



Notice of Project
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Project Number: <input type="text" value="TBD"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="July 26-August 20 2017"/>
Project Name: <input type="text" value="Alumni House Garbage/Recycle Room"/>		Time: <input type="text"/>

Building(s) Affected: #1 <input type="text" value="Alumni House Residence (AHR)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected, Alternate Route/Service:

Service to be interrupted: #1 <input type="text" value="Traffic Area"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Project Manager/ Co-ordinator: <input type="text" value="Francesco Ioele"/>	Phone # <input type="text" value="51966612111X80569"/>	Cell # <input type="text" value="+1 (519) 709-5336"/>
--------------------------------------------------------------------------------	--------------------------------------------------------	-------------------------------------------------------

Signature/ Stamp: 	Francesco Ioele 2017.06.16 09:00:55 -04'00'	Client Contact: <input type="text"/>	Phone # <input type="text"/>
		Designer Consultant: <input type="text"/>	

Contractor: <input type="text" value="SEM CONSTRUCTION - GABE DEMARCO"/>	Cell # <input type="text" value="+1 (519) 617-0044"/>
--------------------------------------------------------------------------	-------------------------------------------------------

Emergency Phone List: (to CCPS Only) ☐ Attached ☐ To Follow

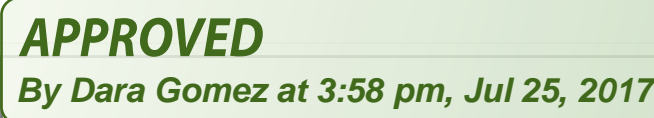
Special Conditions (Noise, Odors, Asbestos, Etc.)

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

Issued By: <input type="text"/>	Date: <input type="text"/>
Signature/ Stamp: 	Date: <input type="text"/>

Note: