



Notice of Service Interruption/Area Closure
The University of Western Ontario
Facilities Management
Service Centre 519-661-3304 (ppdhelp@uwo.ca)

[Submit by Email](#)

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| | |
|---|--|
| Date of Interruption/Closure: <input type="text" value="Mar 21, 2014"/> | Time(s): <input type="text" value="March 21st through March 31st 24 hours"/> |
|---|--|

| | |
|--|-------------------------|
| Building(s) Affected: #1 <input type="text" value="Health Sciences Addition"/> | #2 <input type="text"/> |
| #3 <input type="text"/> | #4 <input type="text"/> |

Areas/Rooms Affected:

Alternate Route/Service:

| | |
|---|--|
| Service to be interrupted: #1 <input type="text" value="Supply Air Fan"/> | #2 <input type="text" value="Washroom Exhaust"/> |
| #3 <input type="text" value="Fumehoods"/> | #4 <input type="text"/> |

Description/Reason for Project:

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="Electrical Shop"/> | Date: <input type="text" value="Jan 17, 2014"/> | Name: <input type="text" value="Electrical/ Mechanical Shop"/> | Date: <input type="text"/> |
|--|---|--|----------------------------|

| | |
|------------------|--|
| Signature/Stamp: | Signature/Stamp: REVIEWED <small>By Wayne Drummond (ppdwad@uwo.ca) at 11:28 am, Jan 17, 2014</small> |
|------------------|--|

| | |
|--|--|
| Reviewed by: Name: <input type="text" value="WES Control"/> Date: <input type="text"/> | Principal Occupants: |
| Signature/Stamp: <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"/> Ext.: <input type="text"/> Date: <input type="text"/> |

Approval to Proceed: Date: Approval to Proceed: Date:

APPROVED
 By Joe Arbique (jarbique@uwo.ca) at 9:32 am, Jan 20, 2014

Notes:

HAZARDOUS EXHAUST SYSTEMS

FAN SHUTDOWN LISTINGS

HEALTH SCIENCE ADDITION - ROOFS C,E

| | |
|---------------------|--|
| DATE OF SHUT DOWN - | |
| OFF BY | |
| ON BY | |

| REASON FOR SHUTDOWN |
|--|
| ANNUAL HAZARDOUS ROOF SHUTDOWNS |

| ROOM NUMBER | SYSTEM NUMBER | USE | CONTACTS |
|-------------|---------------|--------------------------------------|----------|
| 202 | OO2 | FUME CABINET | |
| 216 | OO3 | FUME CABINET | |
| 301 H&I | O10 | BIO-HAZARD ROOM - CENTRIFUGE EXHAUST | |
| 301 G & F | OO6 | FUME CABINET | |
| 406 | O12 | FUME CABINET | |
| 408 | OO7 | FUME CABINET | |
| 415 | O13 | FUME CABINET | |
| 418 | OO8, OO9 | FUME CABINETS | |
| | | | |