

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 Interru	т	Time(s):	6:30AN	I - 8:00AM						
Building(s) #1 HEALTH SC ADDITION (HSA) #2 #4 Areas/Rooms Affected Alternate Route/Service: Entire building.										
Service to be #1 Fire Alarm Bell Test #2 #4 Description/Reason for Project: Annual Fire Alarm Bell Test. During the test the bells will sound but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE THE BUILDING. All rooms must be entered to verify that the signalling devices function properly.										
Requester: Fire Safety							Date of Request:	Mar 3, 20	15	
Supervising Tradesperson: Unit:										
Trade Supervisor:					Unit:		Date:			
Contractor: Anderson's Electronics Coordinator/Project Manager: Frank Faroni						Phone #	e # +1 (519) 657-2063 e # +1 (519) 808-5916 Date:			
Reviewed by Trade Supervisor(s)/Shop(s) Affected:										
Name:	Fire Safety	Da	te: Mar 10,	, 2015	Name:		Date:			
Signature/ Stamp:	3-8	} .		-	Signature Stamp:	/				
Name: Date:					Principal Occupants:					
Signature/					Name:	Оссира	itə.	Ext.		Date:
Stamp:				Name:			Ext.		Date:	
Name:		Dat	e:		Name:			Ext.		Date:
Signature/					Name:			Ext.		Date:
Stamp:		Dat				Appro	val to Proceed:		Da	te:
Name: Date: Signature/ Stamp:					APPROVED By Dan Trudgeon at 3:17 pm, Mar 11, 2015					
Notes:										