

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 Nov 22, 2016 Time(s): 7:00 am to 11:00am							
Building(s) #1 Social Science Centre (SSC) #2 #3 #4 Areas/Rooms Affected Alternate Route/Service: Elevator A. Elevator B will still be in service.							
Service to be #1 Elevator #2 interrupted: #3 #4 Description/Reason for Project:							
Elevator to be on service to move material to penthouse for project.							
Requester: Mike White				Date of Request:	Date of Request: Nov 17, 2016		
Supervising Tradesperson: Mike White Unit: Plumber/Fitter Shop							
Trade Manager: Dan Gyetvai				nit: Plumber/Fitter Shop Date:Nov 17, 2016			
Contractor:				Phone #			
Coordinator/Project Manager:				Phone #	Date:		
Reviewed by Trade Manager(s)/Shop(s) Affected:							
Reviewed	by Trade Manager(s)/Shop(s) Affected:			,			
Reviewec	l by Trade Manager(s)/Shop(s) Affected: Elevator Shop	Date: Nov 17, 2016	Name:	,		Date:	
	Elevator Shop	2016	Name: Signature/ Stamp:	,		Date:	
Name: Signatur	Elevator Shop		Signature/	, ccupants:		Date:	
Name: Signatur Stamp: Name: Signatur	Elevator Shop Per Parker (sparker9@uwo.ca) at 4:18 pm, Nov 17	2016	Signature/ Stamp:	ccupants:	Ext.	Date:	
Name: Signatur Stamp: Name:	Elevator Shop Per Parker (sparker9@uwo.ca) at 4:18 pm, Nov 17	2016 Date:	Signature/ Stamp: Principal O	ccupants:		Date: Date:	
Name: Signatur Stamp: Name: Signatur	Elevator Shop Per Parker (sparker9@uwo.ca) at 4:18 pm, Nov 17	2016	Signature/ Stamp: Principal O Name: Name: Name:	ccupants:	Ext. Ext. Ext.	Date: Date: Date: Date:	
Name: Signatur Stamp: Name: Signatur Stamp:	Elevator Shop Pe/ APPROVED By Scott Parker (sparker9@uwo.ca) at 4:18 pm, Nov 17 Pe/	2016 Date:	Signature/ Stamp: Principal O Name: Name:	ccupants:	Ext. Ext. Ext. Ext.	Date: Date:	
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