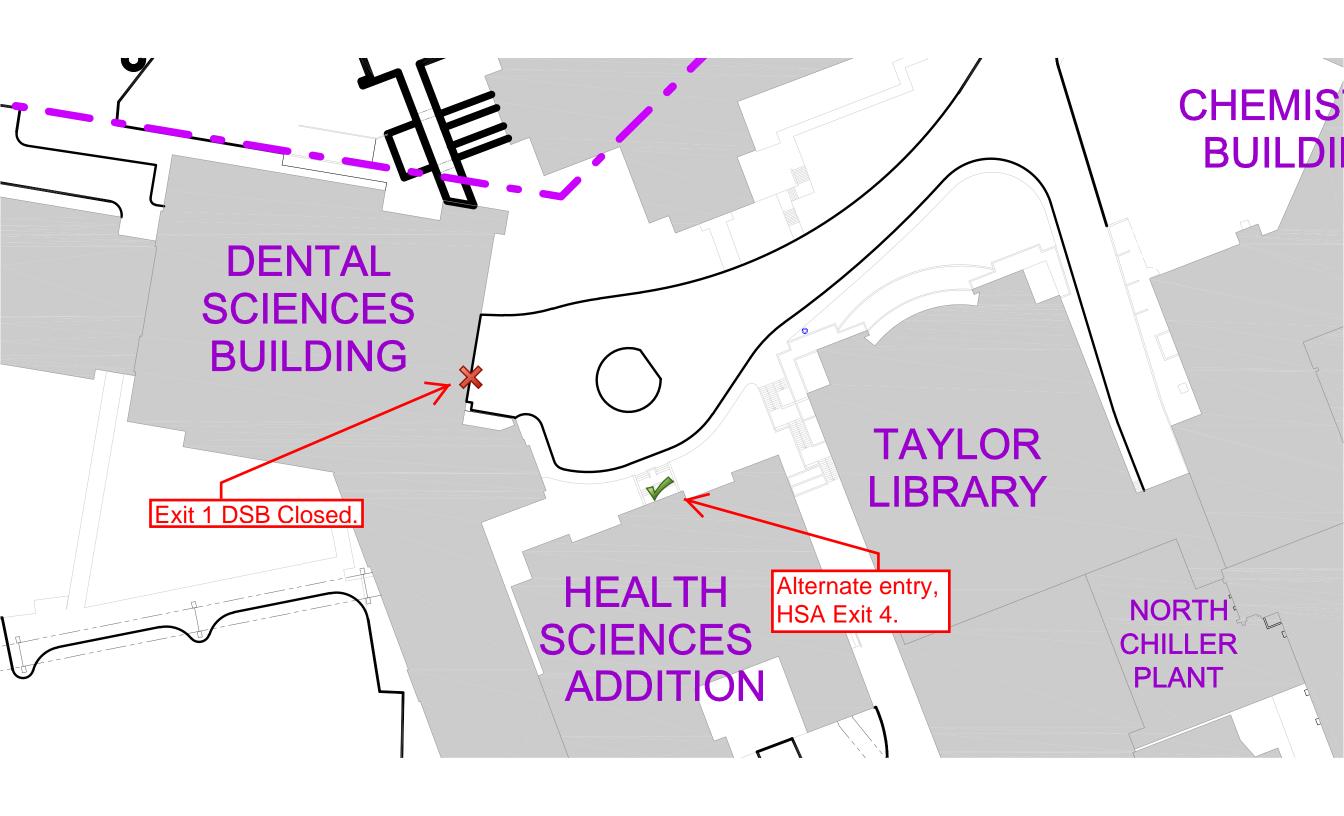


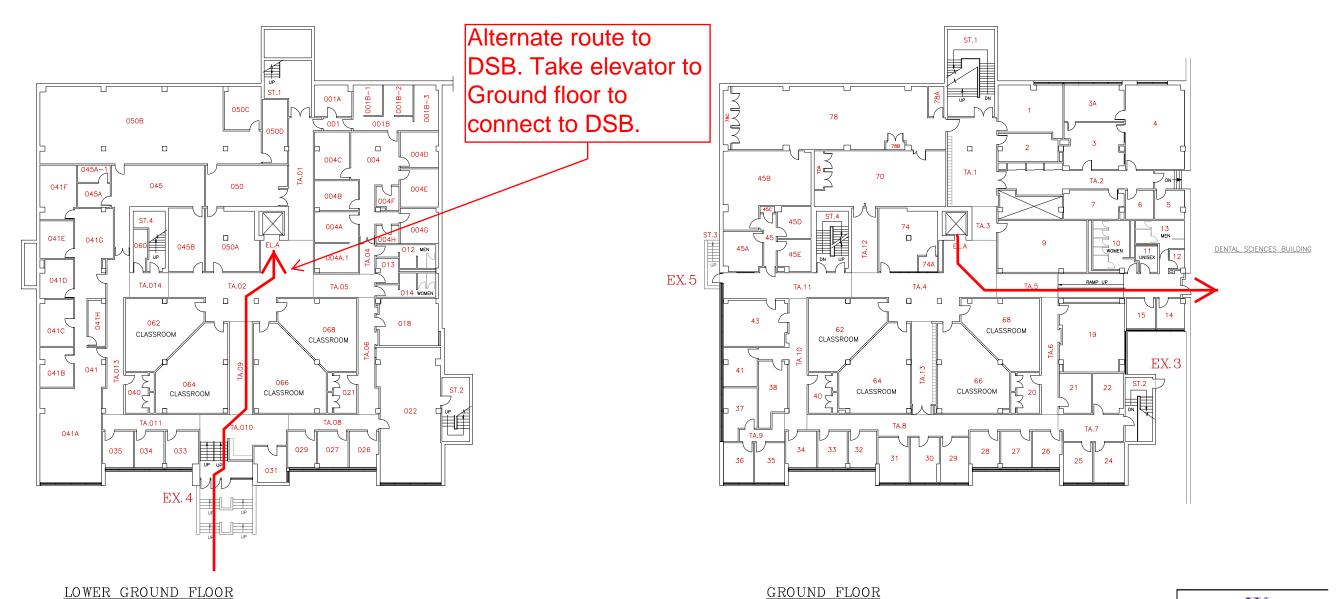
## Notice of Service Interruption/Area Closure Western University Facilities Management

Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail
Print Form

Date of Interruption/Closure Nov 1, 2014 Time(s): 7:00 am - 5:00pm						
Building(s) #1 DENTAL SCIENCE BUILDING (DSB) #2						
Affected: #3 #4						
Areas/Rooms Affected Alternate Route/Service:						
EXIT 1 Closure, Alternate Route - HSA Exit 4. See attached map.						
Service to be #1 Traffic Area #2						
nterrupted: #3 #4						
Description/Reason for Project:						
Close off entrance for demolition of tiles above doors inside lobby for future H/C operator.						
Requester: Ted Chelchowski		Date of Request: Oc	t 24, 2014			
Supervising Tradesperson: Unit:						
Trade Supervisor:		Unit:		Date:		
Contractor: Trela Enterprises Phone # +1 (226) 688-8671						
Coordinator/Project Manager: Ted Chelchowski	Pho	Phone # 88954 Date:Oct 24, 2014		Oct 24, 2014		
Reviewed by Trade Supervisor(s)/Shop(s) Affected:						
Name: Ted Chelchowski	Date: Oct 24, 2014	Name:	Fire Safety	Da	te: Oct 24, 2014	
Signature/ Stamp:		Signature/ Stamp:	REVIEWED  By Frank (ffaroni@uwo.ca) at 10:09 ac	REVIEWED By Frank (ffaroni@uwo.ca) at 10:09 am, Oct 28, 2014		
Name:	Date:	Dringing Coo	Principal Occupants:			
<u>e:</u>		Name:	upants:		Date:	
Signature/ Stamp:		Name:	Ext		Date:	
Name:	Date:	Name:	Ext	•	Date:	
		Name:	Ext		Date:	
Signature/ Stamp:		A	pproval to Proceed:	Da	nte:	
Name:	Date:					
Signature/ Stamp:			APPROVED  By Dan Trudgeon (fminterr@uwo.ca) at 10:39 am, Oct 28, 2014			
Notes: Note: Exit will be accessible under ar	ov emergencies - ex	Fire Alarms				
Also detour signs will be posted in HSA Ted						
i l						





GROUND FLOOR

Western

