

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 April 9, 2015 | REVISED 10:08 am, Apr 06, 2015 | Time(s): 7:00 | 0am - 8:00am | | | |
|--|--|----------------------|-------------------------|------------------|-----------|--|
| Building(s) #1 LAW BUILDING (LB) Affected: #3 Areas/Rooms Affected Alternate Route/Serv Entire building. | vice: | #2 #4 | | | | |
| Service to be interrupted: #1 Fire Alarm Bell Test #2 #3 #4 Description/Reason for Project: #4 Bell test as part of fire alarm verification for entire building. | | | | | | |
| Requester: Jeff Jones | | | Date of Request: | Apr 2, 2015 | | |
| Supervising Tradesperson: | | Unit: | | | | |
| Trade Supervisor: | | Unit: | | Date: | | |
| Contractor: Simplex/Arcon Electric/Tonda - Fra | nk Rynen | Phe | one # +1 (519) 617-2422 | 2 | | |
| Coordinator/Project Manager: Jeff Jones | | | one # +1 (519) 521-1272 | 2 Date:Apr 2, 20 |)15 | |
| Reviewed by Trade Supervisor(s)/Shop(s) Affecte | d: | | | | | |
| Name: Fire Safety | Date: Apr 2, 20 | 15 Name: | Jeff Jones | Date: Ap | r 2, 2015 | |
| Signature/ Stamp: APPROVED | | Signature/ Stamp: | Collec | 2 <i>9</i> — | | |
| Name: | Date: | Principal Occ | Principal Occupants: | | | |
| Signature/ | | Name: | - | xt. Date: | | |
| Stamp: | | Name: | E | xt. Date: | | |
| Name: | Date: | Name: | E | xt. Date: | | |
| Signature/ | 1 | Name: | E | xt. Date: | | |
| Stamp: | | A | Approval to Proceed: | Date: | | |
| Name: | Date: | APPRO | OVED | | | |
| Signature/ Stamp: | | | | 6 pm, Apr 02, 2 | 015 | |
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