



**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: <input type="text" value="June 26-28 2017"/>	Time(s): <input type="text" value="8:00am - 4:30pm"/>
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Building(s) Affected: #1 <input type="text" value="Delaware Hall Residence (DHR)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Areas/Rooms Affected Alternate Route/Service:**  
 Individual fire alarm devices will be tested throughout the building. All rooms will be entered to perform testing.

Service to be interrupted: #1 <input type="text" value="Fire Alarm Device Test"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Description/Reason for Project:**  
 Annual Fire Alarm Device Test.

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="Jun 13, 2017"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
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Trade Manager: <input type="text"/>	Unit: <input type="text"/>	Date: <input type="text"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone #: <input type="text" value="+1 (519) 808-5916"/>	Date: <input type="text" value="Jun 13, 2017"/>
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**Reviewed by Trade Manager(s)/Shop(s) Affected:**

<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="Fire Safety"/></td> <td>Date: <input type="text" value="Jun 13, 2017"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> </table>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Jun 13, 2017"/>	Signature/Stamp: 		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="Housing"/></td> <td>Date: <input type="text" value="Jun 13, 2017"/></td> </tr> <tr> <td>Signature/Stamp: <div style="border: 1px solid green; padding: 5px; display: inline-block;"> <b>APPROVED</b>  <small>By Chris Yeo (cyeo3@uwo.ca) at 10:08 am, Jun 16, 2017</small> </div></td> <td></td> </tr> <tr> <td colspan="2"><b>Principal Occupants:</b></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Approval to Proceed: <input type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;"> <div style="border: 1px solid green; padding: 10px; display: inline-block;"> <b>APPROVED</b>  <small>By Dara Gomez (dgomez5@uwo.ca) at 8:06 am, Jun 19, 2017</small> </div> </td> </tr> </table>	Name: <input type="text" value="Housing"/>	Date: <input type="text" value="Jun 13, 2017"/>	Signature/Stamp: <div style="border: 1px solid green; padding: 5px; display: inline-block;"> <b>APPROVED</b>  <small>By Chris Yeo (cyeo3@uwo.ca) at 10:08 am, Jun 16, 2017</small> </div>		<b>Principal Occupants:</b>		Name: <input type="text"/>	Ext. <input type="text"/>	Date: <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"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/>		<div style="border: 1px solid green; padding: 10px; display: inline-block;"> <b>APPROVED</b>  <small>By Dara Gomez (dgomez5@uwo.ca) at 8:06 am, Jun 19, 2017</small> </div>	
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