



**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"/>	<input checked="" type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="August 22 - 29, 2014"/>
Project Name: <input type="text" value="Landscaping Beryl Ivey Garden"/>		Time: <input type="text" value="7:00AM - 4:30PM"/>

Building(s) Affected: #1 <input type="text" value="Stevenson Lawson"/>	#2 <input type="text" value="University College"/>
#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected, Alternate Route/Service: <input type="text" value="Landscaping Beryl Ivey Garden. Large collection bin to be placed between Lawson Hall and Garden. Will not interfere with walkway."/>	

Service to be interrupted: #1 <input type="text" value="None"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project: <input type="text" value="Maintenance of Beryl Ivey Garden."/>	

Project Manager/Co-ordinator: <input type="text" value="Jim Galbraith"/>	Phone # <input type="text" value="88717"/>	Cell # <input type="text"/>
Signature/Stamp:	Client Contact: <input type="text"/>	Phone # <input type="text"/>
	Designer Consultant: <input type="text"/>	

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

Issued By: <input type="text" value="APPROVED"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text" value="By Dan Trudgeon at 3:39 pm, Aug 21, 2014"/>	Date: <input type="text"/>

Note:

**LAWSON  
HALL**

**UNIVERSITY  
COLLEGE**

**KENT  
DRIVE**

**Location of Bin**

