



**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:  
  
 NO NEED TO EVACUATE

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

Description/Reason for Project:  
  
 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:  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"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: 		Signature/Stamp: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/> Date: <input type="text"/>
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"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/> Date: <input type="text"/>
Signature/Stamp: <input type="text"/>		Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>		<div style="border: 2px solid green; border-radius: 15px; padding: 10px; text-align: center;"> <p><b>APPROVED</b></p> <p><i>By Dan Trudgeon at 2:18 pm, Jun 30, 2015</i></p> </div>	
Name: <input type="text"/>	Date: <input type="text"/>		

Notes: