

Shutdown Approval Request

REF / MSG No. _____

Requesting Agency :

Date:

Type of Shutdown : Planned

Ad-hoc

Emergency

Shutdown Requested For: Line

Transformer

Generating Unit

Others

Details:

Name:

Any Other Details:

Job Description Detail:

Start Time: Time

D/M/Y

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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End Time: Time

D/M/Y

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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Supervisor:

Name:

Contact #:

Any Comments:

Copy To:

Signature & Designation

For System Coordinator Office use only:

REF / MSG No. _____

Approved:

Not Approved:

Comments:

Conditions of shutdown:

- 1. Before actually switching off the element prior clearance may be availed from concerned authority.
- 2. The shutdown must be normalized within the approved period.
- 3. Affected customers should be informed through media well in advance before taking the shut down.

Copy To:

**Signature:
Designation:
Date:**