



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:
 Individual devices will be tested throughout the building. All rooms will be entered to perform testing.
 Feb 27/18: Floors (5 Upper, 5 Lower, 4 Upper) March 1/18: Floors (2 Upper, 2 Lower, 1 Upper)
 Feb 28/18: Floors (4 Lower, 3 Upper, 3 Lower) March 2/18: Floors (1 Lower)

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: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Feb. 6, 2018"/>	Name: <input type="text" value="Housing"/>	Date: <input type="text" value="Feb 7, 2018"/>
Signature/Stamp:		Signature/Stamp:	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
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"/>		 By Dan Trudgeon (dtrudgeo@uwo.ca) at 1:56 pm, Feb 12, 2018	

Notes: