



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: Jul 9, 2015	Time(s): 7:00AM - 4:30PM
---	--------------------------

Building(s) Affected: #1 HEALTH SCIENCES BUILDING (HSB) #2
 #3 #4
 Areas/Rooms Affected Alternate Route/Service:
 All rooms served by Fan 101. See attached HVAC drawing.

Service to be interrupted: #1 Fan 101-500 #2
 #3 #4
 Description/Reason for Project:
 Emergency replacement of motor on Fan.

Requester: Steve Pepper Date of Request: Jul 9, 2015

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"/>	Date: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text"/>		Signature/Stamp: <input type="text"/>	
Name: <input type="text"/>	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"/>	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"/>	Date: <input type="text"/>	Approval to Proceed: <input type="checkbox"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>		APPROVED <i>By Dan Trudgeon at 7:33 am, Jul 09, 2015</i>	

Notes:

