



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:

 During the test the bells will sound but there is no need to leave the building. However, treat all fire alarms outside of these times as real and evacuate the building.

Requester: Date of Request:

Supervising Tradesperson: Unit:
 Trade Supervisor: Unit: Date:

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

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

Name: Fire Safety	Date: Feb 8, 2016	Name: Housing	Date: Feb 8, 2016
Signature/Stamp: REVIEWED <i>By Frank (ffaroni@uwo.ca) at 4:08 pm, Feb 08, 2016</i>		Signature/Stamp: APPROVED <i>By Chris Yeo (cyeo3@uwo.ca) at 6:58 am, Feb 09, 2016</i>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
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"/>	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 Dan Trudgeon (fminterr@uwo.ca) at 10:04 am, Feb 10, 2016</i>	

Notes: