



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:
 Annual Fire Alarm Device Test. Individual devices will be tested throughout the building. Hallway/Stairways accessed to perform testing.

Service to be interrupted: #1 #2
 #3 #4

Description/Reason for Project:

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="Jan 27, 2015"/>	Name: <input type="text" value="Housing"/>	Date: <input type="text" value="Jan 29, 2015"/>
Signature/Stamp: 		Signature/Stamp: 	
Name: <input type="text"/>	Date: <input type="text"/>	Principal Occupants:	
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Ext. <input type="text"/>
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>
Signature/Stamp: <input type="text"/>		Approval to Proceed: <input type="text"/>	
Name: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>	
Signature/Stamp: <input type="text"/>		<input type="text"/>	

Notes: