



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: <input type="text" value="Aug 30, 2016"/>	Time(s): <input type="text" value="8:00am - 4:30pm"/>
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Building(s) Affected: #1 <input type="text" value="Environmental Science Western Field Station (ESW) (PSFS)"/>	#2 <input type="text" value="Institute For Chemicals And Fuels From Alternate Resources (ICFAR)"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted: #1 <input type="text" value="Fire Alarm Device Test"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="Aug 23, 2016"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
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Trade Manager: <input type="text"/>	Unit: <input type="text"/>	Date: <input type="text"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone #: <input type="text" value="+1 (519) 808-5916"/>	Date: <input type="text"/>
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Reviewed by Trade Manager(s)/Shop(s) Affected:

Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Aug 23, 2016"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: 		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"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/>	
Signature/Stamp: <input type="text"/>		APPROVED By Justin DeGurse at 12:41 pm, Aug 23, 2016	

Notes: