



**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.

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="Fire Safety"/>	Date: <input type="text" value="May 15, 2018"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp:		Signature/Stamp: <input type="text"/>	
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"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/>	
Signature/Stamp: <input type="text"/>		<div style="border: 2px solid green; padding: 5px; text-align: center;"> <b>APPROVED</b>            By Dara Gomez at 1:25 pm, May 15, 2018         </div>	
Name: <input type="text"/>	Date: <input type="text"/>		

Notes: