



**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="9D7556"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="July 18 - Sept 30, 2016"/>
Project Name: <input type="text" value="CG Washroom Upgrades - Spencer Engineering"/>		Time: <input type="text" value="All Day"/>

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:

Service to be interrupted:

#1 <input type="text" value="Washrooms"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Project Manager/Co-ordinator: Phone # Cell #

Signature/Stamp:  **Client Contact:** Phone #

Designer Consultant:

Contractor: Cell #

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

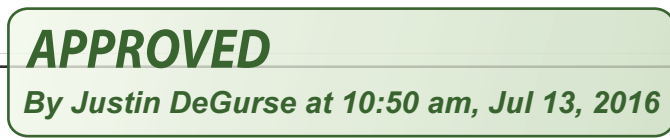
Information Sheet Sent To Client

Comments:

Shutdowns/Interruptions(Approximate Schedule):

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

Issued By: **Date:**

Signature/Stamp:  **Date:**

Note: