



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

Submit by E-mail

Print Form

Project Number:   Miniature Attached      Date/Schedule:   
 Project Name:       Time:

Building(s) Affected: #1  #2   
 #3  #4   
 Areas/Rooms Affected, Alternate Route/Service:

Service to be interrupted: #1  #2   
 #3  #4   
 Description/Reason for Project:

Project Manager/Co-ordinator:  Phone #  Cell #   
 Signature/Stamp:  Digitally signed by Glen Armstrong  
DN: cn=Glen Armstrong, o=UWO, ou, email=garmstr2@uwo.ca, c=CA  
Date: 2016.06.24 07:48:45 -04'00' Client Contact:  Phone #   
 Designer Consultant:

Contractor:  Cell #

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

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

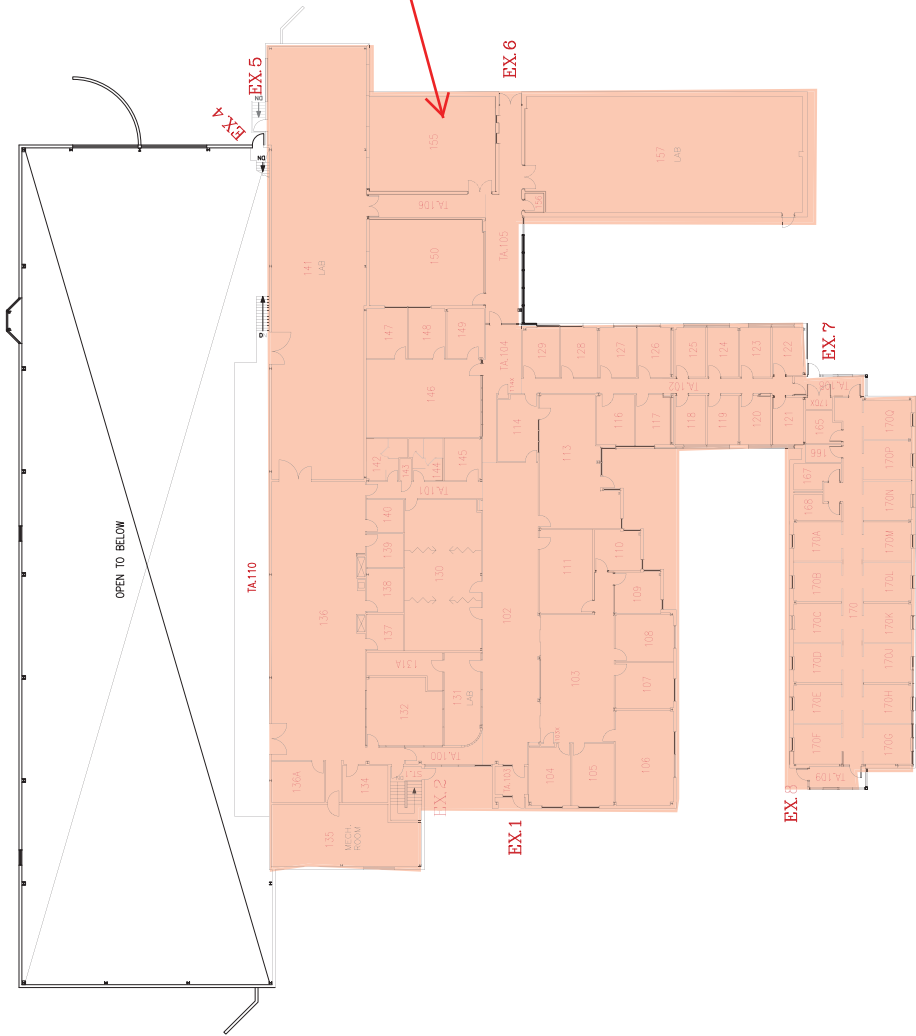
Asbestos     Type 3     Type 2     Type 1     Contractor     In House Team     Other  
 Information Sheet Sent To Client

Comments:

Shutdowns/Interruptions(Approximate Schedule):  
 Electrical Power  Date: \_\_\_\_\_ Elevators  Date: \_\_\_\_\_ ITS  Date: \_\_\_\_\_  
 Domestic Water  Date: \_\_\_\_\_ Fire Alarms  Date: \_\_\_\_\_ Other  Date: \_\_\_\_\_  
 Steam  Date: \_\_\_\_\_ Chilled Water  Date: \_\_\_\_\_  
 Hot Water Heating  Date: \_\_\_\_\_ Roads / Lots  Date: \_\_\_\_\_

Issued By:  Date:   
 Signature/Stamp:   
 Date:

Note:



**Western UNIVERSITY CANADA**

SCALE	DATE
	2007-07-19
DRAWN	APPROVED
R. CHODAS	
CHECKED	
BUILDING NORTH	
<b>FACILITIES MANAGEMENT</b>	
SCALE	DATE
1:50	2007-07-19
DRAWING NUMBER - LEVEL 02	
BOUNDARY LAYER WIND TUNNEL	

