



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: <input type="text" value="Sep 23, 2015"/>	Time(s): <input type="text" value="7:00am - 10:00am"/>
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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 Supervisor: Unit: Date:

Contractor: Phone #:

Coordinator/Project Manager: Phone #: Date:

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

Name: <input type="text" value="Electrical Shop"/> Date: <input type="text" value="Sep 16, 2015"/> Signature/Stamp: <div style="border: 1px solid black; padding: 2px; background-color: #e0f0ff;"> REVIEWED <small>By Heather Zavitz (hzavitz@uwo.ca) at 7:24 am, Sep 17, 2015</small> </div>	Name: <input type="text" value="Fire Safety"/> Date: <input type="text" value="Sep 16, 2015"/> Signature/Stamp: <div style="border: 1px solid black; padding: 2px; background-color: #e0f0ff;"> APPROVED <small>By Frank (ffaroni@uwo.ca) at 10:08 am, Sep 16, 2015</small> </div>												
Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <div style="border: 1px solid black; padding: 2px; background-color: #e0f0ff;"> </div>	Principal Occupants: <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> <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"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
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Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <div style="border: 1px solid black; padding: 2px; background-color: #e0f0ff;"> </div>	Approval to Proceed: <input type="text"/> Date: <input type="text"/> <div style="border: 1px solid black; padding: 5px; background-color: #e0f0ff; text-align: center;"> APPROVED <small>By Dan Trudgeon (fminterr@uwo.ca) at 9:24 am, Sep 18, 2015</small> </div>												
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Notes: