



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 **April 26, 2016**

Time(s): **5:00AM - 7:00AM**

Building(s) #1 **DENTAL SCIENCES BUILDING (DSB ADDITION ONLY)**

#2

Affected:

#3

#4

Areas/Rooms Affected Alternate Route/Service:

All rooms within the Dental Addition.

Service to be interrupted: #1 **Domestic Cold Water**

#2

Domestic Hot Water

#3

#4

Description/Reason for Project:

Testing of backflow preventers.

Requester: **Ron Humphrey**

Date of Request: **Apr 25, 2016**

Supervising Tradesperson: **Ron Humphrey**

Unit:

Plumbing Shop

Trade Supervisor: **Pete Dearing**

Unit:

Plumbing Shop

Date: **Apr 25, 2016**

Contractor:

Phone #

Coordinator/Project Manager:

Phone #

Date:

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

Name: **Plumber / Fitter Shop**

Date: **Apr 25, 2016**

Name:

Date:

Signature/
Stamp:

APPROVED

Signature/
Stamp:

Name:

Date:

Principal Occupants:

Signature/
Stamp:

Name:

Ext.

Date:

Name:

Name:

Ext.

Date:

Signature/
Stamp:

Name:

Ext.

Date:

Name:

Date:

Signature/
Stamp:

Approval to Proceed:

Date:

APPROVED

By **Dan Trudgeon (dtrudgeo@uwo.ca)** at 10:11 am, Apr 25, 2016

Notes: