UCMERCED UNIVERSITY OF CALIFORNIA Facilities Management

Post-Service Impact Assesment Form (PSIR)

Below to be filled out by the Requestor:

Primary Contact Name:		Project Name:	
Date:		Date(s) of Impact / Outage:	
Buildings/Locations Impacted:			

1. Was the Impact/Outage planned sufficiently?	
2. Was there sufficient communication to the stakeholders?	
3. Did the team follow the plan?	
4. What issues were reported by the building occupants?	
5. Have all services fully been restored?	
6. What improvements could be made for the next Impact/Outage?	

Below to be filled out by UC Merced Facilities Management Coordinator:

Comments:

Acknowledged by:

Name (Printed):

Signature: Date: