



**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="July 25- 29, 2016"/>	Time(s): <input type="text" value="8:00am - 4:30pm"/>
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Building(s) Affected: #1 <input type="text" value="Essex Hall Residence (EHR)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Areas/Rooms Affected Alternate Route/Service:**  
 Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. All rooms will be entered to preform testing.

Service to be interrupted: #1 <input type="text" value="Fire Alarm Device Test"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

**Description/Reason for Project:**

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="Jul 15, 2016"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
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Trade Manager: <input type="text"/>	Unit: <input type="text"/>	Date: <input type="text"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone #: <input type="text" value="+1 (519) 808-5916"/>	Date: <input type="text"/>
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**Reviewed by Trade Manager(s)/Shop(s) Affected:**

Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Jul 15, 2016"/>	Name: <input type="text"/>	Date: <input type="text"/>
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Signature/Stamp:	Signature/Stamp: <div style="border: 1px solid green; padding: 5px; display: inline-block;"> <b>APPROVED</b>  <small>By Chris Yeo (cyeo3@uwo.ca) at 3:57 pm, Jul 19, 2016</small> </div>
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Name: <input type="text" value="Housing Building Services"/>	Date: <input type="text" value="Jul 15, 2016"/>
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Signature/Stamp: <input type="text"/>	<b>Principal Occupants:</b>	
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"/>

Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="checkbox"/>	Date: <input type="text"/>
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Name: <input type="text"/>	Date: <input type="text"/>	<b>APPROVED</b> <small>By Justin DeGurse (jdegurs3@uwo.ca) at 8:26 am, Jul 20, 2016</small>
Signature/Stamp: <input type="text"/>		

**Notes:**