



Notice of Project
The University of Western Ontario
Facilities Management
Service Centre 519-661-3304 (ppdhelp@uwo.ca)

Submit by Email

Print Form

Project Number: Miniature Attached

Project Name: Expected Schedule Date:

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:

Project Manager/Co-ordinator: Phone # Cell #
 Signature/Stamp: Client Contact: Phone #
 Designer Consultant:

Contractor: Cell #

Emergency Phone List: (to UPD 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):

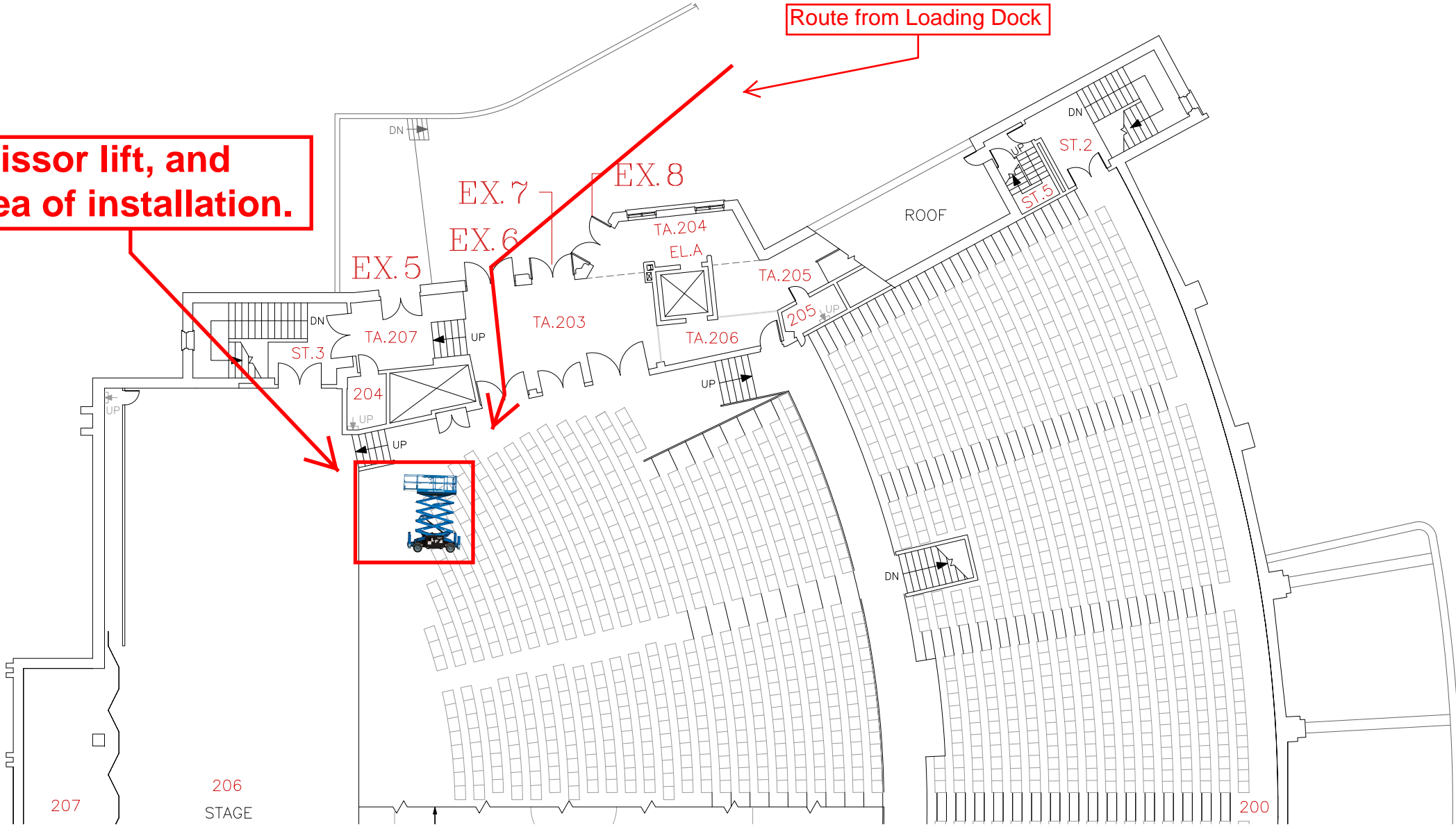
Electrical Power <input type="checkbox"/>	Date:	Elevators <input type="checkbox"/>	Date:	ITS <input type="checkbox"/>	Date:
Domestic Water <input type="checkbox"/>	Date:	Fire Alarms <input type="checkbox"/>	Date:	Other <input type="checkbox"/>	Date:
Steam <input type="checkbox"/>	Date:	Chilled Water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

Issued By: Date:
 Signature/Stamp: Date:

Note:

Route from Loading Dock

Scissor lift, and area of installation.



207

206
STAGE

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