



**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:

Natural Gas to all areas of the Dental Bldg (not Medical).

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

Description/Reason for Project:

Part of renovation project 9M5127 - DSB Sim Lab Ph. 3 - LG Reno's to 0010 & 0012.
Preparation of site for demolition & abatement, disconnect natural gas lines inside the construction work area.

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="ACMF Shop"/>	Date: <input type="text" value="Sep 20, 2016"/>	Name: <input type="text" value="Plumber / Fitter Shop"/>	Date: <input type="text"/>
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Signature/Stamp: <input type="text" value="APPROVED"/>	Signature/Stamp: <input type="text" value="APPROVED"/>
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Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
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Signature/Stamp: <input type="text"/>	Name: <input type="text" value="Kevin Inchley"/>	Ext. <input type="text" value="84125"/>	Date: <input type="text"/>
Name: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>

Name: Date: Approval to Proceed: Date:

Signature/Stamp:
By Dan Trudgeon (dtrudgeo@uwo.ca) at 7:10 am, Sep 21, 2016

Notes: