



**Notice of Project**  
**The University of Western Ontario**  
**Facilities Management**  
**Service Centre 519-661-3304 (ppdhelp@uwo.ca)**

Submit by Email

Print Form

Project Number:   Miniature Attached

Project Name:  Expected Schedule Date:

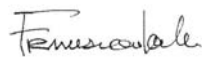
Building(s) Affected: #1  #2   
 #3  #4

Areas/Rooms Affected:   
 Alternate Route/Service:

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

Description/ Reason for Project:

Project Manager/ Co-ordinator:  Phone #  Cell #

Signature/ Stamp:   Client Contact:  Phone #   
 Designer Consultant:

Contractor:  Cell #

Emergency Phone List: (to UPD 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:  Date:

Signature/ Stamp:  Date:

**APPROVED**  
 By Joe Arbiq at 3:23 pm, Dec 19, 2013

Note: