

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 Ap	Tim	e(s):	7:00an	n - 8:30am							
Building(s) #1 HEALTH SC ADDITION (HSA) #2 Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service: All rooms											
Service to be interrupted: #1 Domestic Cold Water #3 #4 Description/Reason for Project: Leak on recirculation line, temporary clamp put on today. Need permanent repair very soon.											
Requester: JP Laporte						Date of Request:	Apr 7, 201	5			
Supervising Tradesperson: P Dearing Unit: Plumbing											
Trade Supervisor: Carmen Bertone				Unit:	Plumbing Date:Apr 7, 2015						
Contractor:					Phone	: #					
Coordinator/Project Manager:					Phone #						
Reviewed by Trade Supervisor(s)/Shop(s) Affected:											
Name: Plumber / Fitter Shop		Date: Apr	7, 2015 N	Name:		WES Control		Date: Apr 7, 2015			
Signature/ Stamp:)			ignature tamp:	1 1 1 1	EVIEWED Wayne Drummond (ppdwad)	ED oond (ppdwad@uwo.ca) at 7:18 am, Apr 08,				
Name:	Date:	Principal Occupants:									
Signature/				Name:		Ext.		Date:			
Stamp:				Name:			Ext.		Date:		
Name:				Name:			Ext.		Date:		
Signature/ Stamp:		Name:		lame:	Арр	roval to Proceed:	Ext.	Date:			
Name:		Date:									
Signature/ Stamp:					APPROVED By Dan Trudgeon (fminterr@uwo.ca) at 9:24 am, Apr 08, 2015						
Notes:											