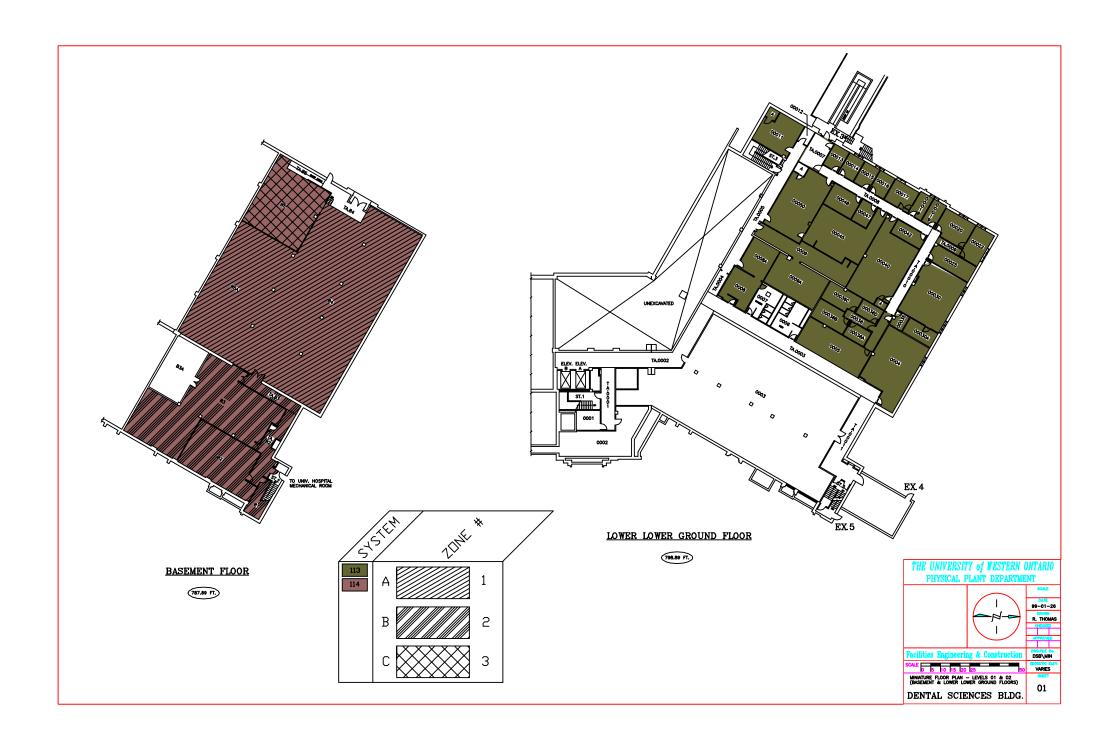


Notice of Service Interruption/Area Closure Western University Facilities Management

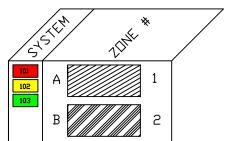
Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail
Print Form

Date of Interruption/Closure	Dec 21, 2016			Time(s): 7	:00am - 10:00am			
Building(s) #1 Dental Science Building (DSB) #2 Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service: Areas served by Fans 101-104 & 113. See attached HVAC drawings.								
Service to be #1 Fans 101-104 & 113 #2 #2 #4 Description/Reason for Project: Ceiling access required on Ground Floor. Asbestos tent to be built near Room 0104.								
Requester: Frank Faroni					Date of Request:	December	15, 2016	
Supervising Tradespers	son:			Unit:				_
Trade Manager: Frank Faroni				Unit:			Date: Dec. 15, 2016	
Contractor: Coordinator/Project Manager: Reviewed by Trade Manager(s)/Shop(s) Affected:						Date:		
	echanical Shop	Date: [Dec 15, 2010	6 Name:	WES Control		Date: Dec 15, 2016	5
Name: Electrical / Mo		6 am, Dec 19, 201		Name: Signature/ Stamp:	WES Control RECEIVED By Wayne Drummond (ppdwad	@uwo.ca) at 10:0		6
Name: Electrical / Mo	echanical Shop PROVED			Signature/	RECEIVED By Wayne Drummond (ppdwadd)	@uwo.ca) at 10:0		6
Name: Electrical / Mo Signature/ Stamp: AP By spe Name: Signature/	echanical Shop PROVED	6 am, Dec 19, 201		Signature/ Stamp:	RECEIVED By Wayne Drummond (ppdwadd)	Ext.	Date:	6
Name: Electrical / Mo Signature / Stamp: Name:	echanical Shop PROVED	S am, Dec 19, 201		Signature/ Stamp: Principal C Name: Name:	RECEIVED By Wayne Drummond (ppdwadd)	Ext.	Date:	6
Name: Electrical / Mo Signature/ Stamp: AP By spe Name: Signature/	echanical Shop PROVED	6 am, Dec 19, 201		Signature/ Stamp: Principal C	RECEIVED By Wayne Drummond (ppdwadd)	Ext.	Date:	6
Name: Electrical / Mo Signature / Stamp: By spe Name: Signature / Stamp:	echanical Shop PROVED	S am, Dec 19, 201		Signature/ Stamp: Principal C Name: Name:	RECEIVED By Wayne Drummond (ppdwadd)	Ext. Ext. Ext. Ext.	Date: Date: Date:	6
Name: Electrical / Monopole Signature / Stamp: Name: Signature / Stamp: Name: Signature / Stamp: Name: Signature / Signature	echanical Shop PROVED	S am, Dec 19, 201		Signature/ Stamp: Principal C Name: Name: Name: Name:	RECEIVED By Wayne Drummond (ppdwad) DCCupants: Approval to Proceed:	Ext. Ext. Ext. Ext.	Date: Date: Date: Date:	6
Name: Electrical / More Signature / Stamp: Page Signature / Stamp: Name: Signature / Stamp: Name: Signature / Stamp: Stam	echanical Shop PROVED	Date:		Signature/ Stamp: Principal Contains the stamp of the st	RECEIVED By Wayne Drummond (ppdwad) Dccupants:	Ext. Ext. Ext.	Date: Date: Date: Date: Date:	

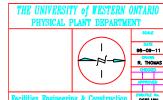






On behalf of amerucci

FAN 101, 102, 103, 104 & 113 NEED TO BE SHUTDOWN WHEN WORK IN THE CEILING IS REQUIRED



Facilities Engineering & Construction

SCALE 0 IS 10 IIS 20 25

MINATURE FLOOR PLAN - LEVEL 03
(LOWER GROUND FLOOR)

DEPAIR A SCALEDICIES DIDC

DENTAL SCIENCES BLDG.

812.89 FT.

