



# BUILDING SYSTEMS SHUTDOWN REQUEST

EMAIL FORM TO: tdcprojects@cadillacfairview.com, tdcoperations@cadillacfairview.com and CF Project Manager  
Five (5) weeks minimum advance notice required for all shutdown requests

SYSTEMS AFFECTED (Please check applicable system)

ELECTRICAL  HVAC  CHILLED WATER  STEAM  DOMESTIC WATER  HEATING WATER

## GENERAL INFORMATION

CITY PERMIT NO. \_\_\_\_\_

TENANT \_\_\_\_\_

TENANT CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

BUILDING \_\_\_\_\_ FLOOR(S) \_\_\_\_\_

DATE \_\_\_\_\_ CF PROJECT LEAD/CONTACT \_\_\_\_\_

## CONTRACTOR TRADE INFORMATION

COMPANY \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

CELLULAR \_\_\_\_\_ EMAIL \_\_\_\_\_

## SCOPE OF SYSTEMS SHUTDOWN WORK

DATE OF WORK \_\_\_\_\_

HOURS OF WORK FROM \_\_\_\_\_ TO \_\_\_\_\_

AREAS AND/OR FLOORS AFFECTED DETAILED \_\_\_\_\_

SUMMARY OF WORK \_\_\_\_\_

Responsibilities of Contractor for Electrical Shutdowns: 1) Vacuum inside tubs 2) Clean all insulators 3) Fill all tub openings with proper fillers 4) Check all connections for tightness 5) Update all panel schedule  
All Vendors, Contractors and Consultants (Third Parties) shall comply, at its expense, with Cadillac Fairview's rules, regulations and requirements in connection with Covid-19, including, but not limited to, complying with CF's vaccination policy (which currently requires that all Third Parties that visit the Property be fully vaccinated), and shall ensure that their personnel including sub-vendors, contractors and consultants comply with same. Within five (5) days' of CF's request, the Third Parties should provide CF with such information with respect to the Third Parties and their Personnel and or sub-vendors, contractors and consultants as is reasonably required by the CF so that it can satisfy itself that the Third Parties have complied with the foregoing.

<b>FOR OFFICE USE ONLY</b>	
RECEIVED BY _____	DATE _____
ADDITIONAL INFO <input type="checkbox"/> INSURANCE	<input type="checkbox"/> WSIB <input type="checkbox"/> DWGS. <input type="checkbox"/> CONTACT SHEET
DISTRIBUTION <input type="checkbox"/> OPERATIONS	<input type="checkbox"/> TENANT RELATIONS <input type="checkbox"/> SECURITY & LIFE SAFETY <input type="checkbox"/> PROJECT MGMT
COMMENTS _____	
TRADE REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	_____