



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: Time(s):

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

Areas/Rooms Affected Alternate Route/Service:
 Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. All rooms will be entered to perform testing.

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: Fire Safety	Date: Jul 8, 2015	Name: Housing	Date: Jul 8, 2015
--------------------------	--------------------------	----------------------	--------------------------

Signature/Stamp: 

Signature/Stamp: **APPROVED**
 By Chris Yeo (cyeo3@uwo.ca) at 7:27 am, Jul 08, 2015

Name: Date:

Principal Occupants:

Signature/Stamp:

Name:	Ext.:	Date:
-------	-------	-------

Name: Date:

Name:	Ext.:	Date:
-------	-------	-------

Signature/Stamp:

Name:	Ext.:	Date:
-------	-------	-------

Name: Date:

Name:	Ext.:	Date:
-------	-------	-------

Signature/Stamp:

Approval to Proceed: Date:

APPROVED
 By Dan Trudgeon (fminterr@uwo.ca) at 8:00 am, Jul 10, 2015

Notes: