UNIVERSITY OF TORONTO

FACILITIES AND SERVICES
UTILITIES AND BUILDING OPERATIONS

Date of last revision: 11/06/2025

Request for Building Mechanical Services Shutdown

This request shall be sent to the S**enior Manager, Client Experience & Building Operations** and the **Area Manager, Operations and Maintenance** of the affected area.

Please allow 10 business days for processing

To: Utilities and Building Operations **Date**: _____

Attention: **Salvatore Mantia, Senior Manager, Client Experience & Building Operations**
sal.mantia@utoronto.ca

Area:				
◉	North	John Walker	jd.walker@utoronto.ca	416-978-5064
○	Southwest	Harry Akbari	harry.akbari@utoronto.ca	416-978-7108
◉	Southeast	Artur Syrek	art.syrek@utoronto.ca	416-978-8645

Building: _____

Project: _____

Project No. _____

The requestor shall put as many details as possible to describe the actual work that requires services to be shut down such as: tie-in to existing services, modify existing services and systems, isolate the area of renovation, perform survey, perform asbestos abatement; etc.;
Provide supporting documents to aid in description of the work, affected areas and location of the services to be shut down / isolated such as: marked up plans or room numbers with approximate location of the valves to be isolated, location where the tie-in into the existing services will occur, etc.

SYSTEM TO BE ISOLATED and/or SHUTDOWN:

_____

_____

Areas affected by this shut down: _____

System Affected by this shut down: _____

Remarks :

_____

_____

_____

WORK TO BEGIN: **Date**:_____**Time:** _____ **A.M./P.M.**

Anticipated Duration of Shutdown _____ **Hours**

a) Is it possible that accessing services for shutdown may require to following the designated substances procedures:

◯ Yes ◯ No

If Yes, this Request shall ALSO be sent to Environmental Hazards Safety Coordinator doug.colby@utoronto.ca and Manager of Hazardous Substances Construction Group irfan.miraj@utoronto.ca.

b) This request is to shut down services to allow for designated substances abatement:

◯ Yes ◯ No

If Yes, this Request shall **ALSO** be sent to Environmental Hazards Safety Coordinator doug.colby@utoronto.ca and Manager of Hazardous Substances Construction Group irfan.miraj@utoronto.ca.

Name of Contractor and Contact Person: _____

Name of U of T Trades: _____

Charge to: _____ **Service Order Number**: _____

Name of U of T Requestor: _____
Print

Click below to send this document to an Area Manager

Artur Syrek **Harry Akbari** **John Walker**

Clear Form