



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

Date of Interruption/Closure: <input type="text" value="Mar 26, 2014"/>	Time(s): <input type="text" value="7:00am - 2:00pm"/>
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Building(s) Affected:	#1 <input type="text" value="Dental Sciences"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected	<input type="text" value="Room 4030, 3013, 4032"/>			
Alternate Route/Service:	<input type="text" value="Hazardous Exhaust Fans that require shutdown are 070-500, 054-500, and 019-500."/>			

Service to be interrupted:	#1 <input type="text" value="Hazardous Exhaust"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:	<input type="text" value="We require access to mechanical room 700 for a lighting upgrade."/>			

Requester: <input type="text" value="Mark Widmeyer"/>	Date of Request: <input type="text" value="Mar 25, 2014"/>
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Supervising Tradesperson: <input type="text" value="Mark Widmeyer"/>	Unit: <input type="text" value="Electrical"/>
Trade Supervisor: <input type="text" value="Doug Johnson"/>	Unit: <input type="text" value="Electrical"/> Date: <input type="text" value="Mar 25, 2014"/>

Contractor: <input type="text"/>	Phone #: <input type="text"/>
Coordinator/Project Manager: <input type="text"/>	Phone #: <input type="text"/> Date: <input type="text"/>

Reviewed by Trade Supervisor(s)/Shop(s) Affected:			
Name: <input type="text" value="Electrical Shop"/>	Date: <input type="text" value="Mar 25, 2014"/>	Name: <input type="text" value="Steve MacKay"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text" value="Mark Widmeyer"/>	Signature/Stamp: <input type="text"/>		

Reviewed by:	Principal Occupants:									
Name: <input type="text" value="WES Control"/>	Date: <input type="text"/>									
Signature/Stamp: <input type="text" value="RECEIVED By Wayne Drummond (ppdwad@uwo.ca) at 9:11 am, Mar 18, 2014"/>	<table border="1" style="width:100%"> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> </table>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
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Approval to Proceed: <input type="text"/>	Approval to Proceed: <input type="text"/>
<div style="border: 2px solid green; padding: 10px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">APPROVED</p> <p style="margin: 0;">By Joe Arbique (jarbique@uwo.ca) at 12:49 pm, Mar 19, 2014</p> </div>	

Notes:	<input style="height: 100px;" type="text"/>
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