



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 #

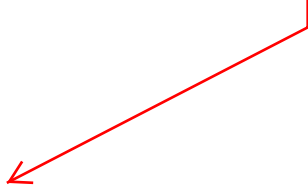
Coordinator/Project Manager: Phone # Date:

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

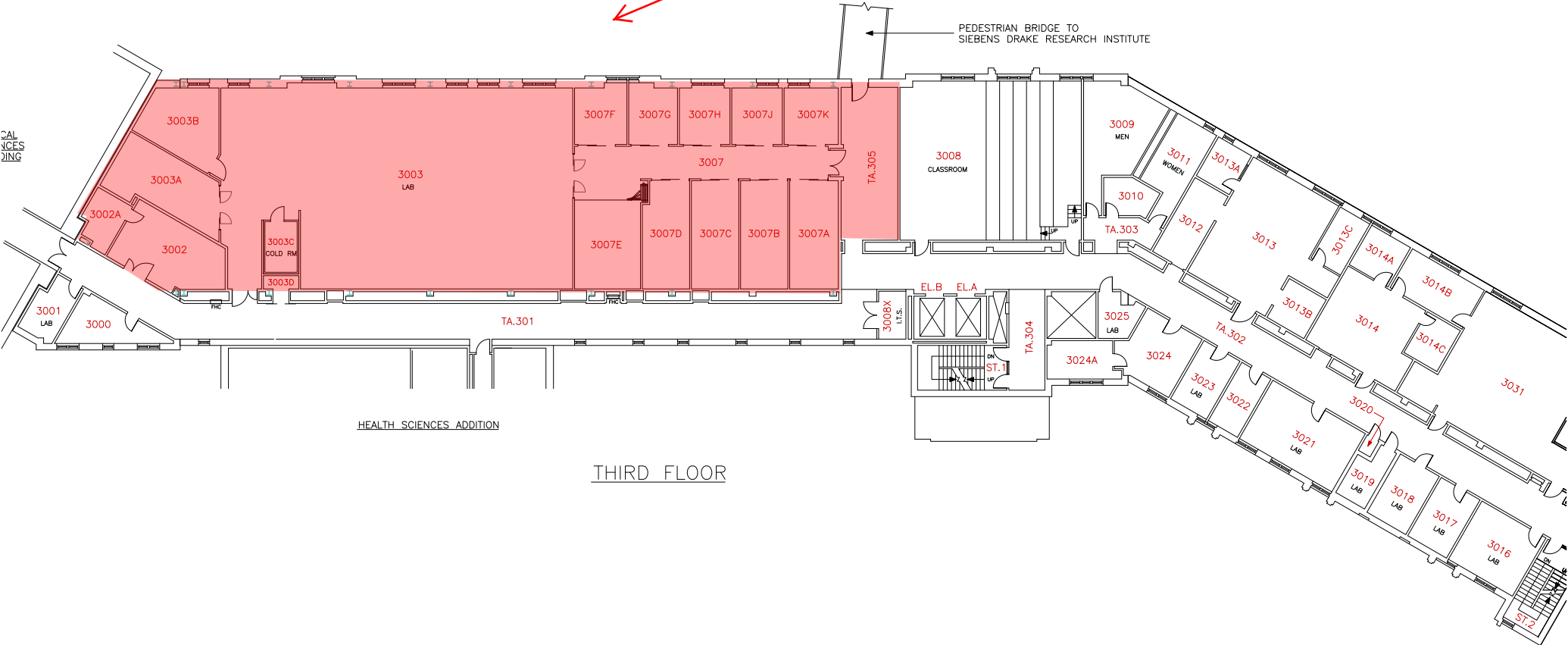
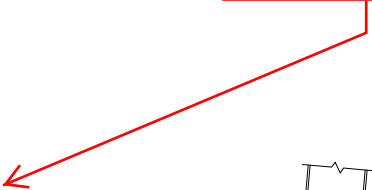
Name: <input type="text" value="Electrical Shop"/>	Date: <input type="text"/>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Mark Widmeyer (mwidmey@uwo.ca) at 3:59 pm, Dec 12, 2016</small>		Signature/Stamp: <input type="text" value="APPROVED"/> <small>By Frank (ffaroni@uwo.ca) at 1:21 pm, Dec 09, 2016</small>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: Kevin Inchley	Ext. <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/>	Date: <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: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/> Date: <input type="text"/>
Signature/Stamp: <input type="text"/>		Approval to Proceed: <input type="text"/> Date: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	<input type="text" value="APPROVED"/> <small>By Dan Trudgeon (dtrudgeo@uwo.ca) at 8:58 am, Dec 13, 2016</small>	
Signature/Stamp: <input type="text"/>			

Notes:

area of isolation



area of isolation



HEALTH SCIENCES ADDITION

THIRD FLOOR

