



**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"/>	<input checked="" type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="WEEK OF SEPT 12TH"/>
Project Name: <input type="text" value="SSB 6191 Installation of New Bottle Fill Station"/>		Time: <input type="text" value="7:00am- 4:00pm"/>

Building(s) Affected:

#1 <input type="text" value="Support Services Building (SSB)"/>	#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="Construction Noise"/>	#2 <input type="text" value="Core Drilling"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Project Manager/ Co-ordinator: <input type="text" value="RANDY REGIER"/>	Phone # <input type="text"/>	Cell # <input type="text" value="+1 (519) 521-3519"/>
Signature/ Stamp: <input type="text"/>	Client Contact: <input type="text"/>	Phone # <input type="text"/>
	Designer Consultant: <input type="text"/>	

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):

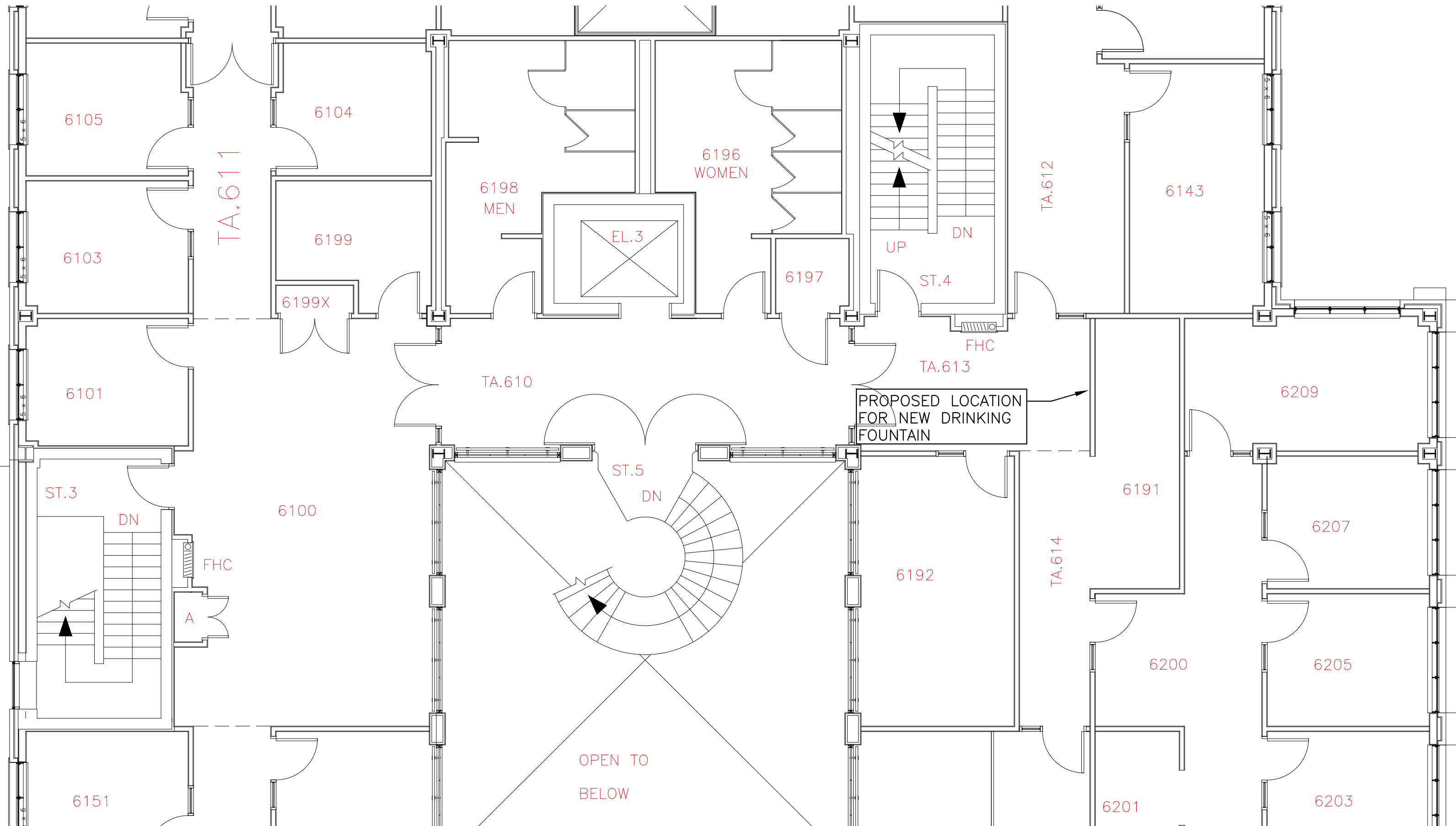
Electrical Power <input type="checkbox"/>	Date: _____	Elevators <input type="checkbox"/>	Date: _____	ITS <input type="checkbox"/>	Date: _____
Domestic Water <input type="checkbox"/>	Date: _____	Fire Alarms <input type="checkbox"/>	Date: _____	Other <input type="checkbox"/>	Date: _____
Steam <input type="checkbox"/>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

Issued By:

Signature/Stamp:

Date:

Note:



PROPOSED LOCATION
FOR NEW DRINKING
FOUNTAIN

OPEN TO
BELOW

TA.611

TA.612

TA.614

TA.613

6105

6104

6103

6199

6196
WOMEN

6198
MEN

EL.3

6197

6101

TA.610

DN

UP

ST.4

FHC

6143

6209

ST.3

DN

6100

ST.5

DN

6192

6191

6207

FHC

A

6200

6205

6151

6201

6203

