

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):	Time(s): 6:00 A.M 8:00 A.M.							
Building(s) #1 Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service: Entire building.									
Service to be interrupted: #1 Fire Alarm Bell Test #2 #3 #4 Description/Reason for Project: #4 Annual Fire Alarm Bell Test. #4 During the test the bells will sound but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE THE BUILDING. All rooms must be entered to verify that the signalling devices function properly.									
Requester: Fire Safety					Date of Request: Jan 19, 2016				
Supervising Tradesperson:									
Trade Supervisor: Unit: Date:									
Contractor: Phone # Coordinator/Project Manager: Frank Faroni Phone # +1 (519) 808-5916									
Reviewed by Trade Supervisor(s)/Shop(s) Affected:									
Name: Fire Sa	fety	Date: Jan 20, 201	6 Name:	Name:			Date:		
Signature/ Stamp: Signature/ Stamp: Signature/									
Name:	[Date:	Principal	Principal Occupants:					
Signature/			Name:	· · · · · · · · · · · · · · · · · · ·			Ext. Date:		
Stamp:			Name:			Ext.		Date:	
Name:	ſ	Date:	Name:			Ext.		Date:	
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Stamp:				Appr	oval to Proceed:		Dat	e:	
lame: Date: APPROVED									
Signature/ Stamp: By Dan Trudgeon at 9:30 am, Jan 20, 2010							20, 2016		
Notes:									