



**Notice of Project
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number: <input type="text"/>	<input checked="" type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="May 19 - May 27, 2017"/>
Project Name: <input type="text" value="3M Fowler-Kennedy Clinic Painting"/>		Time: <input type="text" value="5PM Friday - Tuesday 7AM & 7PM-7AM During the Week"/>

Building(s) Affected:

#1 <input type="text" value="3M Centre (3M)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected, Alternate Route/Service:

Fowler-Kennedy Clinic. See specific rooms on attached diagram.

Service to be interrupted:

#1 <input type="text" value="None: Paint Odours & Some Noise Only"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Painting at 3M Fowler Kennedy.
 May 27th, Rycor will be installing counter tops in the washrooms 1240A and B.

Project Manager/ Co-ordinator: <input type="text" value="Randy Regier"/>	Phone # <input type="text" value="88726"/>	Cell # <input type="text" value="+1 (519) 521-3519"/>
Signature/ Stamp: <input type="text"/>	Client Contact: <input type="text"/>	Phone # <input type="text"/>
	Designer Consultant: <input type="text"/>	

Contractor: Cell #

Emergency Phone List: (to CCPS Only) Attached To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)

Asbestos
 Type 3
 Type 2
 Type 1
 Contractor
 In House Team
 Other
 Information Sheet Sent To Client

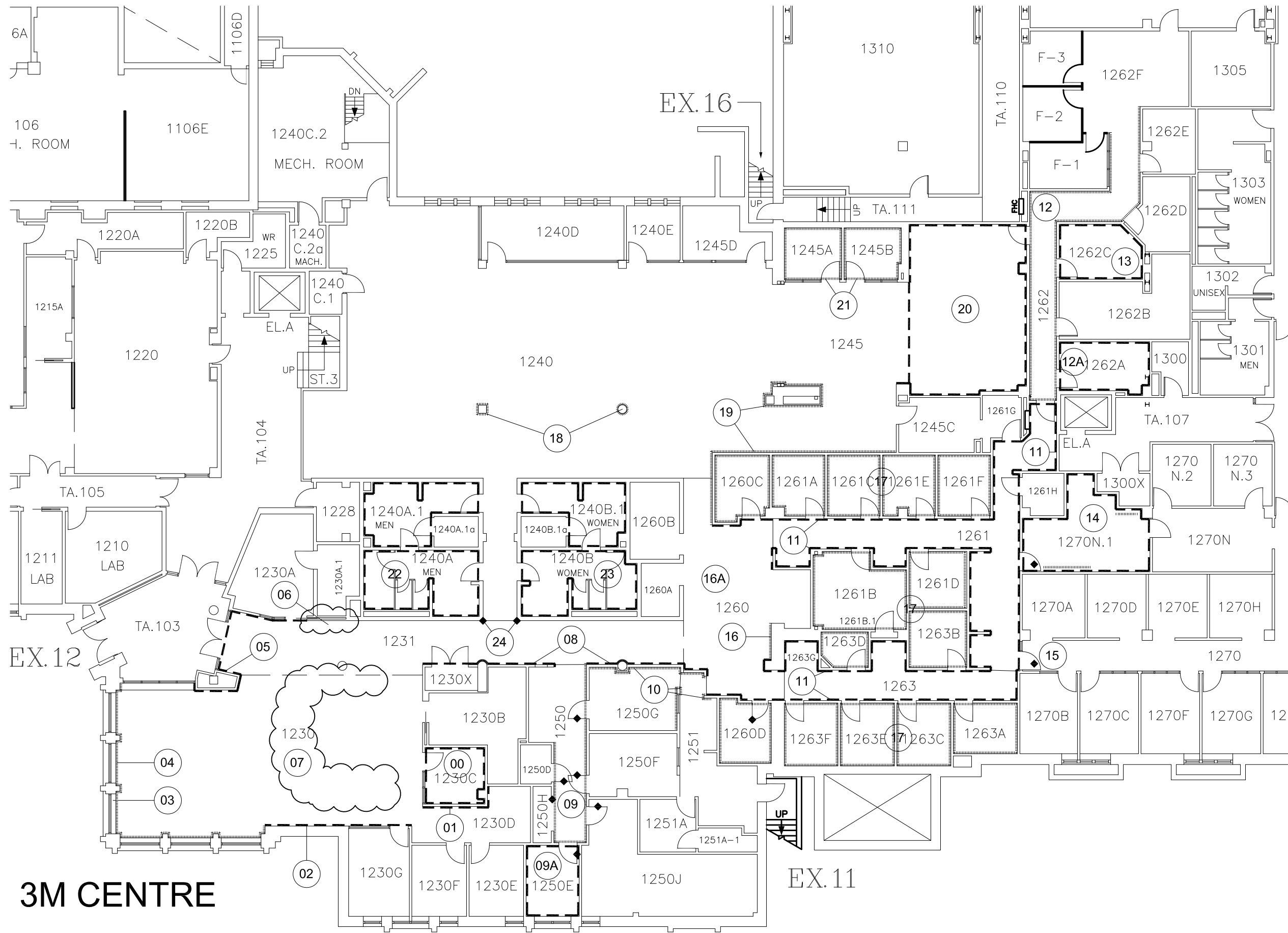
Comments:

Shutdowns/Interruptions(Approximate Schedule):

Electrical Power <input type="checkbox"/>	Date: _____	Elevators <input type="checkbox"/>	Date: _____	ITS <input type="checkbox"/>	Date: _____
Domestic Water <input type="checkbox"/>	Date: _____	Fire Alarms <input type="checkbox"/>	Date: _____	Other <input type="checkbox"/>	Date: _____
Steam <input type="checkbox"/>	Date: _____	Chilled Water <input type="checkbox"/>	Date: _____		
Hot Water Heating <input type="checkbox"/>	Date: _____	Roads / Lots <input type="checkbox"/>	Date: _____		

Issued By:	APPROVED <i>By Dan Trudgeon at 3:37 pm, May 17, 2017</i>	Date: <input type="text"/>
Signature/ Stamp:		Date: <input type="text"/>

Note:



3M CENTRE

3M Fowler Kennedy Centre

