



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) #1 #2
Affected: #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:

Date:

Signature/
Stamp:

Signature/
Stamp:

Name:

Date:

Signature/
Stamp:

APPROVED

Principal Occupants:

Name:

Ext.

Date:

Name:

Ext.

Date:

Name:

Ext.

Date:

Name:

Ext.

Date:

Signature/
Stamp:

Name:

Date:

Signature/
Stamp:

Approval to Proceed:

Date:

APPROVED

By Dara Gomez (dgomez5@uwo.ca) at 3:05 pm, May 09, 2018

Notes: