



**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="9C6807"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="Wednesday, August 12, 2015"/>	
Project Name: <input type="text" value="SEB Room 2097 upgrades to office area"/>		Time: <input type="text" value="Until August 28"/>	

Building(s) Affected:	#1 <input type="text" value="SPENCER ENGINEERING BLDG (SEB)"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected, Alternate Route/Service:				
<input type="text" value="Room 2097."/>				

Service to be interrupted:	#1 <input type="text"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:				
<input type="text" value="General upgrades to room 2097"/>				

Project Manager/ Co-ordinator: <input type="text" value="Boris Pertout"/>	Phone # <input type="text" value="88755"/>	Cell # <input type="text" value="+1 (519) 521-2551"/>
Signature/ Stamp:	Client Contact: <input type="text" value="Clare Tattersall"/>	Phone # <input type="text" value="88206"/>
	Designer Consultant: <input type="text" value="FDE"/>	

Contractor: <input type="text" value="Mycon (Jamie Hawkrigg)"/>	Cell # <input type="text" value="+1 (519) 521-0791"/>
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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 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 type="checkbox"/>	Date: _____	Roads / Lots <input type="checkbox"/>	Date: _____		

Issued By:	<b>APPROVED</b>	Date: <input type="text"/>
Signature/ Stamp:	<i>By Dan Trudgeon at 3:34 pm, Aug 11, 2015</i>	Date: <input type="text"/>

Note: