



**Notice of Service Interruption/Area Closure**  
**The University of Western Ontario**  
**Facilities Management**  
**Service Centre 519-661-3304 (ppdhelp@uwo.ca)**

Date of Interruption/Closure: <input type="text" value="Feb 20, 2014"/>	Time(s): <input type="text" value="8:00am - 10:00am"/>
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Building(s) Affected:	#1 <input type="text" value="Bayfield Hall"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected	<input type="text" value="MECH ROOM 128"/>			
Alternate Route/Service:	<input type="text"/>			

Service to be interrupted:	#1 <input type="text" value="Heating"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:	<input type="text" value="Bayfield hall - Boiler #1 &amp; 2 shutdown to take inner measurement of boiler chimney"/>			

Requester: <input type="text" value="FRANCESCO IOELE"/>	Date of Request: <input type="text" value="Jun 12, 2013"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
Trade Supervisor: <input type="text"/>	Unit: <input type="text"/> Date: <input type="text"/>

Contractor: <input type="text" value="Lor-don"/>	Phone # <input type="text" value="+1 (519) 679-2322"/>
Coordinator/Project Manager: <input type="text" value="Tiss Gheller"/>	Phone # <input type="text"/> Date: <input type="text" value="Feb 20, 2014"/>

Reviewed by Trade Supervisor(s)/Shop(s) Affected:			
Name: <input type="text" value="Mary Stiles"/>	Date: <input type="text"/>	Name: <input type="text" value="Heating Plant"/>	Date: <input type="text"/>

Signature/Stamp:	<div style="border: 1px solid green; padding: 5px; text-align: center;"> <b>APPROVED</b>  <small>By Val (vjdukesh@uwo.ca) at 11:51 am, Feb 19, 2014</small> </div>	Signature/Stamp:	<div style="border: 1px solid blue; padding: 5px; text-align: center;"> <b>REVIEWED</b>  <small>By Mike Herman (mrherman@uwo.ca) at 7:56 am, Feb 19, 2014</small> </div>
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Reviewed by:	Principal Occupants:		
Name: <input type="text" value="WES Control"/>	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
Date: <input type="text"/>	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
Signature/Stamp:	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>
<div style="border: 1px solid blue; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <small>By Wayne Drummond (ppdwad@uwo.ca) at 8:05 am, Feb 19, 2014</small> </div>	Name: <input type="text"/>	Ext.:	Date: <input type="text"/>

Approval to Proceed:	Date: <input type="text"/>	<div style="border: 1px solid green; padding: 10px; text-align: center;"> <b>APPROVED</b>  <small>By Joe Arbique (jarbique@uwo.ca) at 2:55 pm, Feb 19, 2014</small> </div>	Date: <input type="text"/>
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Notes: