

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 Wednesday, January 21, 2015 Time(s): 5:00AM - 7:00AM										
Building(s) #1 MEDICAL SCIENCE CENTRE (MSB) #2 Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service:										
5th and 6th floor ACVS area.										
Service to be #1 Domestic Hot Water #2 #3 #4 Description/Reason for Project:										
Installation of new valves and recirculation line.										
Requester: Ron Humphrey					Da	ate of Request:	Jan 16, 20	15		
Supervising Tradesperson: Ron Humphrey Unit: Plumbing										
Trade Supervisor: Carmen Bertone Unit: Plumber/Fitter					Fitter Shop	Date:Jan 16, 2015				
Contractor: Phone #										
Coordinator/Project Manager:					Phone # Date:					
Reviewed by Trade Supervisor(s)/Shop(s) Affected:										
Name: Plumber/F	itter Shop	Date: Jan 1	6, 2015	Name: WES Control		WES Control		Dat	e: Jan 16, 2015	
C4	APPROVED By Peter (pdearing@uwo.ca) at 6:07 am, Jan 19, 2015			Signature/ Stamp: RECEIVED By Wayne Drummond (ppdwad@uwo.			ca) at 2:13 pm, Jan 16, 2015			
Name:	Name: Principal Occupants:									
Signature/				Name:	Jooupuin		Ext.		Date:	
Stamp:				Name:			Ext.		Date:	
Name:		Date:		Name:			Ext.		Date:	
Signature/				Name:					Date:	
Stamp: Approval to Proceed: Date:										
Name: Date: APPROVED										
Signature/ Stamp: By Dan Trudgeon (fminterr@uwo.ca) at 9:23 am, Jan 19, 2015							an 19, 2015			
Notes:										