



Notice of Project
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Project Number: <input type="text" value="N/A"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="Tuesday, April 24, 2018"/>
Project Name: <input type="text" value="VFA Building Condition Assessment"/>		Time: <input type="text" value="08:30 to 16:00"/>

Building(s) Affected: #1 <input type="text" value="Power Plant (PP)"/>	#2 <input type="text"/>
#3 <input type="text" value="Music Building (MB)"/>	#4 <input type="text"/>

Areas/Rooms Affected, Alternate Route/Service:

The entire building will be assessed, including the exterior, roof, mechanical rooms, electrical rooms, washrooms, classrooms, labs, office and general use spaces. Pending the availability of the spaces, no disruptions are currently planned. The assessment is visual and involves photos being taken by the Assessors.

Service to be interrupted: #1 <input type="text" value="No Services will be interrupted"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

This building condition assessment is part of an Ontario Government mandated program for all Ontario Universities.

Project Manager/ Co-ordinator: <input type="text" value="Dave Ostrom"/>	Phone # <input type="text" value="88745"/>	Cell # <input type="text" value="+1 (519) 636-3548"/>
Signature/ Stamp: <input type="text"/>	Client Contact: <input type="text" value="N/A"/>	Phone # <input type="text" value="N/A"/>
	Designer Consultant: <input type="text" value="N/A"/>	

Contractor: <input type="text" value="VFA/Accruent"/>	Cell # <input type="text"/>
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Emergency Phone List: (to CCPS Only) ☐ Attached ☐ To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)

<input type="text" value="None"/>

- ☐ Asbestos ☐ Type 3 ☐ Type 2 ☐ Type 1 ☒ Contractor ☐ In House Team ☐ Other
☐ Information Sheet Sent To Client

Comments: <input type="text"/>

Shutdowns/Interruptions(Approximate Schedule):

Electrical Power <input type="checkbox"/>	Date: <input type="text"/>	Elevators <input type="checkbox"/>	Date: <input type="text"/>	ITS <input type="checkbox"/>	Date: <input type="text"/>
Domestic Water <input type="checkbox"/>	Date: <input type="text"/>	Fire Alarms <input type="checkbox"/>	Date: <input type="text"/>	Other <input type="checkbox"/>	Date: <input type="text"/>
Steam <input type="checkbox"/>	Date: <input type="text"/>	Chilled Water <input type="checkbox"/>	Date: <input type="text"/>		
Hot Water Heating <input type="checkbox"/>	Date: <input type="text"/>	Roads / Lots <input type="checkbox"/>	Date: <input type="text"/>		

Issued By: <input type="text" value="APPROVED"/>	Date: <input type="text"/>
Signature/ Stamp: <input type="text" value="By Dan Trudgeon at 2:40 pm, Mar 29, 2018"/>	Date: <input type="text"/>

Note: <input type="text"/>
