



**Notice of Project
Western University
Facilities Management
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number: <input type="text" value="9AP208"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="June 26 2017"/>
Project Name: <input type="text" value="PLE Boiler Replacement"/>		Time: <input type="text" value="7:00am - 4:30pm"/>

Building(s) Affected: #1 <input type="text" value="Platts Lane-Apartments (PLE-A)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected, Alternate Route/Service: <input type="text" value="Buildings: 536, 536, 463, 461, 459."/>	

Service to be interrupted: #1 <input type="text" value="Heating"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project: <input type="text" value="Install new domestic hot and heating boilers in building."/>	

Project Manager/Co-ordinator: <input type="text" value="Francesco loele"/>	Phone # <input type="text"/>	Cell # <input type="text" value="+1 (519) 709-5336"/>
Signature/Stamp: <input type="text"/>	Client Contact: <input type="text"/>	Phone # <input type="text"/>
	Designer Consultant: <input type="text"/>	

Contractor: <input type="text" value="Plumbing/ Fitting Shop"/>	Cell # <input type="text" value="+1 (519) 619-7432"/>
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Emergency Phone List: (to CCPS Only) Attached To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)

Asbestos
 Type 3
 Type 2
 Type 1
 Contractor
 In House Team
 Other
 Information Sheet Sent To Client

Comments:

Shutdowns/Interruptions(Approximate Schedule):

Electrical Power <input type="checkbox"/>	Date: _____	Elevators <input type="checkbox"/>	Date: _____	ITS <input type="checkbox"/>	Date: _____
Domestic Water <input checked="" type="checkbox"/>	Date: _____	Fire Alarms <input type="checkbox"/>	Date: _____	Other <input type="checkbox"/>	Date: _____
Steam <input type="checkbox"/>	Date: _____	Chilled Water <input type="checkbox"/>	Date: _____		
Hot Water Heating <input checked="" type="checkbox"/>	Date: _____	Roads / Lots <input type="checkbox"/>	Date: _____		

Issued By: <input type="text" value="APPROVED"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text" value="By Dara Gomez at 2:00 pm, Jun 19, 2017"/>	Date: <input type="text"/>

Note: