

Notice of Project The University of Western Ontario Facilities Management Service Centre 519-661-3304 (ppdhelp@uwo.ca)

Submit by Email

Print Form

Project Number: 9C5806 Miniature Attached	
Project Name: 4035-4036 Lab Modifications	Expected 7/07/14 to 7/31/14
Project Name. 4030 tab mounications	Schedule Date: 7707714 to 7731714
Building(s) #1 Dental Sciences	#2
Affected:	
#3	#4
Areas/Rooms Affected Rm 4035, Corridor TA.407, Rm 3031 Alternate Route/Service:	
Alternate Route/Service.	
Service to be #1 Domestic Cold Water interrupted:	#2
#3	#4
Description/ Installation of safety shower, floor drain	
Reason for Project:	
Į.	
Project Manager/ Co-ordinator:	Phone # ext 88893
	Nieur Oeures de Versie Lebber
Signature/ Stamp: Client Contact: Kevin Inchley Phone # ext 84125	
Stamp: Designer Consultant:	
Contractor: Besterd Mechanical	Cell # 519-639-1424
Emergency Phone List: (to UPD Only) Attached To Follow	
Emergency i none cist. (to or b omy)	To Follow
Special Conditions (Noise, Odors, Asbestos, Etc.)	To Follow
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