



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:
 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:
 Annual Fire Alarm Device Test

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" value="May 8, 2018"/>	Name: <input type="text"/>	Date: <input type="text"/>
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Signature/Stamp:

Name: Date:

Signature/Stamp:

Name: Date:

Signature/Stamp:

Name: Date:

Signature/Stamp:

Signature/Stamp:

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"/>

Approval to Proceed: Date:

APPROVED
 By Dara Gomez at 8:47 am, May 09, 2018

Notes: