



**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:  Time(s):

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:

Requester:  Date of Request:

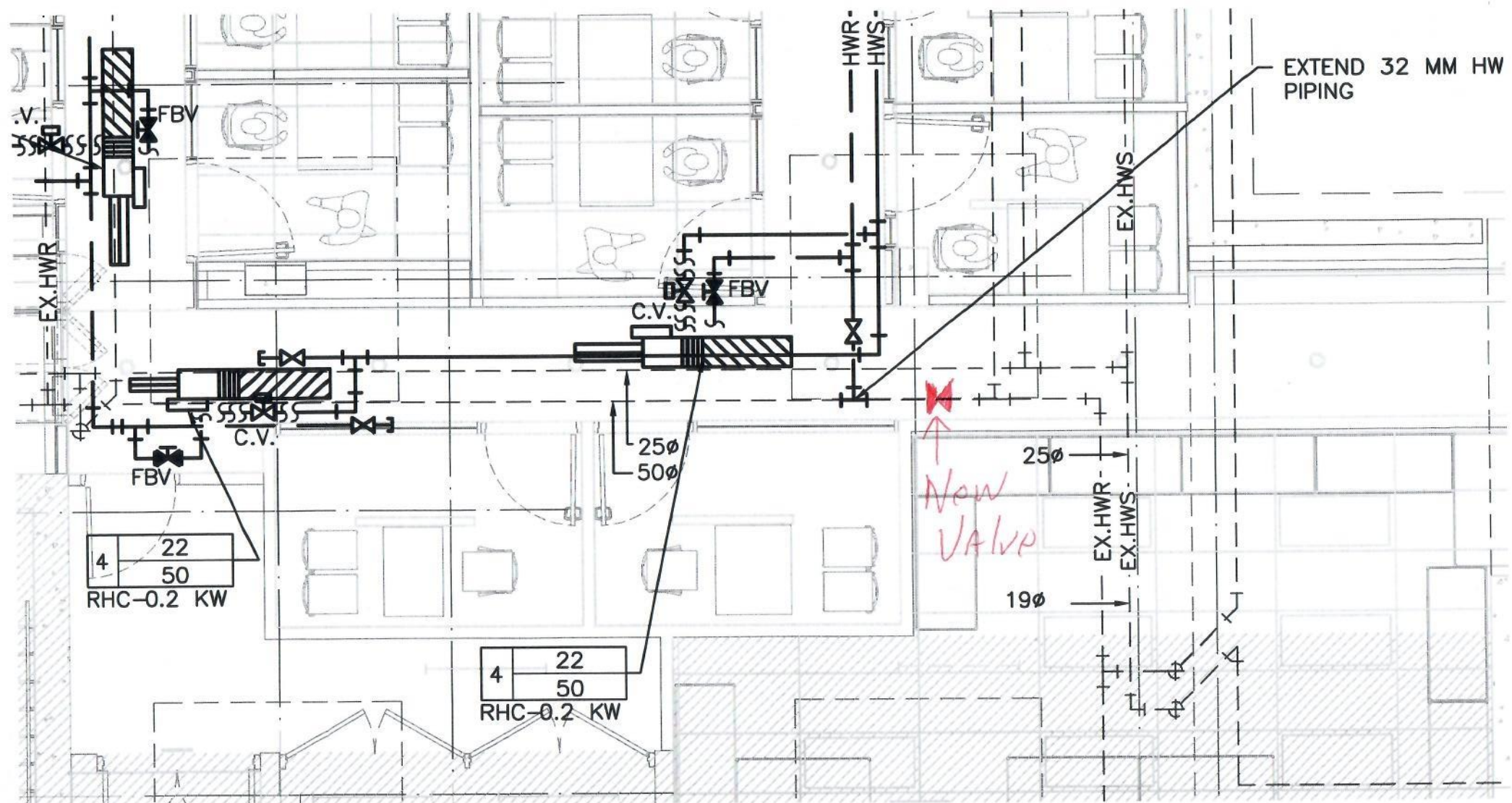
Supervising Tradesperson:  Unit:   
 Trade Manager:  Unit:  Date:

Contractor:  Phone #   
 Coordinator/Project Manager:  Phone #  Date:

Reviewed by Trade Manager(s)/Shop(s) Affected:

Name: <input type="text" value="Plumber / Fitter Shop"/> Date: <input type="text" value="May 14, 2018"/>	Name: <input type="text" value="WES Control"/> Date: <input type="text" value="May 14, 2018"/>	
Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Dan Gyetvai (dgyetvai@uwo.ca) at 7:58 am, May 15, 2018</small>	Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Jesse Atkinson (jatkin48@uwo.ca) at 3:12 pm, May 15, 2018</small>	
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="text"/> Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>	<b>APPROVED</b> <small>By Dara Gomez (dgomez5@uwo.ca) at 7:28 am, May 16, 2018</small>	

Notes: **No heat will be on during this interruption. Assistance is required by Western FM to shut down the valves and drain the system. If additional valves are installed, the lower level can be isolated, then upper floors can be reinstated after 1 day. Valve location is attached.**



HEATER AND ASSOCIATED  
CONNECTIONS AND CONTROLS.  
CAP AT MAINS (TYP.)

EX.HWR

REMOVE AIR  
CONDITIONING  
UNIT AND  
ASSOCIATED  
CONNECTIONS

EX.HWS

8	74
	245

RHC-1.04 KW

RELOCATED  
EX.U-AC-7.

CAP

RL

RS

RL

RS

RS

RL

65 $\phi$  EX.HWS

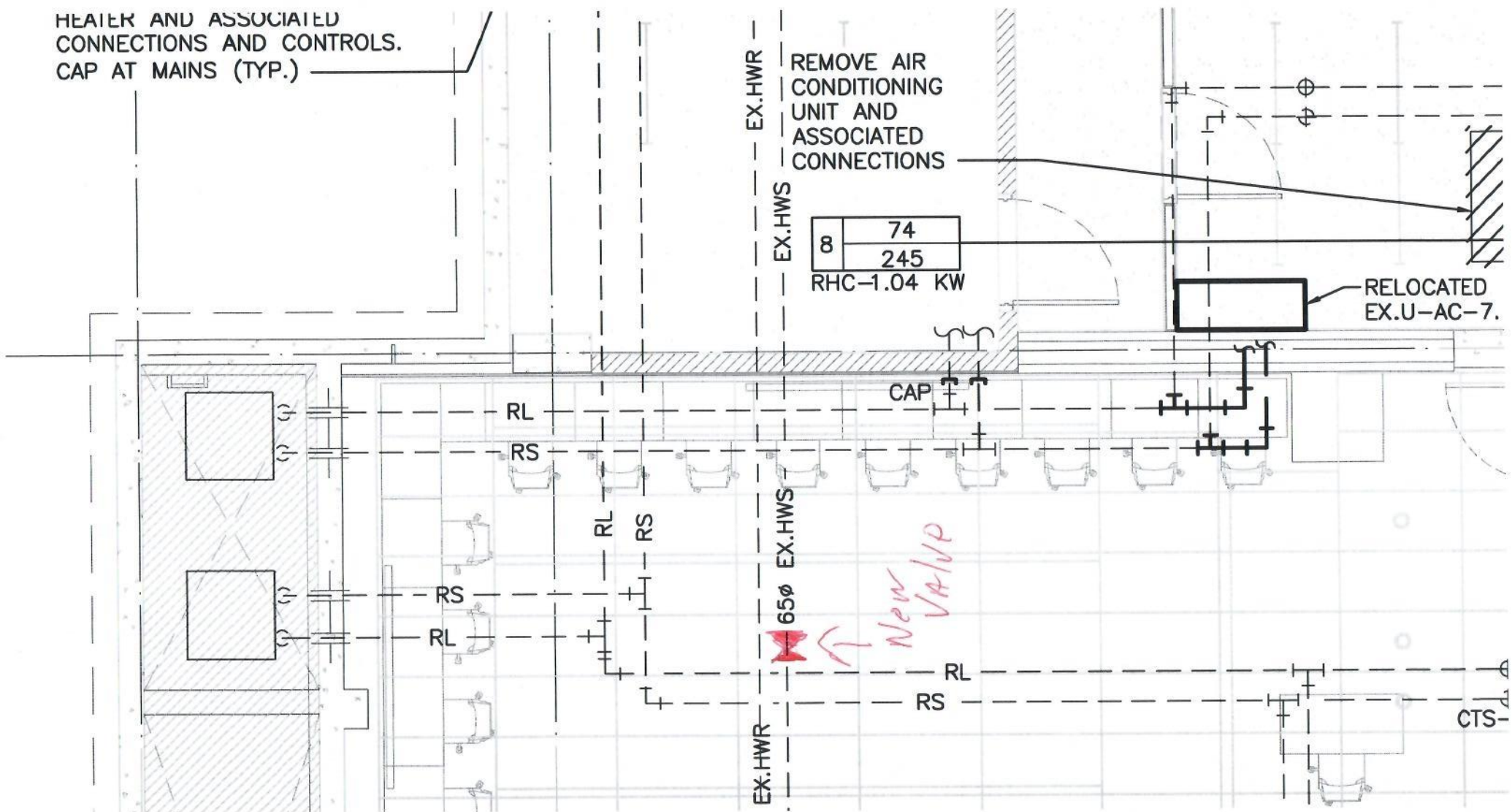
EX.HWR

RL

RS

CTS

*New VALVE*



EXISTING PHASE 2 PORTIONS

