



**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:

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="Electrical / Mechanical Shop"/>	Date: <input type="text" value="Nov 25, 2015"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Nov 25, 2015"/>
Signature/Stamp:		Signature/Stamp: <b>REVIEWED</b> <small>By Wayne Drummond (ppdwad@uwo.ca) at 9:04 am, Nov 27, 2015</small>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	<b>APPROVED</b> <small>By Dan Trudgeon (fminterr@uwo.ca) at 7:30 am, Dec 07, 2015</small>	
Signature/Stamp: <input type="text"/>			

Notes:

**DSB FUME HOOD CONTACT INFO**

ROOM #	FUME CAB / FAN #	CONTACT NAME	EXTENSION #
0015	F086	WALTER L. SIQUEIRA	X86104
0019	F092	HARVEY A. GOLDBERG	X82182
0021	F094	DR. G. K. HUNTER	X82185
0033	F027	DR. FRANK BEIER	X85344
0025	F023	DR. AMIN RIZKALLA	X86086
0064	FC ON COLLECTOR FAN 031 A/B	DOUGLAS W. HAMILTON	X81594
0068	2 FC's ON COLLECTOR FAN 031 A/B	ANDREW LEASK	X81102
0074	FC ON COLLECTOR FAN 031 A/B	DR. STEPHEN SIMS	X83768
0078	FC ON COLLECTOR FAN 031 A/B	J. DIXON/E PRUSKI	X83769/86192
00076	2FC'S ON COLLECTOR FAN 031 A/B	DR. DALE W. LAIRD	X86827
00070	FC ON COLLECTOR FAN 031 A/B	DONGLIN BAI	X82569
00060	2 FC's ON COLLECTOR FAN 031 A/B	DR. LAREN FLYNN	X87226
00066	FC ON COLLECTOR FAN 031 A/B	DR. G. M. KIDDER	X86925
1008B	F032, F033	BARBRA MERNER	X83558
2003	F040	DR. EMK LUI	X83320
2005	ELEPHANT TRUNKS 035 & 036	BRUCE ARPPE	X86646
2010B	F037	BRUCE ARPPE	X86646
2011	F038	BRAD URQUHART / NICA BORRADAILE	X83756/82107
2019	F055	LIN ZHAO (LAB MANAGER)	X82712
3003	F044	RODNEY DEKOTER	519.902.2092
3003D	F042	RODNEY DEKOTER	519.902.2092
3004	F045, F046, F047	NOT REALLY USED	N/A
3005	F049, 2 NON HAZ EXHAUST FANS	FRED WILLIAMS	X83457
3006B	F052	DR. STEPHEN BARR	519.495.1490
3013	F054, NON HAZ 056	T. LINN / S. KOVAL	X83426/83439
3025	EX059	T. LINN / S. KOVAL	X83426
3031	F083	C. CREUQUEUET	X83204
4035	F014	STEPHEN J. KARLIK	X35819
4034	F096	DR. CHAVERABARTI	X86397
4032	F019	DR. AARON HAIG	X36365
4030	F070	SUBRATA CHAKRABARTI	X86397
4015	F065	DR. T. DALEY	X86405
4011	F062	DR. ZIA A. KHAN	X81562
4010	F078	CRIP ROOM NO CONTACT SUPPLIED	N/A
5000H	2 UNIDENTIFIED FAN CABINETS	ACVS	N/A
5001	F068, HAZ ENCLOSURE 069	DR. PETER ROGAN	519.661.4255
5002B	GENERAL EX, HAZ EX 074	DR. JOAN H. M. KNOLL	X86407
5004	F097	F. POSSMAYER	X80972
5005	F008, F009	MARTIN DUENNWALD	X86874
5006	F007, F006	F. POSSMAYER	X80972
5014	HAZ EX 067	DR. PETER ROGAN	519.661.4255.

**NOTE: TONY HAMMOUD PASSED ON CONTACT INFO FOR ANNE MARIE MC CUSKER EX#84741. CONTACT HER FOR SPECIFIC CHEMICALS USED!**

## HSA FUME HOOD CONTACT INFO

ROOM #	FUME CAB / FAN #	CONTACT NAME	EXTENSION #
H202	F 002	BRUCE ARPPE	X86646
H216	F 003	BRUCE ARPPE OR G WAGNER	X86646/83966
H301F	F 006	DR. KERFOOT	X82329
H406	F 012	DR. CHAKRABORTY	X88704
H408	F 007	DR. CHAKRABORTY	X88704
H415	F013	DR. M DARLING	X86399
H418	F 008 , 009	DR. T. DALEY	X86405