



**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" value="N/A"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="Friday, May 11, 2018"/>	REVISED <small>11:44 am, Apr 20, 2018</small>
Project Name: <input type="text" value="VFA Building Condition Assessment"/>		Time: <input type="text" value="08:30 to 16:00"/>	

Building(s) Affected:	#1 <input type="text" value="Chemistry Building (CHB)"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected, Alternate Route/Service:				
The entire building will be assessed, including the exterior, roof, mechanical rooms, electrical rooms, washrooms, classrooms, labs, office and general use spaces. Pending the availability of the spaces, no disruptions are currently planned. The assessment is visual and involves photos being taken by the Assessors.				

Service to be interrupted:	#1 <input type="text" value="No Services will be interrupted"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:				
This building condition assessment is part of an Ontario Government mandated program for all Ontario Universities.				

Project Manager/ Co-ordinator:	<input type="text" value="Dave Ostrom"/>	Phone # <input type="text" value="88745"/>	Cell # <input type="text" value="+1 (519) 636-3548"/>
Signature/ Stamp:	<input type="text"/>	Client Contact: <input type="text"/>	Phone # <input type="text"/>
		Designer Consultant: <input type="text" value="N/A"/>	

Contractor: <input type="text" value="VFA/Accruent"/>	Cell # <input type="text"/>
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Emergency Phone List: (to CCPS Only) Attached To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)
<input type="text" value="None"/>

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: _____
Domestic Water	<input type="checkbox"/>	Date: _____	Fire Alarms	<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: _____
			ITS	<input type="checkbox"/>	Date: _____
			Other	<input type="checkbox"/>	Date: _____

Issued By:	APPROVED	Date: <input type="text"/>
Signature/ Stamp:	<i>By Dan Trudgeon at 2:40 pm, Mar 29, 2018</i>	Date: <input type="text"/>

Note: