



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 23, 2016"/>	Time(s): <input type="text" value="10:00 A.M. - 11:00 A.M."/>
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Building(s) Affected: #1 <input type="text" value="MEDWAY HALL"/>	#2 <input type="text" value="SYDENHAM HALL"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:
 Annual Fire Alarm Bell Test.
 During the test bells will sound but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE THE BUILDING. All rooms must be entered to verify that the signalling device function properly.










Service to be interrupted: #1 <input type="text" value="FIRE ALARM BELL TEST"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Requester: <input type="text" value="Fire Safety"/>	Date of Request: <input type="text" value="DECEMBER 15, 2016"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
Trade Manager: <input type="text"/>	Unit: <input type="text"/> Date: <input type="text"/>

Contractor: <input type="text"/>	Phone #: <input type="text"/>
Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone #: <input type="text" value="+1 (519) 808-5916"/> Date: <input type="text"/>

Reviewed by Trade Manager(s)/Shop(s) Affected:																																			
<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="Fire Safety"/></td> <td>Date: <input type="text" value="Dec 15, 2016"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> </table>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Dec 15, 2016"/>	Signature/Stamp: 		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="Housing"/></td> <td>Date: <input type="text" value="Dec 15, 2016"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td></td> </tr> <tr> <td colspan="2">Principal Occupants:</td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/> Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/> Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/> Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/> Date: <input type="text"/></td> </tr> <tr> <td align="center" colspan="2">Approval to Proceed: <input type="text"/></td> </tr> <tr> <td align="center" colspan="2"></td> </tr> </table>	Name: <input type="text" value="Housing"/>	Date: <input type="text" value="Dec 15, 2016"/>	Signature/Stamp: 		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"/>	Approval to Proceed: <input type="text"/>			
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