



Western UNIVERSITY • CANADA

Notice of Service Interruption/Area Closure Western University Facilities Management

Service Centre 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Date of Interruption/Closure: <input type="text" value="Mar 21, 2014"/>	Time(s): <input type="text" value="7:00 am - 8:00 am"/>
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Building(s) Affected:

#1 <input type="text" value="Law"/>	#2 <input type="text"/>
#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 Bell and Device Test"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Requester: Date of Request:

Supervising Tradesperson: Unit:

Trade Supervisor: Unit: Date:

Contractor: Phone #

Coordinator/Project Manager: Phone # Date:

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

Name: <input type="text" value="Fire Safety"/>	Date: <input type="text"/>	Name: <input type="text" value="Electrical Shop"/>	Date: <input type="text"/>
Signature/Stamp:		Signature/Stamp: <input type="text"/>	

Reviewed by: Date:

Principal Occupants:

Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>

Signature/Stamp:

Approval to Proceed: Date:

Approval to Proceed: Date:

Notes: