration work to be performed(i.e. for chilled water system: shut down all affected equipment, LO/TO isolation valves, drain lines, make new system connections, flush lines, test, close valves, restore |
| **item #** | **Date(s)** | **Description of work item** |
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| **BROWN UNIVERSITY SPECIAL REQUIREMENTS:**(submit trades support work order; check off all items as applicable; add additionalproject-specific items as required) |
| **Project Service Order/Work Order #** |  |
| Campus utility/building record drawingsverified for project impacts to existing utility systems and/or building systems: |  |
| **GENERAL CONDITION ITEMS:** |  |
| * If generators required, what size, what loads, who provides and connects?
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| * WeldPower (generator service provider) to be on site to assist with generator operation?
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| * Parking lot closure impacts?
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| * City street closures?
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| * City police detail required?
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| * Brown Police detail required?
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| * Equipment disposal plan required?
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| * Waste Water discharge permit required?
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| * Fire watch needed?
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| **FM DIVISIONS:** |  |
| * Check all HVAC, fire alarm and security alarm systems during and after outage is complete
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| * Provide override keys for FM staff
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| * Monitor critical spaces (research, artifact storage, etc)
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| * Fume Hoods posted (if required)
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| * Custodial post all affected buildings “closed”
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| * Restrict card access during the outage, restore to normal post-
 |  |
| * Service Response outage notification to users drafted and issued
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| * Post notices in buildings affected
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| Will scheduled outage affect any fire pumps? |  |
| **BROWN PUBLIC SAFETY (DPS)** |  |
| * If fire alarm or egress lighting disconnected or unreliable, verify buildings unoccupied
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| * Fire watch posted for buildings without operable fire alarms (due to project) or any buildings with impaired fire suppression systems
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| * Monitor security alarms
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| * Provide card/key access for technicians
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| * Check security during outage
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| **COMPUTING & INFORMATION SYSTEMS (CIS)** |  |
| * Notify CIS at planning stage of all electrical outagesEmail to: [scmt@brown.edu](file:///C%3A%5CUsers%5Clmccue%5CDesktop%5Cscmt%40brown.edu)
 |  |
| * Notify CIS of system outagesEmail to: campuspoweroutages@brown.edu
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| * Monitor network systems
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| **ENVIRONMENTAL HEALTH & SAFETY (EH&S)** |  |
| * Assist with posting fume hoods
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| * Issue hot work permits
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| * Assist w/fire watch coordination & notifications to AHJ
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| **OTHER BROWN DEPARTMENTS** |  |
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| **EMERGENCY CONTACT INFORMATION** |
| **Contractor on-site & key staff contacts:****(authorized person for sprinkler or fire alarm)** | 24 hr. service #Main # |
| **Name** | **Position** | **Cell #** |
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| **Brown on-site & key staff contacts****(responsible person)** | 24 hr. service #Main # |
| **Name** | **Position** | **Cell #** |
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Brown notification list: *See attached*

**Design Submission Draft**

Engineer of Record Date

 **Construction Submission Draft**
Contractor Date

 **OCL Approval**
Director of Operations or Facilities Engineer Date