



Western UNIVERSITY • CANADA

Notice of Service Interruption/Area Closure Western University Facilities Management

Service Centre 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Date of Interruption/Closure: <input type="text" value="Jun 12, 2014"/>	Time(s): <input type="text" value="6am - Noon"/>
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Building(s) Affected: #1 <input type="text" value="Dental Sciences Addition"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted: #1 <input type="text" value="Domestic Hot Water"/>	#2 <input type="text" value="Heating"/>
#3 <input type="text" value="Autoclaves"/>	#4 <input type="text"/>

Description/Reason for Project:

Requester: Date of Request:

Supervising Tradesperson: Unit:

Trade Supervisor: Unit: Date:

Contractor: Phone #:

Coordinator/Project Manager: Phone #: Date:

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

Name: <input type="text" value="Plumber Fitter Shop"/>	Date: <input type="text"/>	Name: <input type="text" value="WES"/>	Date: <input type="text"/>
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Signature/Stamp:	Signature/Stamp:
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Reviewed by: Name: <input type="text"/> Date: <input type="text"/>	Principal Occupants:
Signature/Stamp: <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"/>
	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>
	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>

Approval to Proceed: Date: Approval to Proceed: Date:

<input type="text"/>	APPROVED By Andrew (amerucci@uwo.ca) at 10:02 am, Jun 10, 2014
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Notes: