



**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 Manager:  Unit:  Date:

Contractor:  Phone #:

Coordinator/Project Manager:  Phone #:  Date:

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

Name: <input type="text" value="Electrical / Mechanical Shop"/>	Date: <input type="text" value="Dec 21, 2016"/>	Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Dec 21, 2016"/>
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Signature/Stamp: **APPROVED**  
By Steve MacKay (smackay@uwo.ca) at 9:35 am, Dec 22, 2016

Signature/Stamp: **REVIEWED**  
By Jesse Atkinson (jatin48@uwo.ca) at 3:21 pm, Dec 21, 2016

Name:   
 Signature/Stamp:

Principal Occupants:

Name:	Ext.:	Date:
Name:	Ext.:	Date:

Name:  Date:   
 Signature/Stamp:

Name:  Ext.  Date:   
 Name:  Ext.  Date:

Name:  Date:   
 Signature/Stamp:

Approval to Proceed:  Date:   
**APPROVED**  
By Dan Trudgeon (dtrudgeo@uwo.ca) at 1:51 pm, Dec 22, 2016

Notes:

# HAZARDOUS EXHAUST SYSTEMS INVENTORY

LAST UPDATED : 2013 / 04 / 30

BUILDING	DENTAL SCIENCE
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SYSTEM #	ROOM #	FAN LOCATION	OUTLET LOCATION	USE	NOTES
-027-	0033,0034	L	L	3 Fume Cabinets	Installed 2008
-081-	0142	L	L	Old Box fan on roof L – switch tagged off in room0142	
-086	0015	L	L	Fume Cab	New in 2003
-092-	0019	L	L	Fume Cab	
-094	0021	L	L	Fume Cab	