



## Form

### Building Systems Shutdown Permit

Document #: COE-IM-FORM-0001

Version: 08

Project Name:		Capital Project Number:	
Initial Application Date:		Facility Name:	
Bldg ID# (i.e. CIT101):		Permit # (i.e. 1, 2, 3...): (if the permit is revised add R1, R2, or R3 at the end)	
		Date of Revision:	

**Permit for Planned shutdowns require 10 business days advance notice prior to start of shutdown to all review parties (PRT, Operations, IT, etc. - all affected parties that are listed in Section C).**

Refer to the accompanying standard operating procedure "COE-IM-SOP-0001 Building Systems Shutdown Procedure" for instructions on how to complete the form and a flow chart for the permit process.

Please note: Permits are intended for use within occupied facilities only.

Sections A and B may be rejected if they are not filled out legibly or in their entirety.

SECTION A - SHUTDOWN REQUEST INFORMATION - to be filled out by the contractor			
	Name		Number
City Project Manager			
Type of Shutdown	<input type="checkbox"/> Routine	<input type="checkbox"/> Planned	<input type="checkbox"/> Emergency
Contractor Contacts	Name		Number
Company			
Site Work Contact (who will be present for the work duration)			Cell:
			Email:
After Hours Contact			
Dates and Time of Work	Date		Time
Start:			
End:			

Reason for shutdown, description of work (includes work plan and work plan drawing – refer to procedure for work plan sample). If more space is required for reason and description than what is provided then please use a separate sheet. <b>Note: Consider the following when filling in this section. Will the shutdown activities impact IT/OCT, Security, building users / staff, any specialty systems? Is there potential for weather to impact the affected area or users as a result of the shutdown?</b>
<b>Will Temporary Services be provided? If so, describe what level of coverage.</b> <i>Example – domestic water will be shut down and bottled water will be provided for drinking and coffee areas.</i>

VER	Date	Revision Summary	Author
08	2026-03-10	Revisions to advance notice and contact info in section C for PRT	SHAWN ALLERS
07	2024-04-30	Revisions to permit numbering, fire alarm isolation, reviewers and approvals	SHAWN ALLERS

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**SECTION B - SHUTDOWN EFFECTS - to be filled out by the contractor**

Contractor to check boxes for all systems that will be affected by the shutdown.

*Items in Red font require pre-activity meetings to plan out shutdowns. All work involving energy isolation (separate permit) requires pre-activity meetings*

Mechanical		Electrical		Other					
<input type="checkbox"/>	<b>Air Handling</b>	<input type="checkbox"/>	<b>Fire Pump</b>	<input type="checkbox"/>	<b>Building Power</b>	<input type="checkbox"/>	<b>Motor Control Centers</b>	<input type="checkbox"/>	<b>Elevators</b>
<input type="checkbox"/>	<b>Fume &amp; Dust exhaust systems</b>	<input type="checkbox"/>	<b>Boilers</b>	<input type="checkbox"/>	<b>CDP, MDP, Main Tie Main and major sub panels</b>		<input type="checkbox"/>	<b>Traffic re-routing</b>	
<input type="checkbox"/>	<b>Building Heating</b>	<input type="checkbox"/>	<b>Compressed air</b>	<input type="checkbox"/>	<b>Building Security</b>	<input type="checkbox"/>	<b>Gas Detection and alarms</b>	<input type="checkbox"/>	Building Access / Egress
<input type="checkbox"/>	Building Cooling	<input type="checkbox"/>	Special Water systems	<input type="checkbox"/>	Secondary electrical distribution panels	<input type="checkbox"/>	Fire Alarm – panels, detection, annunciation	<input type="checkbox"/>	Interior Finishes
<input type="checkbox"/>	Domestic Cold Water	<input type="checkbox"/>	Domestic Hot Water	<input type="checkbox"/>	Emergency Generator	<input type="checkbox"/>	<b>IT / OCT– Network and Switches</b>	<input type="checkbox"/>	Special Applied Flooring
<input type="checkbox"/>	Controls (BMS)	<input type="checkbox"/>	Chillers	<input type="checkbox"/>	Variable Speed Drive	<input type="checkbox"/>	Phones	<input type="checkbox"/>	Washrooms
		<input type="checkbox"/>	Sprinklers	<input type="checkbox"/>	User Equipment / special systems	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Staff

**Special Precautions if any that are required:** (examples – welding screens for cutting, or barriers for high work, sprinkler system isolation requiring fire watch – refer to other permits that may be required)

**Date of Pre-Activity Meeting (if required)**

**Date**

*Notes: Daily step back meetings are required for activities that could result in business disruption, impact life safety, could affect the public or will require the COE to look after select systems during the shutdown period, please see procedure.*

Contractor to Describe Other Project Specific Permits or Plans Required (hot work, hazardous energy isolation (lock out tag out), traffic disruption, ground disturbance/ slab penetration (excavation), roof access, confined space, hazardous waste removal:

Are External Permits or Notifications Required for:	Yes	No	Are External Permits or Notifications Required for:	Yes	No
City Fire - Changes to hydrants, restrictions/ changes to fire access, water service, or impairments to fire alarm exceeding 2 hours.	<input type="checkbox"/>	<input type="checkbox"/>	EPCOR - Power interruption/ Re-energization	<input type="checkbox"/>	<input type="checkbox"/>
ATCO - Natural Gas Isolation/ Re-Establishment	<input type="checkbox"/>	<input type="checkbox"/>	Inspection Group - Inspection of completed work	<input type="checkbox"/>	<input type="checkbox"/>

Contractor is responsible for notifications to groups identified.

**MANDATORY REQUIREMENTS - FIRE ALARM, SECURITY, AND GAS DETECTION ISOLATION**

**This section is information as a reminder to contractors on tasks that are to be completed as part of work activities on projects having fire alarm and security isolation.**

YES	NO	FIRE ALARM / SUPPRESSION SYSTEM ISOLATION is REQUIRED UNDER THIS PERMIT
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Project Manager must obtain a Fire Safety Plan from the contractor before work begins. A Safety Plan must be reviewed and approved to ensure it is adequate for the work being done. <b>Contractors are responsible for having their own fire watch on site if required.</b> If required, a dedicated Fire Watch should be in place for the duration of the outage, with walk-through inspections on 1-hour intervals unless an approved engineered solution has been implemented.</li> <li>Contractor to notify Insurance and Claims Management (riskmanagementcontracts@edmonton.ca) on any Fire Alarm system impairment that will last longer than <b>8 hours</b>. Contractor to notify COE Fire Rescue on any impairment of the fire alarm system that lasts longer than <b>2 hours</b>. Contractor to notify COE Fire Rescue on any changes to hydrants, restrictions / changes to fire access, or water service.</li> </ul>

		<ul style="list-style-type: none"> <li>COE Insurance and Claims Management will require a copy of the safety plan and the shutdown permit for their records prior to the system being deactivated.</li> <li>The shutdown's description of work should describe panels, devices and networks that are being isolated.</li> <li>Just prior to the shutdown occurring the contractor shall contact COE Fire Rescue (through City approved maintenance contractor) on scope and duration of work (non-emergency)</li> <li>Contractor to contact COE approved Fire Alarm contractor (JCI/Tyco) to disable fire alarm monitoring and provide notification to COE Fire Rescue. This service through JCI is at the contractor's cost.</li> <li><b>Approved maintenance contractor is JCI/Tyco -- COEdmontonFireAlarmBypass@jci.com</b></li> </ul>
<b>YES</b>	<b>NO</b>	<b>SECURITY SYSTEM ISOLATION is REQUIRED UNDER THIS PERMIT</b>
<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> <li>Contact COE corporate security on isolation (780-496-8888)</li> <li>Contractor to notify Insurance and Claims Management (riskmanagementcontracts@edmonton.ca) on any Security system impairment that will last longer than <b>8 hours</b>. COE Insurance and Claims Management will require a copy of the work plan and the shutdown permit for their records prior to the system being deactivated.</li> <li>Describe panels, devices and cameras that are being shut down in the work plan</li> <li>Contact COE corporate security and COE FMS once the work is completed and the system is tested and re-instated as operational. Refer to procedure for testing requirements that need to be undertaken prior to contacting COE corporate security. COE corporate security may undertake a commissioning final check.</li> <li>Notified COE Facilities Operations once the system is re-instated by email</li> </ul>
<b>YES</b>	<b>NO</b>	<b>GAS DETECTION SYSTEM ISOLATION is REQUIRED UNDER THIS PERMIT</b>
<input type="checkbox"/>	<input type="checkbox"/>	
		<ul style="list-style-type: none"> <li>Contact COE corporate security on isolation (780-496-8888) and COE FMS</li> <li>Contractor to notify Insurance and Claims Management (riskmanagementcontracts@edmonton.ca) on any Gas Detection system impairment that will last longer than <b>8 hours</b>. COE Insurance and Claims Management will require a copy of the safety plan and the shutdown permit for their records prior to the system being deactivated.</li> <li>Describe panels and devices that are being shut down in the work plan</li> <li>Contact COE corporate security and COE FMS once the work is completed and the system is tested and re-instated as operational.</li> <li>Notified COE Facilities Operations once the system is re-instated by email</li> <li>Contractor to notify Insurance and Claims Management on any Gas Detection system impairment that will last longer than 8 hours.</li> </ul>
Identify Type of System (Ammonia, natural gas, propane, chlorine, refrigerant, CO, NOx, Ozone)		

**SECTION C - REVIEW OF SHUTDOWN REQUEST - to be filled out by the COE project manager**

COE project manager to fill out contact names and if review is required or for information only. COE Project Manager to consult with PRT for any FMS related contacts.

Only groups requiring INPUT to be on circulation, COE project manager to identify the date reviewed by the group in the Reviewed columns.

Reviewers identified below are providing a courtesy service to the project and cannot be held liable for the information provided or any item missed or not discussed in the review. As documented in the procedure, contractors are required to complete their own investigation of interfaces, research and due diligence prior to any shutdown.

Circulation Requirements				Reviewed		
Review is Required	Inform Only	Section	COE Contact - Name and Number/Email	Date YYYY-MM-DD	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	Security				
	<input type="checkbox"/>	EHS				
<input type="checkbox"/>	<input type="checkbox"/>	PRT Group (FMS) ( <a href="#">submit</a> to intake)				
<input type="checkbox"/>	<input type="checkbox"/>	Facility Operations				
<input type="checkbox"/>	<input type="checkbox"/>	Facility Engineering				
<input type="checkbox"/>	<input type="checkbox"/>	IT - Corporate OCT (crsitns@edmonton.ca)				
<input type="checkbox"/>	<input type="checkbox"/>	IT - Police				
<input type="checkbox"/>	<input type="checkbox"/>	IT - Fire				

**SECTION D - REVIEW COMMENTS - to be filled out by the COE project manager**

If review is undertaken in a construction meeting and comments captured in meeting minutes put discussion in section below – note resolution and construction meeting number and date. If more space is required please attach a separate sheet with the additional information to this permit.

**SECTION E - SHUTDOWN APPROVAL AND NOTIFICATION TO OCCUPANTS - to be filled out by the COE project manager**

Posting of notification of shutdown and effects to occupants is required and shall be by the operations or facility supervisor. Refer to sample template

Sign Off – Issued to COE Project Manager			
	Name (Print)	Signature	Date
City Project Manager			
Operations Supervisor			
IT / OCT* (crsitns@edmonton.ca)			
HSE**			

Note: \*As required

\*\* Copy of permit if environmental monitoring, hazardous material abatement is required.

\*\* Copy of permit to Corporate Occupational Hygiene Consultant

**SECTION F - SHUTDOWN CLOSE OUT - to be filled out by the contractor**

Close out of the permit is the responsibility of the contractor. A copy of the permit signed off and verified as complete is to be returned to the City of Edmonton project manager.

	Name (Print)	Signature	Date
Contractor			

All completed permits to be returned to the City of Edmonton Project Manager

Refer to procedure for definitions, additional information and sample notifications