



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="Nov 21, 2016"/>	Time(s): <input type="text" value="7:05am - 8:00am"/>
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Building(s) Affected: #1 #2
 #3 #4

Areas/Rooms Affected Alternate Route/Service:

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

Description/Reason for Project:

Requester: Date of Request:

Supervising Tradesperson: Unit:

Trade Manager: Unit: Date:

Contractor: Phone #:

Coordinator/Project Manager: Phone #: Date:

Reviewed by Trade Manager(s)/Shop(s) Affected:

Name: <input type="text" value="Electrical / Mechanical Shop"/> Date: <input type="text" value="Nov 17, 2016"/>	Name: <input type="text" value="WES Control"/> Date: <input type="text" value="Nov 17, 2016"/>
Signature/Stamp: <div style="border: 1px solid green; padding: 5px; display: inline-block;">APPROVED <small>By spepper (spepper@uwo.ca) at 2:29 pm, Nov 17, 2016</small></div>	Signature/Stamp: <div style="border: 1px solid blue; padding: 5px; display: inline-block;">REVIEWED <small>By Wayne Drummond (ppdwad@uwo.ca) at 2:28 pm, Nov 17, 2016</small></div>

Name: Date:

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"/>

Signature/Stamp: Date:

Name: Date:

Signature/Stamp: Date:

Approval to Proceed: Date:

APPROVED

By Dan Trudgeon (dtrudgeo@uwo.ca) at 2:32 pm, Nov 17, 2016

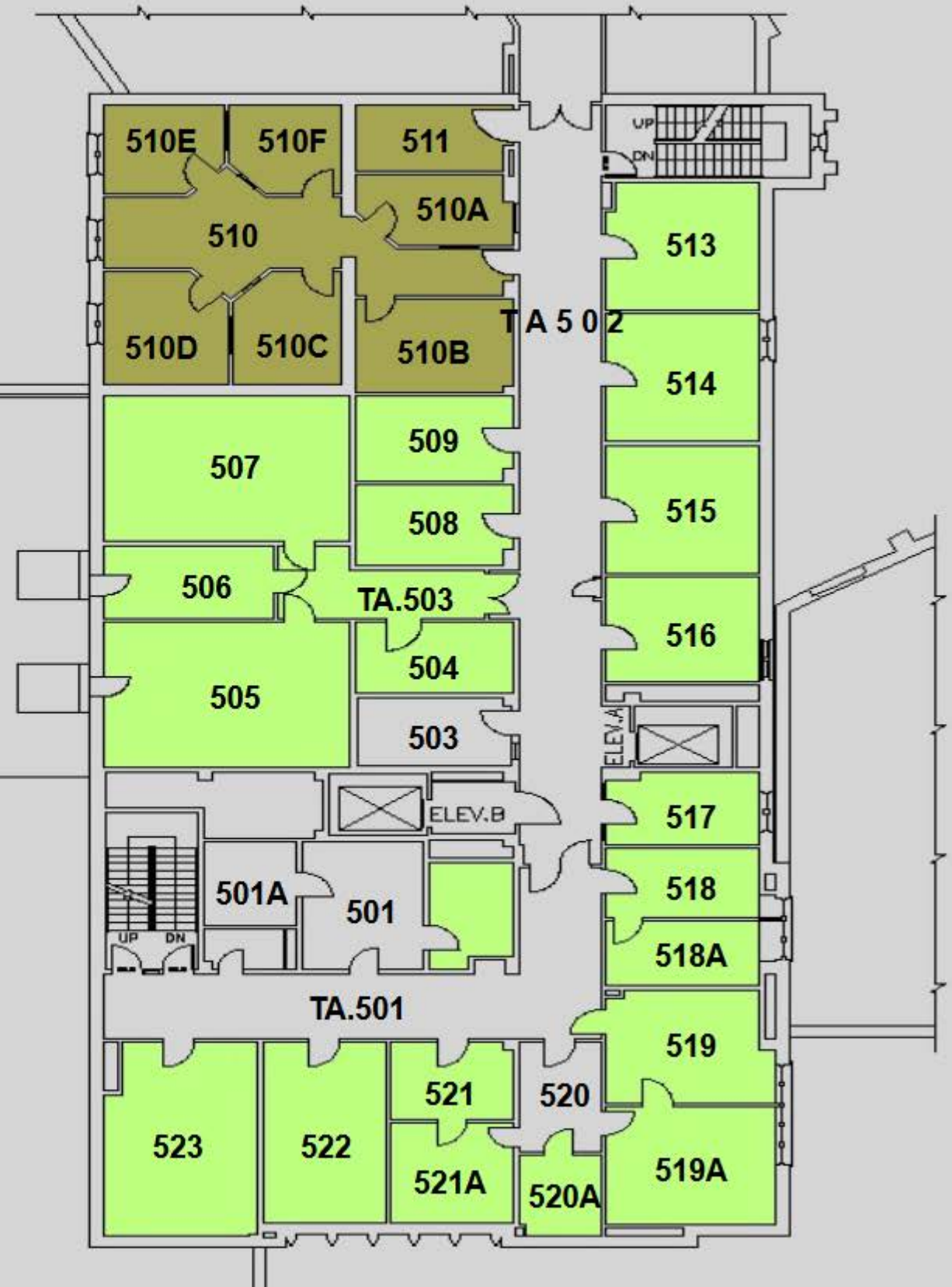
Notes:

MEDICAL SCIENCE BUILDING - 5TH FLOOR

Colour Block Legend :

 Supplied Air by MSB_111

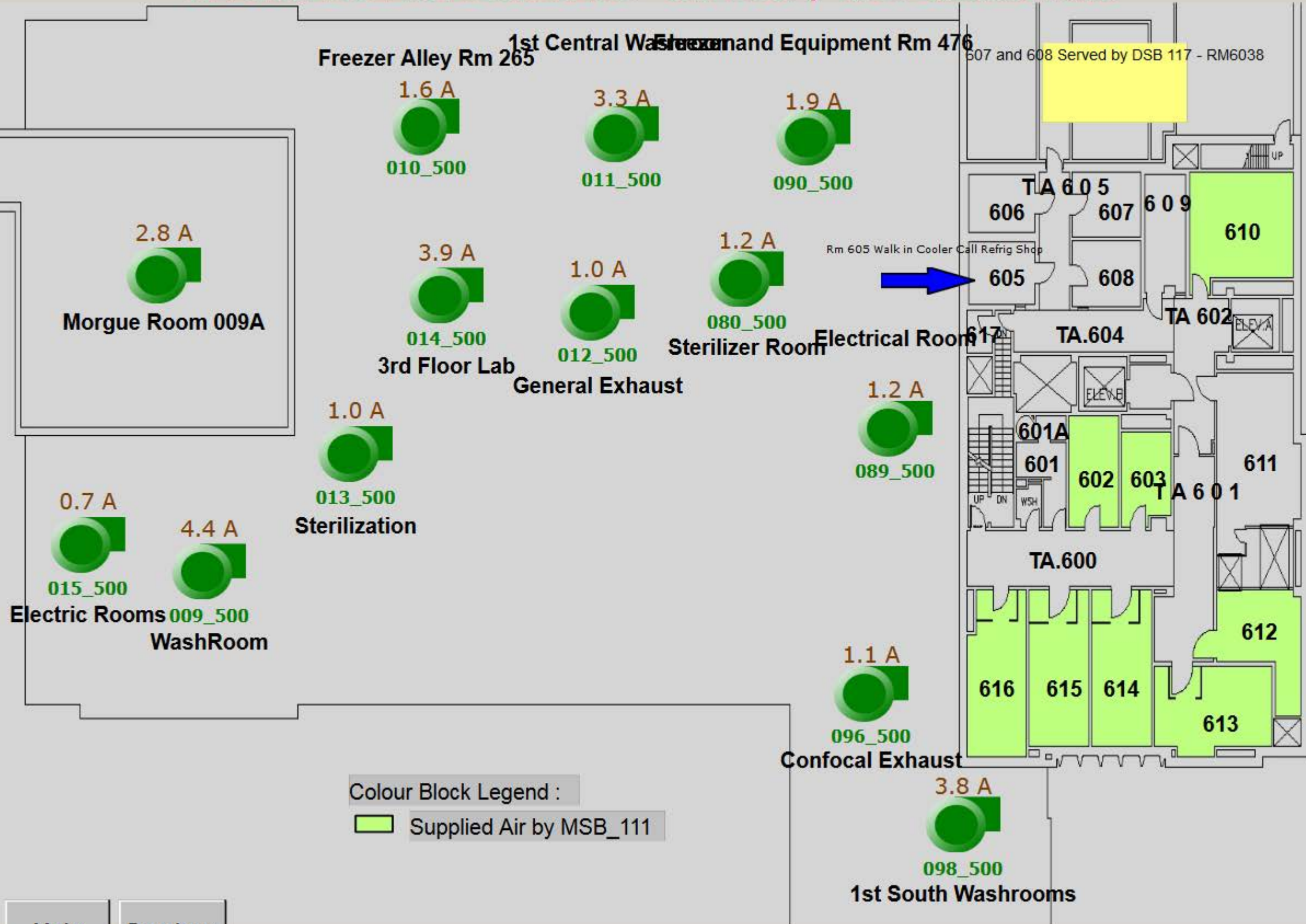
 Supplied Air by DSB_115



[Main](#)

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MEDICAL SCIENCE BUILDING - 6th Floor / Roof Exhaust Fans



Colour Block Legend :
 Supplied Air by MSB_111