



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:
 Individual devices will be tested throughout the building. All rooms will be entered to perform testing.

Service to be interrupted: #1 #2
 #3 #4

Description/Reason for Project:
 Annual Fire Alarm Device Test (Smoke Alarms Only).

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="Fire Safety"/>	Date: <input type="text"/>	Name: <input type="text" value="Housing"/>	Date: <input type="text" value="Jul 4, 2017"/>
Signature/Stamp: 		Signature/Stamp: APPROVED <i>By Chris Yeo (cyeo3@uwo.ca) at 9:34 am, Jul 07, 2017</i>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	APPROVED <i>By Dara Gomez (dgomez5@uwo.ca) at 1:11 pm, Jul 07, 2017</i>	
Signature/Stamp: <input type="text"/>			

Notes: