



Notice of Service Interruption/Area Closure
The University of Western Ontario
Facilities Management
Service Centre 519-661-3304 (ppdhelp@uwo.ca)

[Submit by Email](#)

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Date of Interruption/Closure: <input type="text" value="Jan 29, 2014"/>	Time(s): <input type="text" value="7:00am - 10:00am"/>
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Building(s) Affected:	#1 <input type="text" value="North Campus Building"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected	<input type="text" value="2nd, 3rd and 4th floor labs"/>			
Alternate Route/Service:	<input type="text"/>			

Service to be interrupted:	#1 <input type="text" value="Domestic Hot Water"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:	<input type="text" value="repair leak on non-potable hot water heater"/>			

Requester: <input type="text" value="P Dearing"/>	Date of Request: <input type="text" value="Jan 24, 2014"/>
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Supervising Tradesperson: <input type="text" value="P Dearing"/>	Unit: <input type="text" value="Plumbing"/>
Trade Supervisor: <input type="text" value="C Bertone"/>	Unit: <input type="text" value="Plumbing"/> Date: <input type="text"/>

Contractor: <input type="text"/>	Phone #: <input type="text"/>
Coordinator/Project Manager: <input type="text"/>	Phone #: <input type="text"/> Date: <input type="text"/>

Reviewed by Trade Supervisor(s)/Shop(s) Affected:			
Name: <input type="text" value="Carmen Bertone"/>	Date: <input type="text" value="1/24/2014"/>	Name: <input type="text"/>	Date: <input type="text"/>

Signature/Stamp: <input type="text" value="Carmen Bertone"/> <small>Digitally signed by Carmen Bertone DN: cn=Carmen Bertone, o=FM, ou=Electrical/Mechanical Shop, email=cbertone@uwo.ca, c=CA Date: 2014.01.24 06:51:26 -05'00'</small>	Signature/Stamp: <input type="text"/>
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Reviewed by:	Principal Occupants:
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>
Signature/Stamp: <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"/>

Approval to Proceed: <input type="text"/> Date: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>
<input type="text"/>	<div style="border: 2px solid green; padding: 5px; text-align: center;"> <p>APPROVED By Andrew at 8:52 am, Jan 24, 2014</p> </div>

Notes: