

**150 KING STREET WEST
APPLICATION FOR STANDPIPE SHUTDOWN**

Drain Down Location: 150 King St W Floor: _____ Area _____ ONE APPLICATION PER FLOOR PER SHUTDOWN

Reason: _____

Date of Shutdown: _____ **Start Time:** _____ **Estimated Duration:** _____

Company Performing work: _____ **Work Permit:** _____

Individual Requesting Shutdown: _____

Office Use Only:

Received by Property Management: Date: _____ **Time:** _____

Authorized/ Not Authorized by: _____

Security Use Only: System number: _____

Security Officer's Name: _____

Mechanical Person's Name: _____

System Drained: Date: _____ Time: _____

Supervisory Plug Removed: YES ___ NO ___

Number: _____

Tenant Representative Advised: _____

Fire Department Officials Advised:

Name/ Badge Number: _____

Advised by: _____

Date: _____ Time: _____

System Card Removed: YES ___ NO ___

Number: _____

System Refilled: Date: _____ Time: _____

Supervisory Plug Replaced: YES ___ NO ___

System Card Replaced: YES ___ NO ___ Number: _____

Mechanical Person's Name: _____

Security Officer's Name: _____

Fire Department Official Advised:

Name/ Badge Number: _____

Advised by: _____

Date: _____ Time: _____

System Verified by: _____

Date: _____ Time: _____

TO BE RETURNED TO SECURITY SUPERVISOR ON COMPLETION OF DETAIL

****Standpipe Shutdown charged at \$50 per hour plus 15% administration fee and applicable taxes****

