



**Notice of Service Interruption/Area Closure**  
**The University of Western Ontario**  
**Facilities Management**  
**Service Centre 519-661-3304 (ppdhelp@uwo.ca)**

[Submit by Email](#)

[Print Form](#)

Date of Interruption/Closure: <input type="text" value="Feb 18, 2014"/>	Time(s): <input type="text" value="10:00am - 1:00pm"/>
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Building(s) Affected:	#1 <input type="text" value="Delaware Hall"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected	<input type="text" value="entire building"/>			
Alternate Route/Service:	<input type="text"/>			

Service to be interrupted:	#1 <input type="text" value="Domestic Hot Water"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:	<input type="text" value="Repair leak on domestic hot Water supply line"/>			

Requester: <input type="text" value="P Dearing"/>	Date of Request: <input type="text" value="Jan 8, 2014"/>
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Supervising Tradesperson: <input type="text" value="P Dearing"/>	Unit: <input type="text" value="Plumbing"/>
Trade Supervisor: <input type="text" value="C Bertone"/>	Unit: <input type="text" value="Plumbing"/> Date: <input type="text"/>

Contractor: <input type="text"/>	Phone #: <input type="text"/>
Coordinator/Project Manager: <input type="text"/>	Phone #: <input type="text"/> Date: <input type="text"/>

Reviewed by Trade Supervisor(s)/Shop(s) Affected:			
Name: <input type="text" value="Carmen Bertone"/>	Date: <input type="text" value="1/7/2014"/>	Name: <input type="text" value="Mary Stiles"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text" value="Carmen Bertone"/>	<small>Digitally signed by Carmen Bertone DN: cn=Carmen Bertone, o=FM, ou=Electrical/Mechanical Shop, email=cbertone@uwo.ca, c=CA Date: 2014.01.08 08:39:13 -0500</small>	Signature/Stamp: <input type="text" value="APPROVED"/>	

Reviewed by:	Principal Occupants:
Name: <input type="text"/>	Name: <input type="text"/>
Date: <input type="text"/>	Ext.: <input type="text"/>
Signature/Stamp: <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"/>	Approval to Proceed: <input type="text"/>
<b>APPROVED</b> By Joe Arbique (jarbique@uwo.ca) at 9:45 am, Jan 09, 2014	

Notes: