

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 Interru | Time(s): | Time(s): 6:00 - 8:00 A.M. | | | | | | | | |
|--|--|-----------------------------|-------------|---------------------|---|--|---------------------|--------------|-----------------|--|
| Building(s) #1 Arts & Humanities Building (AHB) #2 International & Graduate Affairs Building (IGAB) Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service: Entire building. | | | | | | | | | | |
| | | | | | | | | | | |
| Sorvice to be well-up and | | | | | | | | | | |
| Service to be #1 Fire Alarm Bell Test #2 | | | | | | | | | | |
| _ | interrupted: #3 #4 | | | | | | | | | |
| Description/Reason for Project: | | | | | | | | | | |
| Annual Fire Alarm Bell Test. During the test the bells will sound but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE THE BUILDING. All rooms must be entered to verify that the signalling devices function properly. | | | | | | | | | | |
| Requester: Fire Safety Date of Request: Jan 30, 2015 | | | | | | |)15 | | | |
| Supervising Tradesperson: Unit: | | | | | | | | | | |
| Trade Supervisor: | | | | | Date: | | | | | |
| Contractor: Anderson's Electronics | | | | | Phone # +1 (519) 657-2063 | | | | | |
| Coordinator/Pro | Phone # | e # +1 (519) 808-5916 Date: | | | | | | | | |
| Reviewed by Trade Supervisor(s)/Shop(s) Affected: | | | | | | | | | | |
| Name: | Fire Safety | Date: | Feb 2, 2015 | Name: | Name: Electrical Sho | | | Dat | te: Feb 2, 2015 | |
| Signature/ Stamp: | 3-3- | | _ | Signature Stamp: | Signature/ Stamp: REVIEWED By Mark Widmeyer (mwidmey@ut | | o.ca) at 8:23 am, F | Feb 03, 2015 | | |
| Name: Principal Occupants: | | | | | | | | | | |
| Signature/ | REVIEWED | | | Name: | Name: | | Ext. | | Date: | |
| Stamp: | By Jenn Romyn (jromyn2@uwo.ca) at 11:31 am, Feb 02, 2015 | | | Name: | | | Ext. | | Date: | |
| Name: | | Date: | | Name: | | | Ext. | | Date: | |
| Signature/ Stamp: | | | | IVaille. | Approval to Proceed: Date: | | | | | |
| Name: Date: APPROVE | | | | | | | | | | |
| Signature/ Stamp: | | | | | By Dan Trudgeon (fminterr@uwo.ca) at 9:54 am, Feb 04, 2015 | | | | | |
| Notes: | | | | | | | | | | |