

Notice of Service Interruption/Area Closure Western University Facilities Management

Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

ate of Interruption/Closure February 10 - 12, 2016 Time(s): 8:00am - 4:30pm						
Building(s) #1 CLINICAL SKILLS FACILITY (CSF) Affected: #2 #3 #4 Areas/Rooms Affected Alternate Route/Service: Annual Fire Alarm Device Test. Individual devices will be tested throughout the building.						
Service to be #1 Fire Alarm Device Test #2 #3 #4 #4 Description/Reason for Project:						
Requester: Fire Safety Date of Request: Feb 2, 2016						
Supervising Tradesperson: Unit:						
Trade Supervisor: Unit: Date:						
Contractor: Phone #						
Coordinator/Project Manager: Frank Faroni			Phone # +1 (519) 808-5916 Date:			
Reviewed by Trade Supervisor(s)/Shop(s) Affected:						
Name: Fire Safety	Date: Feb 3, 2016	Name:	Name:		Date:	
Signature/ Stamp:	\sim	Signature/ Stamp:				
Name: Date: Pr			Principal Occupants:			
Signature/		Name:			Date:	
Stamp:	_	Name:	Name:		Date:	
Name:	Date:	Name:		Ext. Ext.	Date:	
Signature/		Name:			Date:	
Stamp:			Approval to Proceed:	D	ate:	
Name: Signature/ Stamp:	Date:		APPROVED By Dan Trudgeon at 9:41 am, Feb 03, 2016			
Notes:						