



**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:  
 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: <b>Fire Safety</b> | Date: <b>Apr 21, 2015</b> | Name: <b>Housing</b> | Date: <b>Apr 21, 2015</b> |
|--------------------------|---------------------------|----------------------|---------------------------|

Signature/Stamp:

Signature/Stamp: **APPROVED**  
 By Chris Yeo (cyeo3@uwo.ca) at 12:50 pm, Apr 23, 2015

Name:  Date:

Signature/Stamp: **REVIEWED**  
 By Jenn Romyn (jromyn2@uwo.ca) at 10:21 am, Apr 21, 2015

Principal Occupants:

|       |       |       |
|-------|-------|-------|
| Name: | Ext.: | Date: |
| Name: | Ext.: | Date: |
| Name: | Ext.: | Date: |
| Name: | Ext.: | Date: |

Name:  Date:

Signature/Stamp:

Approval to Proceed:  Date:

Name:  Date:

**APPROVED**  
 By Dan Trudgeon (fminterr@uwo.ca) at 11:11 am, Apr 27, 2015

Signature/Stamp:

Notes: