



**Notice of Project
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number: <input type="text" value="9D7706"/>	<input checked="" type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="Monday July 4th ----- Friday July 29th 2016"/>
Project Name: <input type="text" value="Water Heaters Replacement for South Wing - ISLC"/>		Time: <input type="text" value="7:00 am ----- 4:00 pm daily"/>

Building(s) Affected: #1 #2

#3 #4

Areas/Rooms Affected, Alternate Route/Service:

Service to be interrupted: #1 #2

#3 #4

Description/Reason for Project:

Project Manager/Co-ordinator: Phone # Cell #

Signature/Stamp: 

Client Contact: Phone #

Designer Consultant:

Contractor: Cell #

Emergency Phone List: (to CCPS Only) Attached To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)


Asbestos Type 3 Type 2 Type 1 Contractor In House Team Other

Information Sheet Sent To Client

Comments:

Shutdowns/Interruptions(Approximate Schedule):

Electrical Power <input type="checkbox"/>	Date: _____	Elevators <input type="checkbox"/>	Date: _____	ITS <input type="checkbox"/>	Date: _____
Domestic Water <input checked="" type="checkbox"/>	Date: _____	Fire Alarms <input type="checkbox"/>	Date: _____	Other <input type="checkbox"/>	Date: _____
Steam <input type="checkbox"/>	Date: _____	Chilled Water <input type="checkbox"/>	Date: _____		
Hot Water Heating <input type="checkbox"/>	Date: _____	Roads / Lots <input type="checkbox"/>	Date: _____		

Issued By:  Date:

Signature/Stamp: Date:

Note: may require electrical trade assistance with fire alarm zone isolation during soldering work. will consult with shop.
 Besterd will have a mechanical key.
 Parking in the lower rear loading area.

