

SUBJECT: Planned Utility Interruption Request Form		REFERENCE # 10	
CLINTON REGIONAL HOSPITAL		PAGE: 1	
DEPARTMENT: HOSPITAL WIDE		OF: 2	
APPROVED BY:		EFFECTIVE: 1/10/2023	
		REVISED: 12/30/2024	REVIEWED: 4/15/25

Project Name			
Project Start Date			
Project Location			
Locations of Planned Utility Interruption			
1.			
2.			
3.			
4.			
5.			
6.			
Dates Planned for Utility Interrupt		Times Planned for Utility Interruption	
Utilities Affected			
Utility		Specific Services Affected (describe work that will affect each utility)	
Normal Power			
Emergency Power			
HVAC			
Oxygen			

Nitrous Oxide	
Nitrogen	
Domestic Water	
Boilers and Steam	
Heating Water	
Chilled Water	
Drain/Waste/Vent	
Project Manager	Name:
	Signature:
	Date:
Facility Representative	Name:
	Signature:
	Date:
Department Head of Affected Area	Name:
	Signature:
	Date: