



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 type="text" value="Nov 26, 2015"/>	Time(s): <input type="text" value="9:00am - 12:00pm"/>
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Building(s) Affected:

#1 <input type="text" value="PUBLIC HEALTH AND FAMILY MEDICINE (PHFM)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:

4th floor area.

Service to be interrupted:

#1 <input type="text" value="Fire Alarm"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Repairs required to sprinkler system (Leaks) fire alarm bypass required.

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="Electrical Shop"/> Date: <input type="text" value="Nov 24, 2015"/>	Name: <input type="text" value="Fire Safety"/> Date: <input type="text" value="Nov 24, 2015"/>
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Signature/Stamp:

RECEIVED
By Heather Zavitz (hzavitz@uwo.ca) at 10:42 am, Nov 24, 2015

Signature/Stamp:

APPROVED
By Frank (ffaroni@uwo.ca) at 9:24 am, Nov 24, 2015

Name: Date:

Principal Occupants:

Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>

Signature/Stamp:

Name: Date:

Signature/Stamp:

Name: Date:

Signature/Stamp:

Approval to Proceed:

APPROVED

By Dan Trudgeon (fminterr@uwo.ca) at 7:19 am, Nov 25, 2015

Notes: