

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 Sept. 26-Sept. 30, 2016 | Time(s): 8 | Fime(s): 8:00AM-4:30PM | | | | |
|--|------------|------------------------|-------------------------|-------|----------------|--|
| Building(s) #1 PHYSICS & ASTRONOMY BLDG (PAB) #2 Affected: #3 #4 #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 #1 Fire Alarm Device Test #2 #4 Description/Reason for Project: | | | | | | |
| Requester: Fire Safety Date of Request: Sep 26, 2016 | | | | | | |
| Supervising Tradesperson: Unit: | | | | | | |
| Trade Supervisor: | | | | Date: | | |
| Contractor: | | | Phone # | | | |
| Coordinator/Project Manager: Jenn Romyn | | | Phone # +1 (519) 521-15 | Dat | e:Sep 26, 2016 | |
| Reviewed by Trade Supervisor(s)/Shop(s) Affected: | | | | | | |
| Name: | Date: | Name: | Name: | | Date: | |
| Signature/ Stamp: | | Signature/ Stamp: | | | | |
| Name: | Date: | Principal 0 | Principal Occupants: | | | |
| Signature/ | | Name: | | | Date: | |
| Stamp: | | Name: | Name: | | Date: | |
| Name: | Date: | Name: | | Ext. | Date: | |
| Signature/ Stamp: | | Name: | Approval to Proceed: | | Date: | |
| Name: | Date: | | | • | Date. | |
| Signature/ Stamp: APPROVED By Andrew Merucci at 11:48 am, Sep 26, 2016 | | | | | | |
| Notes: | | | | | | |