



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

Submit by E-mail

Print Form

Project Number: 9AMEG4	<input type="checkbox"/> Miniature Attached	Date/Schedule: 6/06/16 - 7/20/16
Project Name: 9AMEG4 MHR - Shower Inserts & Drains Replacement I		Time: 7am - 5pm

Building(s) Affected: #1 MEDWAY HALL RESIDENCE (MHR)	#2
#3	#4
Areas/Rooms Affected, Alternate Route/Service: ALL WASHROOMS IN BUILDING	

Service to be interrupted: #1 Domestic Cold Water	#2 Domestic Hot Water
#3	#4
Description/Reason for Project: upgrading shower stalls within building - new valves & bath liners	

Project Manager/Co-ordinator: Francesco loele	Phone # 80569	Cell # +1 (519) 709-5336
Signature/Stamp:  Francesco loele 2016.06.01 08:59:08 -04'00'	Client Contact:	Phone #
Designer Consultant:		

Contractor: SEM CONSTRUCTION	Cell # 519.614.2250
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Emergency Phone List: (to CCPS Only)	<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow
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Special Conditions (Noise, Odors, Asbestos, Etc.)
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<input type="checkbox"/> Asbestos	<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 1	<input type="checkbox"/> Contractor	<input type="checkbox"/> In House Team	<input type="checkbox"/> Other
<input type="checkbox"/> Information Sheet Sent To Client						

Comments:

Shutdowns/Interruptions(Approximate Schedule):					
Electrical Power	<input type="checkbox"/>	Date:	Elevators	<input type="checkbox"/>	Date:
Domestic Water	<input type="checkbox"/>	Date:	Fire Alarms	<input type="checkbox"/>	Date:
Steam	<input type="checkbox"/>	Date:	Chilled Water	<input type="checkbox"/>	Date:
Hot Water Heating	<input type="checkbox"/>	Date:	Roads / Lots	<input type="checkbox"/>	Date:
			ITS	<input type="checkbox"/>	Date:
			Other	<input type="checkbox"/>	Date:

Issued By:	Date:
Signature/Stamp:  APPROVED By Justin DeGurse at 8:09 am, Jun 02, 2016	Date:

Note:
