



Western
UNIVERSITY • CANADA

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="Jan 15, 2014"/>	Time(s):	<input type="text" value="7:00AM - 1:00PM"/>
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Building(s) Affected:	#1 <input type="text" value="Robarts Research"/>	#2 <input type="text"/>
	#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:

Service to be interrupted:	#1 <input type="text" value="Domestic Cold Water"/>	#2 <input type="text" value="Domestic Hot Water"/>
	#3 <input type="text" value="Medical Vacuum"/>	#4 <input type="text"/>

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="Carmen Bertone"/>	Date: <input type="text" value="Jan 8, 2014"/>	Name: <input type="text"/>	Date: <input type="text"/>
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Signature/Stamp:	Signature/Stamp: <input type="text"/>
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Reviewed by:	Principal Occupants:		
Name: <input type="text"/>	Name: <input type="text"/>	Ext.: <input type="text"/>	Date: <input type="text"/>
Date: <input type="text"/>	Name: <input type="text"/>	Ext.: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <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: Approval to Proceed: Date:

APPROVED
By Joe Arbique at 1:00 pm, Jan 08, 2014

Notes: