

Notification of Service Interruption Form

To be filled by O&S Department and forwarded to Business Development

Facility Id *	<input type="text"/>	Serving *	<input type="text"/>
Service Interruption *	<input type="radio"/> WB <input type="radio"/> TPQ <input type="radio"/> ETS <input type="radio"/> HEX <input type="radio"/> PDN <input type="radio"/> VILLA		
Description of service interruption : Re-Installation of vent risers *			
<div style="border: 1px solid #ccc; width: 100%; height: 100%;"></div>			
Customer Affected *	<input type="text"/>		

Shut-Down Details

Start Date Time *	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	Finish DateTime *	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Duration Day *	<input type="text"/>	Duration Time *	<input type="text"/>
Requestor	<input type="text" value="Anand Menon"/>	Request Date	<input type="text"/>
Supervisor	<input type="text"/>	Approval Date	<input type="text"/>
SuperIntendent	<input type="text"/>	Approval Date	<input type="text"/>
HOD	<input type="text"/>	Approval Date	<input type="text"/>
Chief O&S	<input type="text"/>	Approval Date	<input type="text"/>
BDD Director	<input type="text"/>	Approval Date	<input type="text"/>

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Proposed Shutdown	<input type="radio"/> Accepted <input type="radio"/> Not Accepted
If it is Denied, Please provide reason and/or alternative dates and times	
Non Acc. Reason *	<input type="text"/>

Start Date Time

 00  00 

Finish Date Time

 00  00 

Attachments

 [Add Attachment](#)

Save and Submit

Cancel