



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="Oct 31, 2016"/>	Time(s): <input type="text" value="8:00 A.M. - 4:30 P.M."/>
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Building(s) Affected: #1 <input type="text" value="Museum Of Ontario Archaeology (MOA) (MUS)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

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 preform testing.

Service to be interrupted: #1 <input type="text" value="Fire Alarm Device 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="Oct 11, 2016"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text"/>
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Trade Manager: <input type="text"/>	Unit: <input type="text"/>	Date: <input type="text"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text" value="Frank Faroni"/>	Phone #: <input type="text" value="+1 (519) 808-5916"/>	Date: <input type="text"/>
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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="Oct 11, 2016"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td>Signature/Stamp: <input type="text"/></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>Signature/Stamp: <input type="text"/></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>Signature/Stamp: <input type="text"/></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>Signature/Stamp: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> </table>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Oct 11, 2016"/>	Signature/Stamp:	Signature/Stamp: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>	Signature/Stamp: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>	Signature/Stamp: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>	Signature/Stamp: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>	<table border="1" style="width:100%"> <tr> <td colspan="3">Principal Occupants:</td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> </table> <p align="right">Approval to Proceed: <input type="text"/> Date: <input type="text"/></p> <div style="border: 2px solid green; padding: 5px; text-align: center;"> <p>APPROVED By Dan Trudgeon at 11:08 am, Oct 11, 2016</p> </div>	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"/>
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