|  |  |  |  |
| --- | --- | --- | --- |
| Project Name: |  | Project No.: |  |
| Contractor: |  | Date: |  |
| Consultant: |  | Consultant Project Manager: |  |
|  |  | Peel Project Manager: |  |

|  |  |
| --- | --- |
| **Facility:** |  |
| **Description of Work to be Performed:** | **Details:** |
| **Schematic or Sketch:** | |

**SHUTDOWN DETAILS:**

|  |  |  |
| --- | --- | --- |
| Date of Shutdown: |  | |
| Area: |  | |
| Equipment: |  | |
| Equipment or Valve Tag No.: |  | |
| Expected Shutdown Duration: |  | |
| Start of Shutdown: | Time: | Date: |
| End of Shutdown: | Time: | Date: |

**SIGN-OFF:**

|  |  |  |
| --- | --- | --- |
| **NAME:** | **SIGNATURE:** | **DATE:** |
| **Contractor:** |  |  |
| **Consultant:** |  |  |
| **Region PM:** |  |  |
| **Manager – WW Plant OP & Optimization:** |  |  |

**AUTHORIZED BY:**

|  |  |  |
| --- | --- | --- |
| **Manager – WW Treatment Capital** |  |  |

**EMERGENCY CONTACT INFO:**

|  |  |  |
| --- | --- | --- |
| **Contact Name:** | **Company:** | **Phone No.:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**DISPLAY THIS SIGN PROMINENTLY**

**(See attached Contingency Plan)**