



**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="Feb 17, 2017"/>	Time(s): <input type="text" value="1:00 PM - 3:00 PM"/>
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Building(s) Affected: #1 <input type="text" value="Bayfield Hall Residence (BAHR)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Areas/Rooms Affected Alternate Route/Service:**  
 Annual Fire Alarm Bell Test.  
 During the test 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 device function properly.




Service to be interrupted: #1 <input type="text" value="FIRE ALARM BELL TEST"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Description/Reason for Project:**

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="FEB 2, 2017"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
Trade Manager: <input type="text"/>	Unit: <input type="text"/> Date: <input type="text"/>

Contractor: <input type="text"/>	Phone #: <input type="text"/>
Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone #: <input type="text" value="+1 (519) 808-5916"/> Date: <input type="text"/>

<b>Reviewed by Trade Manager(s)/Shop(s) Affected:</b>			
Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Feb 2, 2017"/>	Name: <input type="text" value="Housing"/>	Date: <input type="text" value="Feb 3, 2017"/>
Signature/Stamp: 		Signature/Stamp: 	
Name: <input type="text"/>	Date: <input type="text"/>	<b>Principal Occupants:</b>	
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"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>			

**Notes:**