



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:
 Entire building.
 Chilled water to the window fan coil system only.
 Air handling system will not be affected.

Service to be interrupted: #1 #2
 #3 #4

Description/Reason for Project:
 Shutdown required for chilled water tie in to alterations on the 3rd floor level of DSB.
Plumbers will also use this shutdown to repair a chilled water leak.

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: <input type="text" value="Plumber / Fitter Shop"/> Date: <input type="text" value="Apr 29, 2016"/> Signature/Stamp: <div style="border: 1px solid blue; padding: 2px; display: inline-block;"> REVIEWED <small>By Dan Gyetvai (dgyetvai@uwo.ca) at 2:17 pm, Apr 29, 2016</small> </div>	Name: <input type="text" value="WES Control"/> Date: <input type="text" value="Apr 29, 2016"/> Signature/Stamp: <div style="border: 1px solid blue; padding: 2px; display: inline-block;"> REVIEWED <small>By Wayne Drummond (ppdwad@uwo.ca) at 7:17 am, May 03, 2016</small> </div>												
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Principal Occupants: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:60%;">Name: <input type="text"/></td><td style="width:15%;">Ext. <input type="text"/></td><td style="width:25%;">Date: <input type="text"/></td></tr> <tr><td>Name: <input type="text"/></td><td>Ext. <input type="text"/></td><td>Date: <input type="text"/></td></tr> <tr><td>Name: <input type="text"/></td><td>Ext. <input type="text"/></td><td>Date: <input type="text"/></td></tr> <tr><td>Name: <input type="text"/></td><td>Ext. <input type="text"/></td><td>Date: <input type="text"/></td></tr> </table>	Name: <input type="text"/>	Ext. <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"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
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Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/> <div style="border: 1px solid green; padding: 5px; text-align: center; margin-top: 10px;"> APPROVED <small>By Dan Trudgeon (dtrudgeo@uwo.ca) at 8:15 am, May 06, 2016</small> </div>												
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/>													

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