



Notice of Service Interruption/Area Closure
Western University
Facilities Management
 Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail
 Print Form

Date of Interruption/Closure: Time(s):

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:

Requester: Date of Request:

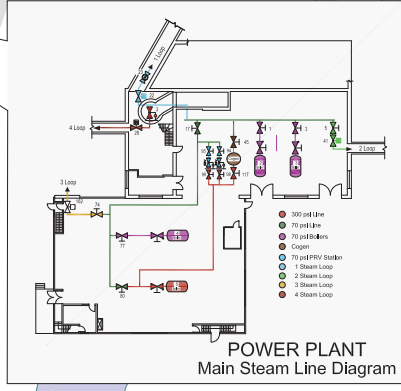
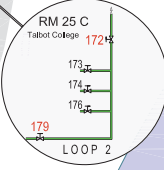
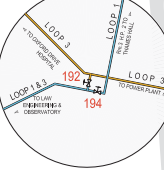
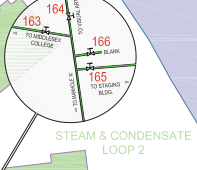
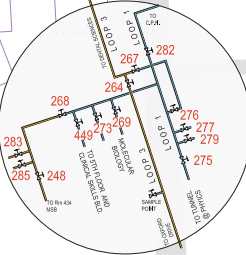
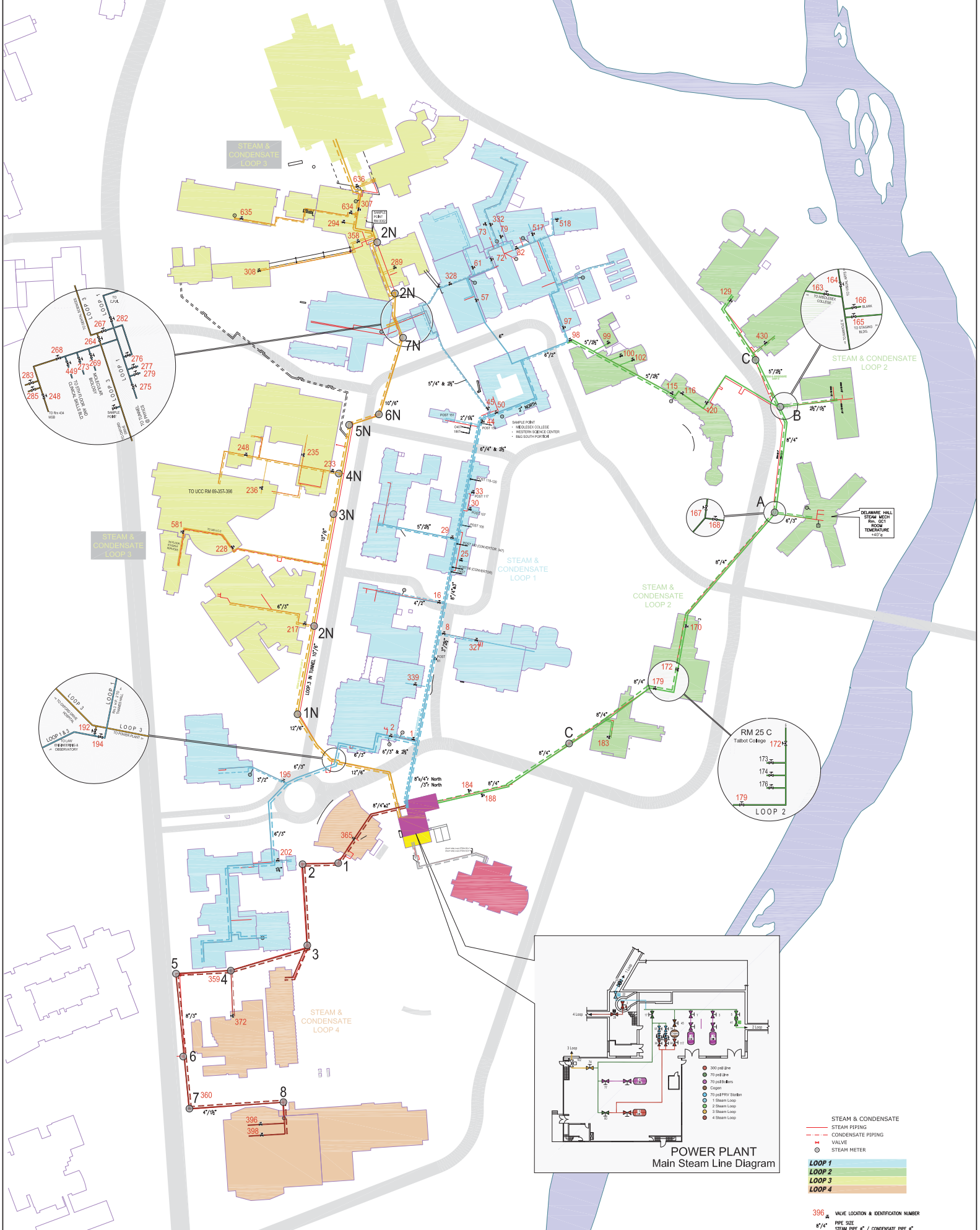
Supervising Tradesperson: Unit:
 Trade Manager: Unit: Date:

Contractor: Phone #:
 Coordinator/Project Manager: Phone #: Date:

Reviewed by Trade Manager(s)/Shop(s) Affected:

Name: <input type="text" value="Plumber / Fitter Shop"/>	Date: <input type="text"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="May 15, 2018"/>
Signature/Stamp: REVIEWED <i>By Dan Gyetvai (dgyetvai@uwo.ca) at 4:19 pm, May 15, 2018</i>		Signature/Stamp: REVIEWED <i>By Jesse Atkinson (jatkin48@uwo.ca) at 3:13 pm, May 15, 2018</i> <i>By Wayne Drummond (ppdwad@uwo.ca) at 7:38 am, May 16, 2018</i>	
Name: <input type="text" value="Housing"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: APPROVED		Name: <input type="text"/>	Ext. <input type="text"/> Date: <input type="text"/>
Name: <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"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>		APPROVED <i>By Dara Gomez (dgomez5@uwo.ca) at 10:51 am, May 22, 2018</i>	

Notes:



- STEAM & CONDENSATE
 - STEAM PIPING
 - CONDENSATE PIPING
 - VALVE
 - STEAM METER
- LOOP 1**
LOOP 2
LOOP 3
LOOP 4
- 396 VALVE LOCATION & IDENTIFICATION NUMBER
 PIPE SIZE
 STEAM PIPE # / CONDENSATE PIPE #