



Notice of Service Interruption/Area Closure
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail
 Print Form

| | |
|---|---|
| Date of Interruption/Closure: <input type="text" value="Oct 10, 2014"/> | Time(s): <input type="text" value="7:00 A.M. - 8:00 A.M."/> |
|---|---|

Building(s) Affected: #1 #2
 #3 #4

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted: #1 #2
 #3 #4

Description/Reason for Project:

Requester: Date of Request:

Supervising Tradesperson: Unit:

Trade Supervisor: Unit: Date:

Contractor: Phone #:

Coordinator/Project Manager: Phone #: Date:

Reviewed by Trade Supervisor(s)/Shop(s) Affected:

| | | | | | | | | | | | | | |
|--|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Name: <input type="text" value="Fire Safety"/> Date: <input type="text"/> Signature/Stamp: <input type="text" value="Handwritten Signature"/> | Name: <input type="text" value="Electrical Shop"/> Date: <input type="text" value="Sep 23, 2014"/> Signature/Stamp: <input type="text" value="REVIEWED By Dan Trudgeon (fminterr@uwo.ca) at 8:45 am, Sep 24, 2014"/> | | | | | | | | | | | | |
| Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text" value="REVIEWED By Dan Trudgeon (fminterr@uwo.ca) at 8:45 am, Sep 24, 2014"/> | Principal Occupants: <table border="1" style="width:100%"> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.:</td><td>Date:</td></tr> </table> | Name: | Ext.: | Date: | Name: | Ext.: | Date: | Name: | Ext.: | Date: | Name: | Ext.: | Date: |
| Name: | Ext.: | Date: | | | | | | | | | | | |
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| Name: | Ext.: | Date: | | | | | | | | | | | |
| Name: | Ext.: | Date: | | | | | | | | | | | |
| Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> | Approval to Proceed: <input type="text"/> Date: <input type="text"/> <input type="text" value="APPROVED By Dan Trudgeon (fminterr@uwo.ca) at 8:45 am, Sep 24, 2014"/> | | | | | | | | | | | | |
| Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> | | | | | | | | | | | | | |

Notes: