

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 June 28 - June 30, 2016 Time(s): 7:30am - 4:30pm | | | | | | |
|---|-------------------------------|---|--------------------------------------|--------------------------|--------------------|--|
| Building(s) #1 Dental Science Building (DSB) #2 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 | | | | | | |
| Service to be #1 GLYCOL Heating System #2 interrupted: #3 Description/Reason for Project: | | | | | | |
| To relocate spirovent and dirt separator. | | | | | | |
| Requester: J. Watkin Date of Request: Jun 27, 2016 | | | | | | |
| Supervising Tradesperson: Dan Gyetvai Unit: | | | | | | |
| Trade Manager: P. Dearing | Unit: | Date:Jun 27, 2016 | | | | |
| Contractor: | | Phor | ne # | | | |
| Coordinator/Project Manager: | | | Phone # Date: | | | |
| Reviewed by Trade Manager(s)/Shop(s) Affected: | | | | | | |
| Name: Plumber / Fitter Shop | Date: Jun 27, 2016 | Name: WES Control | | | Date: Jun 27, 2016 | |
| Signature/ | | Chamana | EVIEWED Nayne Drummond (ppdwad@uv | vo.ca) at 2:55 pm, Jun 2 | 7, 2016 | |
| Name: | Date: Principal Occupants: | | | | | |
| Signature/ | | Name: | | | Date: | |
| Stamp: | | Name: | Name: | | Date: | |
| Name: | Date: | Name: | | Ext. | Date: | |
| Signature/ | | Name: | Name: | | Ext. Date: | |
| Stamp: | | Ар | proval to Proceed | : | Date: | |
| Name: | Date: | APPROVED | | | | |
| Signature/ Stamp: | | APPROVED By Justin DeGurse (jdegurs3@uwo.ca) at 3:19 pm, Jun 27, 2016 | | | | |
| Notes: | | | | | | |