



**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:  Time(s):

Building(s) Affected: #1  #2   
 #3  #4

Areas/Rooms Affected Alternate Route/Service:  
 Exit 14 wheelchair ramp.  
 Alternate ramp located at Exit 2. See attached map.

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

Description/Reason for Project:  
 Install new vinyl floor.

Requester:  Date of Request:

Supervising Tradesperson:  Unit:

Trade Supervisor:  Unit:  Date:

Contractor:  Phone #:

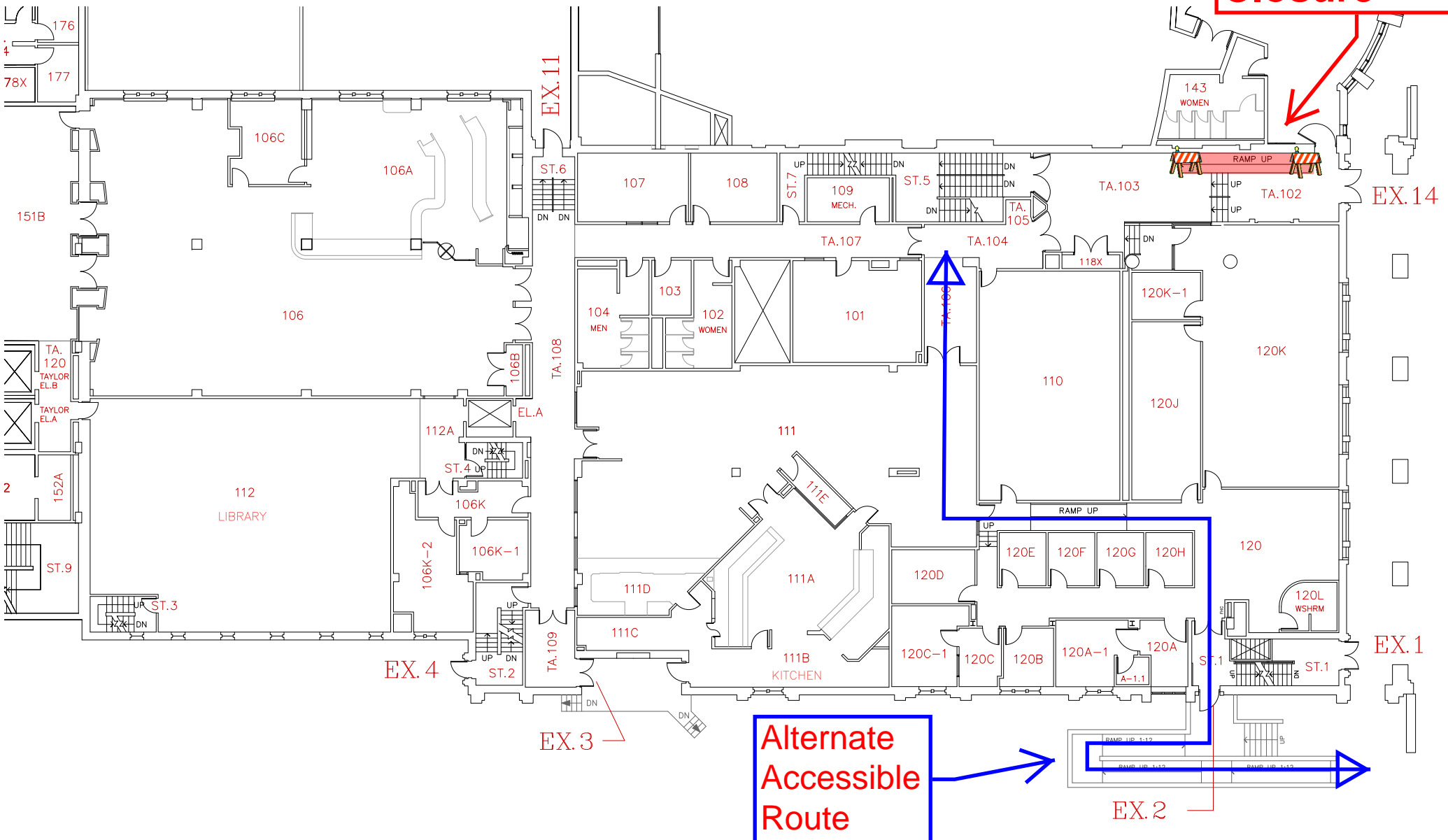
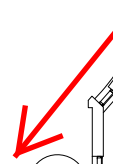
Coordinator/Project Manager:  Phone #:  Date:

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

Name: <input type="text" value="Ted Chelchowski"/>	Date: <input type="text" value="Oct 28, 2015"/>	Name: <input type="text" value="Fire Safety"/>	Date: <input type="text" value="Oct 29, 2015"/>
Signature/Stamp:		Signature/Stamp: <b>REVIEWED</b> <i>By Frank (ffaroni@uwo.ca) at 8:33 am, Oct 29, 2015</i>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	<div style="border: 2px solid green; padding: 5px; text-align: center;"> <b>APPROVED</b>  <i>By Dan Trudgeon (fminterr@uwo.ca) at 9:44 am, Oct 29, 2015</i> </div>	
Signature/Stamp: <input type="text"/>			

Notes:

**Area of Ramp Closure**



**Alternate Accessible Route**

