



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

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

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

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

Notes: