



UNIVERSITY OF NOTRE DAME
UTILITIES & MAINTENANCE DEPARTMENT
UTILITIES SERVICE
REQUEST FORM

In order to ensure that newly constructed building systems are ready for University provided utility services the following form and the associated specific System Request Forms must be completed and returned to the University of Notre Dame Utilities & Maintenance Department in order to schedule system checkout and service initiation. Failure to provide this completed request may result in project schedule delays. From the receipt of this form by the Notre Dame Utilities & Maintenance Department (David Brewton dbrewton@nd.edu) a service date will be scheduled within a maximum of two (2) weeks. Systems are NOT to be operated using University produced utilities prior to system checkout.

Party Requesting Service:

Company Name:
Contact Person:
Telephone No.:
Date of Request:

Project Information:

Project:

Service Requested:

Steam and Condensate: Domestic Cold Water:
Chilled Water: Domestic Hot Water:
Electrical: Compressed Air:
Emergency Electrical: Sanitary/Storm Sewers:

Service Details:

Requested Service Date:
Condition of Service: Complete Partial
Define extent of Partial Service:

Contractor Sign-off:

We the following contractors do certify that all work will be complete by the requested service initiation date for the above mentioned system. Such work shall include all necessary electrical work, mechanical piping, controls, etc. that is necessary to fully operate the aforementioned systems. Complete applicable sections of checklist attached.

General Contractor:
Electrical Contractor:
Mechanical Contractor:
Temperature Control Contr.:

Utilities Services Initiation Schedule Information: (Completed by UND Utilities)

Scheduled Checkout Date:
Number of Days Scheduled On Site:



UNIVERSITY OF NOTRE DAME UTILITIES & MAINTENANCE DEPARTMENT

STEAM SERVICE REQUEST FORM CHECKLIST

Building Envelope

Table with 2 columns: Item, Y/N. Rows include: Building envelope enclosed, Permanent, Temporary, Mechanical room/tunnel secure with joint UND/MC locks.

If Temporary please explain means and methods:

Three horizontal lines for providing details for temporary items.

Steam/Condensate System

Table with 2 columns: Item, Y/N. Rows include: Condensate piping circuit complete using permanent components, System filled with treated condensate (no raw water), Insulation complete, Gauges operational, Sample ports installed, Drains installed and closed, Overflow piping installed and open, Valves aligned for operation, Steam/condensate piping flushed and prepped per specs, Steam/condensate piping pressure tested, Condensate meter installed.

Condensate Pump & Controls

Table with 2 columns: Item, Y/N. Rows include: Discharge check valve installed, Condensate level probes installed, Pump motor rotation correct, Condensate pump panel rating matches motor HP and voltage, Condensate pump panel operational, Manual or automatic monitoring.

Contractor Representative: _____



CHILLED WATER SERVICE REQUEST FORM CHECKLIST

Building Envelope

Item	Y/N
Building envelope enclosed	
Permanent	
Temporary	
Mechanical Room secured with joint UND/MC locks	

If Temporary please explain means and methods:

Chilled Water System

Item	Y/N
System filled with treated chilled water (no raw water)	
Insulation complete	
Gauges operational	
Sample ports installed	
Drains and vents installed and closed	
Valves aligned for operation	
Chilled water piping flushed and prepped per specs	
Chilled water piping pressure tested	

Pump & Controls

Item	Y/N
Pump motor rotation correct	
Automatic controls operational	
Manual or automatic monitoring	
VFD Commissioning	

Contractor Representative: _____



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UTILITIES & MAINTENANCE DEPARTMENT
ELECTRICAL SERVICE
REQUEST FORM CHECKLIST

Building Envelope

Table with 2 columns: Item, Y/N. Rows include: Main Electrical Room Watertight, Main Electrical Room secured with joint UND/EC locks.

Electrical System

Table with 2 columns: Item, Y/N. Rows include: Grounding System complete (domestic/fire/structural/embedded electrode/etc), Main Substation Equipment installed (by UND), Metering operational (by UND), Primary Feeder Installed and Tested (by UND), Service Transformer Tested (by UND).

Contractor Representative: _____



UNIVERSITY OF NOTRE DAME
UTILITIES & MAINTENANCE DEPARTMENT

EMERGENCY ELECTRICAL SERVICE REQUEST FORM CHECKLIST

Building Envelope

Item	Y/N
Generator Room Watertight	
Emergency Electrical Room secured with joint UND/EC locks	

Electrical System

Item	Y/N
Generator properly grounded	
CBAS Controls connected	
ATS Controls connected	
Battery and Charger installed and connected	

Mechanical System

Item	Y/N
Generator and ATS(s) set and properly secured	
Generator isolators installed	
Exhaust Piping and insulation complete	
Fuel and Vent Piping Complete	
Radiator Ductwork Complete	
Fuel Tank full	

Contractor Representative: _____



UNIVERSITY OF NOTRE DAME
UTILITIES & MAINTENANCE DEPARTMENT

DOMESTIC COLD WATER SERVICE REQUEST FORM CHECKLIST

Building Envelope

Item	Y/N
Envelope Tempered to prevent freezing	
Mechanical Room secured with joint UND/MC locks	

Domestic Cold Water System

Item	Y/N
Piping Complete	
Insulation Complete	
Back Flow Preventer Installed and Tested	
Piping Flushed and prepared per specifications	
Pressure Tested	
Drains Installed	

Fire Protection Water System

Item	Y/N
Piping Complete	
Back Flow Preventer Installed and Tested	
Piping Flushed and prepared per specifications	
Pressure Tested	
Drains Installed	
PIV installed connected to FAP	
Flow and Tamper Switches monitored by FAP	
Fire Pump and Controller Commissioned (if applicable)	

Contractor Representative: _____



UNIVERSITY OF NOTRE DAME
UTILITIES & MAINTENANCE DEPARTMENT

DOMESTIC HOT WATER SERVICE REQUEST FORM CHECKLIST

Building Envelope

Item	Y/N
Building Fully Enclosed and Heated	
Mechanical Room secured with joint UND/MC locks	

Domestic Hot Water System

Item	Y/N
Piping Complete	
Insulation Complete	
Back Flow Preventer Installed and Tested	
Piping Flushed and prepared per specifications	
Pressure Tested	
Drains Installed	
Recirculation Pump and Heater installed	
CBAS monitoring installed	
Gauges operational	
Tempering valve installed and operational	

Contractor Representative: _____



UNIVERSITY OF NOTRE DAME
UTILITIES & MAINTENANCE DEPARTMENT

COMPRESSED AIR SERVICE REQUEST FORM CHECKLIST

Building Envelope

Item	Y/N
Envelope Tempered to prevent freezing	
Mechanical Room secured with joint UND/MC locks	

Compressed Air System

Item	Y/N
Piping Complete	
Pressure Tested	
Pressure Regulator and Filters installed and tested	
Air Dryer installed and operational	
CBAS monitoring installed	
Gauges operational	

Contractor Representative: _____



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UTILITIES & MAINTENANCE DEPARTMENT

SEWER SERVICE REQUEST FORM CHECKLIST

Building Envelope

Item	Y/N

Storm Sewer System

Item	Y/N
Piping Complete	
Building Piping Cleaned and verified	
Site underground piping cleaned and videotaped	
Manholes and Catch Basins cleaned and inspected	
Erosion Control and Illicit Discharge Permit in force	
Erosion Control Measures in place (including, but not limited to)	
Sediment/Erosion Fences	
Inlet Filters	

Sanitary Sewer System

Item	Y/N
Piping Complete	
Building Piping Cleaned of debris and verified	
Site underground piping cleaned and videotaped	
Manholes cleaned and inspected	

Contractor Representative: _____