

## UTILITY SHUTDOWN WORKPLAN OUTLINE

COMPANY/DEPARTMENT NAME	
REQUESTOR NAME	
PHONE NUMBER	
EMAIL ADDRESS	

**PROVIDE OVERVIEW OF THE SHUTDOWN** *(Please specify what is being done, where, by who, and why)*

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**MAPS, PICTURES, AND/OR OTHER SUPPORTING DOCUMENTS ATTACHED?** YES NO

*(If yes, please attach them on Page 4 and 5)*

### **LOGISTICS**

- Who will be On-Site?

_____ Company Name	_____ Person to Contact	_____ Phone Number
_____ Company Name	_____ Person to Contact	_____ Phone Number
_____ Company Name	_____ Person to Contact	_____ Phone Number
_____ Company Name	_____ Person to Contact	_____ Phone Number
_____ Company Name	_____ Person to Contact	_____ Phone Number

- Where will people meet?

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- Where will people park?

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- How will vehicles be marked?

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- Where will the Coordination and Safety Meeting be held?

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- Who will escort who?

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- What are the routes to and from the worksite?

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- Will an inspection be required? If yes, by who?

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**SAFETY PLAN**

- Who will be completing Job Hazard Assessment (include PPE Plan) (JHA)? Indicate name, title, and contact information for individual(s) who will be onsite.

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- Have all workers been briefed on how to report safety hazards, incidents?  
Call Safety and Loss Control at **714-271-6892**.

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- Have all workers been briefed on how to report medical emergency, suspicious activity, Airport ID Badge access and lost badge issues? Call the Airport Communications Control Center at **949-252-5000**.

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- Company/Firm Contract Specific Safety Plan

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**PROJECT/TASK RISK MITIGATION PLAN** *(Please specify what is the plan if things don't go as planned)*

- If different tools or equipment are needed? *(Please list in detail)*

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- Unforeseen impacts on other assets?

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- Correct people don't show up?

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- Assets don't come back online?

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- Etc.

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**REQUESTOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MAPS, PICTURES, AND/OR OTHER SUPPORTING DOCUMENTS**

(Please attach here)

**MAPS, PICTURES, AND/OR OTHER SUPPORTING DOCUMENTS (Continued)**

(Please attach here)