



**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: <input style="width: 90%;" type="text" value="Feb 2, 2017"/>	Time(s): <input style="width: 90%;" type="text" value="7:00am-8:00am"/>
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**Building(s) Affected:**

#1 <input style="width: 95%;" type="text" value="Physics &amp; Astronomy Bldg (PAB)"/>	#2 <input style="width: 95%;" type="text"/>
#3 <input style="width: 95%;" type="text"/>	#4 <input style="width: 95%;" type="text"/>

**Areas/Rooms Affected Alternate Route/Service:**

Ventilation all supply and exhaust systems throughout the building.

**Service to be interrupted:**

#1 <input style="width: 95%;" type="text" value="Ventilation"/>	#2 <input style="width: 95%;" type="text"/>
#3 <input style="width: 95%;" type="text"/>	#4 <input style="width: 95%;" type="text"/>

**Description/Reason for Project:**

Control panel upgrade

**Requester:**  **Date of Request:**

**Supervising Tradesperson:**  **Unit:**

**Trade Manager:**  **Unit:**  **Date:**

**Contractor:**  **Phone #:**

**Coordinator/Project Manager:**  **Phone #:**  **Date:**

**Reviewed by Trade Manager(s)/Shop(s) Affected:**

<b>Name:</b> Electrical / Mechanical Shop <b>Date:</b> Jan 30, 2017 <b>Signature/Stamp:</b> <div style="border: 1px solid green; padding: 2px; display: inline-block; background-color: #e0f0e0;"> <b>APPROVED</b>  <small>By spepper (spepper@uwo.ca) at 10:37 am, Jan 30, 2017</small> </div>	<b>Name:</b> WES Control <b>Date:</b> Jan 30, 2017 <b>Signature/Stamp:</b> <div style="border: 1px solid blue; padding: 2px; display: inline-block; background-color: #e0f0ff;"> <b>REVIEWED</b>  <small>By Wayne Drummond (ppdwad@uwo.ca) at 8:48 am, Jan 30, 2017</small> </div>												
<b>Name:</b> <input style="width: 90%;" type="text"/> <b>Date:</b> <input style="width: 10%;" type="text"/> <b>Signature/Stamp:</b> <input style="width: 90%;" type="text"/>	<b>Principal Occupants:</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>Name:</b> <input style="width: 95%;" type="text"/></td> <td style="width: 15%;"><b>Ext.:</b> <input style="width: 80%;" type="text"/></td> <td style="width: 25%;"><b>Date:</b> <input style="width: 95%;" type="text"/></td> </tr> <tr> <td><b>Name:</b> <input style="width: 95%;" type="text"/></td> <td><b>Ext.:</b> <input style="width: 80%;" type="text"/></td> <td><b>Date:</b> <input style="width: 95%;" type="text"/></td> </tr> <tr> <td><b>Name:</b> <input style="width: 95%;" type="text"/></td> <td><b>Ext.:</b> <input style="width: 80%;" type="text"/></td> <td><b>Date:</b> <input style="width: 95%;" type="text"/></td> </tr> <tr> <td><b>Name:</b> <input style="width: 95%;" type="text"/></td> <td><b>Ext.:</b> <input style="width: 80%;" type="text"/></td> <td><b>Date:</b> <input style="width: 95%;" type="text"/></td> </tr> </table>	<b>Name:</b> <input style="width: 95%;" type="text"/>	<b>Ext.:</b> <input style="width: 80%;" type="text"/>	<b>Date:</b> <input style="width: 95%;" type="text"/>	<b>Name:</b> <input style="width: 95%;" type="text"/>	<b>Ext.:</b> <input style="width: 80%;" type="text"/>	<b>Date:</b> <input style="width: 95%;" type="text"/>	<b>Name:</b> <input style="width: 95%;" type="text"/>	<b>Ext.:</b> <input style="width: 80%;" type="text"/>	<b>Date:</b> <input style="width: 95%;" type="text"/>	<b>Name:</b> <input style="width: 95%;" type="text"/>	<b>Ext.:</b> <input style="width: 80%;" type="text"/>	<b>Date:</b> <input style="width: 95%;" type="text"/>
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**Notes:**