



**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="July 24-26, 2017"/>	Time(s): <input type="text" value="8:00am - 4:30pm"/>
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Building(s) Affected: #1 <input type="text" value="Alumni Hall (AH)"/>	#2 <input type="text" value="Solvent Storage"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Areas/Rooms Affected Alternate Route/Service:**  
 Individual devices will be tested throughout the building. All rooms will be entered to perform testing.

Service to be interrupted: #1 <input type="text" value="Fire Alarm Device Test"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Description/Reason for Project:**  
 Annual Fire Alarm Device Test.

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="Jul 11, 2017"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
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Trade Manager: <input type="text"/>	Unit: <input type="text"/>	Date: <input type="text"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text" value="Jenn Romyn"/>	Phone #: <input type="text" value="+1 (519) 521-1579"/>	Date: <input type="text" value="Jul 11, 2017"/>
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**Reviewed by Trade Manager(s)/Shop(s) Affected:**

<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="Fire Safety"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> </table>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>	Signature/Stamp:		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		<table border="1" style="width:100%"> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td colspan="3"><b>Principal Occupants:</b></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td align="center" colspan="2">Approval to Proceed:</td> <td>Date: <input type="text"/></td> </tr> </table> <div style="border: 2px solid green; padding: 5px; text-align: center; color: green; font-weight: bold;"> <p><b>APPROVED</b>        By Dara Gomez at 12:45 pm, Jul 11, 2017</p> </div>	Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		<b>Principal Occupants:</b>			Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Approval to Proceed:		Date: <input type="text"/>
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