



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="May 26, 2015"/> | Time(s): <input type="text" value="8:00 am - 2:30 pm"/> |
|---|---|

|  |                         |
|--|-------------------------|
| Building(s) Affected: #1 <input type="text" value="Molecular Biology Laboratory (MBB)"/> | #2 <input type="text"/> |
| #3 <input type="text"/>  | #4 <input type="text"/> |

Areas/Rooms Affected Alternate Route/Service:

Roof and building fume hoods.  
 See attached list of Fume Hoods, Fans and Hazardous Fan Contacts:

|  |                         |
|--|-------------------------|
| Service to be interrupted: #1 <input type="text" value="Hazardous Exhaust"/> | #2 <input type="text"/> |
| #3 <input type="text"/>  | #4 <input type="text"/> |

Description/Reason for Project:

Annual maintenance on exhaust fans on hazardous roof.

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="WES Control"/> | Date: <input type="text" value="May 5, 2015"/> | Name: <input type="text"/> | Date: <input type="text"/> |
|--|--|----------------------------|----------------------------|

|                  |                                       |
|------------------|---------------------------------------|
| Signature/Stamp: | Signature/Stamp: <input type="text"/> |
|------------------|---------------------------------------|

|                                       |                            |
|---------------------------------------|----------------------------|
| Reviewed by:                          | Principal Occupants:       |
| Name: <input type="text"/>            | Name: <input type="text"/> |
| Date: <input type="text"/>            | Ext.: <input type="text"/> |
| Signature/Stamp: <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"/> |

Approval to Proceed: Date:  Approval to Proceed: Date:

Notes: