



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="Oct 5, 2017"/>	Time(s): <input type="text" value="7:00 A.M. - 8:00 A.M."/>
------------------------------------------------------------------------	-------------------------------------------------------------

Building(s) Affected: #1 <input type="text" value="FIMS & NURSING BUILDING (FNB)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:
 All rooms must be entered to verify that the signaling bell device functions properly. The bells will sound during the test but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE the building.

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

Description/Reason for Project:
 Annual Fire Alarm Bell Test.

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="SEPT. 26, 2017"/>
-----------------------------------------------------	--------------------------------------------------------------

Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
------------------------------------------------	----------------------------

Trade Manager: <input type="text"/>	Unit: <input type="text"/>	Date: <input type="text"/>
-------------------------------------	----------------------------	----------------------------

Contractor: <input type="text"/>	Phone #: <input type="text"/>
----------------------------------	-------------------------------

Coordinator/Project Manager: <input type="text" value="Jenn Romyn"/>	Phone #: <input type="text" value="+1 (519) 521-1579"/>	Date: <input type="text" value="SEPT. 26, 2017"/>
----------------------------------------------------------------------	---------------------------------------------------------	---------------------------------------------------

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

<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="Fire Safety"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> </table>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>	Signature/Stamp:		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		<table border="1" style="width:100%"> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> </table> <table border="1" style="width:100%"> <tr> <td colspan="3">Principal Occupants:</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> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> </table> <p align="right">Approval to Proceed: <input type="text"/> Date: <input type="text"/></p> <div style="border: 2px solid green; padding: 5px; text-align: center;"> <p>APPROVED By Dan Trudgeon at 10:15 am, Sep 26, 2017</p> </div>	Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Principal Occupants:			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"/>
Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>																																			
Signature/Stamp:																																				
Name: <input type="text"/>	Date: <input type="text"/>																																			
Signature/Stamp: <input type="text"/>																																				
Name: <input type="text"/>	Date: <input type="text"/>																																			
Signature/Stamp: <input type="text"/>																																				
Name: <input type="text"/>	Date: <input type="text"/>																																			
Signature/Stamp: <input type="text"/>																																				
Name: <input type="text"/>	Date: <input type="text"/>																																			
Signature/Stamp: <input type="text"/>																																				
Principal Occupants:																																				
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"/>																																		

Notes: