

## 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 Interrup	Time(s):	Time(s): 8:00 - 4:30 pm								
Affected:	#1 ELBORN COLLEGE #3 Affected Alternat	(EC) e Route/Service:		#2 #4						
Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. All rooms will be entered to perform testing.										
Service to be #1 Fire Alarm Device Test #2 #2 interrupted: #3 #4  Description/Reason for Project:										
Requester: F	ire Safety					Date of Request:	Aug 29, 201	14		
Supervising Tradesperson: Unit:										
Trade Supervisor: Uni						Date:				
Contractor:					Phone #	#				
Coordinator/Proj		Phone #	+1 (519) 808-59	16	Date:					
Reviewed by Trade Supervisor(s)/Shop(s) Affected:										
Name:	Fire Safety	ty Date: Name:		Name:	Electrical Shop			Dat	Date: Aug 29, 2014	
Signature/ Stamp:	ð	9	~	Signature Stamp:	Signature/ Stamp: Mabri		- Tr			
Name:	Date: Principal Occupants:									
Signature/				Name:			Ext.		Date:	
Stamp:				Name:	Name:		Ext.		Date:	
Name:		Da	ate:	Name:			Ext.		Date:	
Signature/				Name:			Ext.		Date:	
Stamp:						oval to Proceed:		Da	te:	
	Name: Date: APPROVED									
Signature/ Stamp:  By Dan Trudgeon at 1:05 pm, Aug 29, 2								29, 2014		
Notes:										