

Operations, Enterprise Services, and Facilities

Standard Operating Procedure for Electrical Shutdown Notification Process

PURPOSE:

To outline the standard process for requesting, reviewing, and notifying stakeholders of planned electrical shutdowns for maintenance, construction, and other facilities-related activities within the San Diego Community College District (SDCCD).

# SCOPE:

This SOP applies to all electrical shutdowns affecting campus facilities, systems, or infrastructure whether full or partial initiated by internal staff, contractors, or vendors.

# **SHUTDOWN REQUEST PROCESS:**

A completed **SDCCD Shutdown Request Form** must be submitted for approval prior to proceeding with the planned shutdown.

**2 weeks (10 working days)** before a major shutdown, **or 3 working days** as stated on the form for basic system shutdowns.

# **REQUIRED APPROVALS**

* **Campus Vice President** must authorize all shutdowns prior to distribution of any notifications.
* **Director of Facilities Service Maintenance and Operations.**

# NOTIFICATION AND COMMUNICATION

Notification must be sent to the following District and campus stakeholders:

* **Facilities Division**
  + Facilities Director & Assistant Director
  + HVAC/Electrical Supervisor
  + Alarm Department
* **District IT Department**
* **Campus-Based Roles**
  + Campus Regional Facilities Officer & Staff
  + Vice President of Administration
  + Director, Operations and Events
  + Campus Business Office Staff
  + Building Dean(s)
* Campus Police
* Additional key personnel as identified by the Project Manager or Campus Administration

**SHUTDOWN NOTIFICATION EMAIL TEMPLATE**

**Subject:**  
Scheduled Electrical Shutdown – [Campus Name] – [Date]

**Body:**

* **Project Name:** [Insert]
* **Shutdown Number:** [Assigned by PM]
* **Requested By:** [Contractor/Vendor Name + Contact Info]
* **Facilities Contact:** [District Contact Name + Phone]
* **System(s) Affected:** [e.g., Electrical – North Building]
* **Campus/Buildings/Areas Affected:** [List specific buildings or zones]
* **Start/End Time:** [Start Date/Time] – [End Date/Time]
* **Shutdown Purpose:** [e.g., Equipment installation, Maintenance, etc.]
* **Equipment/Services Affected:** [e.g., HVAC, IT, Fire Alarms, Elevators]
* **Approved By:** [Campus VP Name]

DOCUMENTATION AND RECORDKEEPING

All submitted forms and shutdown records must be stored in the designated project folder on the shared drive.

