



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 6, 2014"/>	Time(s): <input type="text" value="8:00 - 10:00 am"/>
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Building(s) Affected:	#1 <input type="text" value="Collip"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected	<input type="text" value="steam service for building, Room 5 5A"/>			
Alternate Route/Service:	<input type="text"/>			

Service to be interrupted:	#1 <input type="text" value="Steam Low Pressure"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:	<input type="text" value="removal of cage washer"/>			

Requester: <input type="text" value="Rob Runnalls Soan Mechanical"/>	Date of Request: <input type="text" value="Feb 4, 2014"/>
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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="Soan Mechanical"/>	Phone # <input type="text" value="+1 (519) 494-9204"/>
Coordinator/Project Manager: <input type="text" value="Brenda Stonehosue"/>	Phone # <input type="text" value="+1 (519) 521-2534"/> Date: <input type="text" value="Feb 5, 2014"/>

Reviewed by Trade Supervisor(s)/Shop(s) Affected:			
Name: <input type="text" value="Plumber Fitter Shop"/>	Date: <input type="text" value="Feb 5, 2014"/>	Name: <input type="text"/>	Date: <input type="text"/>

Signature/Stamp: <input type="text" value="APPROVED
<small>By Carmen (cbertone@uwo.ca) at 10:19 am, Feb 05, 2014</small></input></td> <td style=" width:50%"=""/> Signature/Stamp: <input type="text"/>
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Reviewed by:	Principal Occupants:
Name: <input type="text"/>	Name: <input type="text"/> Ext. <input type="text"/> Date: <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"/> Ext. <input type="text"/> Date: <input type="text"/>

Approval to Proceed: <input type="text"/>	Approval to Proceed: <input type="text"/>
<input type="text" value="APPROVED
<small>By Andrew (amerucci@uwo.ca) at 10:21 am, Feb 05, 2014</small>"/>	

Notes: