



**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="December 22, 2017"/>	Time(s): <input type="text" value="7:00 AM - 9:00 AM"/>
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REVISED
8:00 am, Dec 20, 2017

Building(s) Affected: #1 #2
#3 #4

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

Service to be interrupted: #1 #2
#3 #4

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

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="Fire Safety"/> Date: <input type="text" value="Dec. 7, 2017"/>	Name: <input type="text"/> Date: <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 <i>By Dan Trudgeon at 7:16 am, Dec 08, 2017</i>	

Notes: