



**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:  Time(s):

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

Areas/Rooms Affected Alternate Route/Service:  
 Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. All rooms will be entered to perform testing.

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

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: Fire Safety	Date: May 6, 2016	Name: Housing	Date: May 9, 2016
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Signature/Stamp: 

Signature/Stamp: **APPROVED**  
 By Chris Yeo (cyeo3@uwo.ca) at 7:16 am, May 16, 2016

Name:  Date:

Principal Occupants:

Signature/Stamp:

Name:	Ext.:	Date:
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Name:  Date:

Name:	Ext.:	Date:
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Signature/Stamp:

Name:	Ext.:	Date:
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Name:  Date:

Approval to Proceed:  Date:

Signature/Stamp:

**APPROVED**  
 By Dan Trudgeon (dtrudgeo@uwo.ca) at 8:29 am, May 16, 2016

Notes: