



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="July 13 2017"/>	Time(s): <input type="text" value="7:00am - 8:00am"/>
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Building(s) Affected: #1 <input type="text" value="Law Building (LB)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:
 During the test bells will sound but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE the building. All rooms must be entered to verify that the signaling device function properly.


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

Description/Reason for Project:
 Annual Fire Alarm Bell Test.

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="JULY 4, 2017"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
Trade Manager: <input type="text"/>	Unit: <input type="text"/> Date: <input type="text"/>

Contractor: <input type="text"/>	Phone # <input type="text"/>
Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone # <input type="text" value="+1 (519) 808-5916"/> Date: <input type="text"/>

Reviewed by Trade Manager(s)/Shop(s) Affected:				
Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>	Name: <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"/>	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"/>		APPROVED By Dara Gomez at 4:00 pm, Jul 04, 2017		

Notes: