



**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 6 2018"/>	Time(s): <input type="text" value="7:00AM - 8:00AM"/>
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Building(s) Affected: #1 #2
 #3 #4

Areas/Rooms Affected Alternate Route/Service:
 All rooms must be entered to verify that the signaling bell device functions properly. The bells will sound during the test but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE the building.

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

Description/Reason for Project:
 Annual Fire Alarm Bell Test

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" value="Jun 19, 2018"/>	Name: <input type="text"/> Date: <input type="text"/>
Signature/Stamp:	Signature/Stamp: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	Principal Occupants:
Signature/Stamp: <input type="text"/>	Name: <input type="text"/> Ext. <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext. <input type="text"/> Date: <input type="text"/>
Signature/Stamp: <input type="text"/>	Name: <input type="text"/> Ext. <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext. <input type="text"/> Date: <input type="text"/>
Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	APPROVED By Dara Gomez at 11:02 am, Jun 19, 2018
Signature/Stamp: <input type="text"/>	

Notes: