



**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="Sep 3, 2014"/>	Time(s): <input type="text" value="8:00 - 4:30 pm"/>
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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:


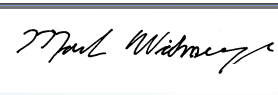
Supervising Tradesperson:  Unit:

Trade Supervisor:  Unit:  Date:

Contractor:  Phone #:

Coordinator/Project Manager:  Phone #:  Date:

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

Name: <input type="text" value="Fire Safety"/> Date: <input type="text" value="Aug 26, 2014"/> Signature/Stamp:  Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> Name: <input type="text"/> Date: <input type="text"/> Signature/Stamp: <input type="text"/> Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text" value="Electrical Shop"/> Date: <input type="text" value="Aug 27, 2014"/> Signature/Stamp:  Principal Occupants: <table border="1" style="width:100%"> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> <tr><td>Name:</td><td>Ext.</td><td>Date:</td></tr> </table> Approval to Proceed: <input type="text"/> Date: <input type="text"/> <div style="border: 2px solid green; padding: 5px; text-align: center;"> <b style="font-size: 1.5em; color: green;">APPROVED</b>  <i>By Dan Trudgeon (fminterr@uwo.ca) at 11:06 am, Aug 29, 2014</i> </div>	Name:	Ext.	Date:	Name:	Ext.	Date:	Name:	Ext.	Date:	Name:	Ext.	Date:
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Notes: