



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: <input type="text" value="Dec 2, 2015"/>	Time(s): <input type="text" value="7:30am - 11:00am"/>
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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:

Requester: Date of Request:

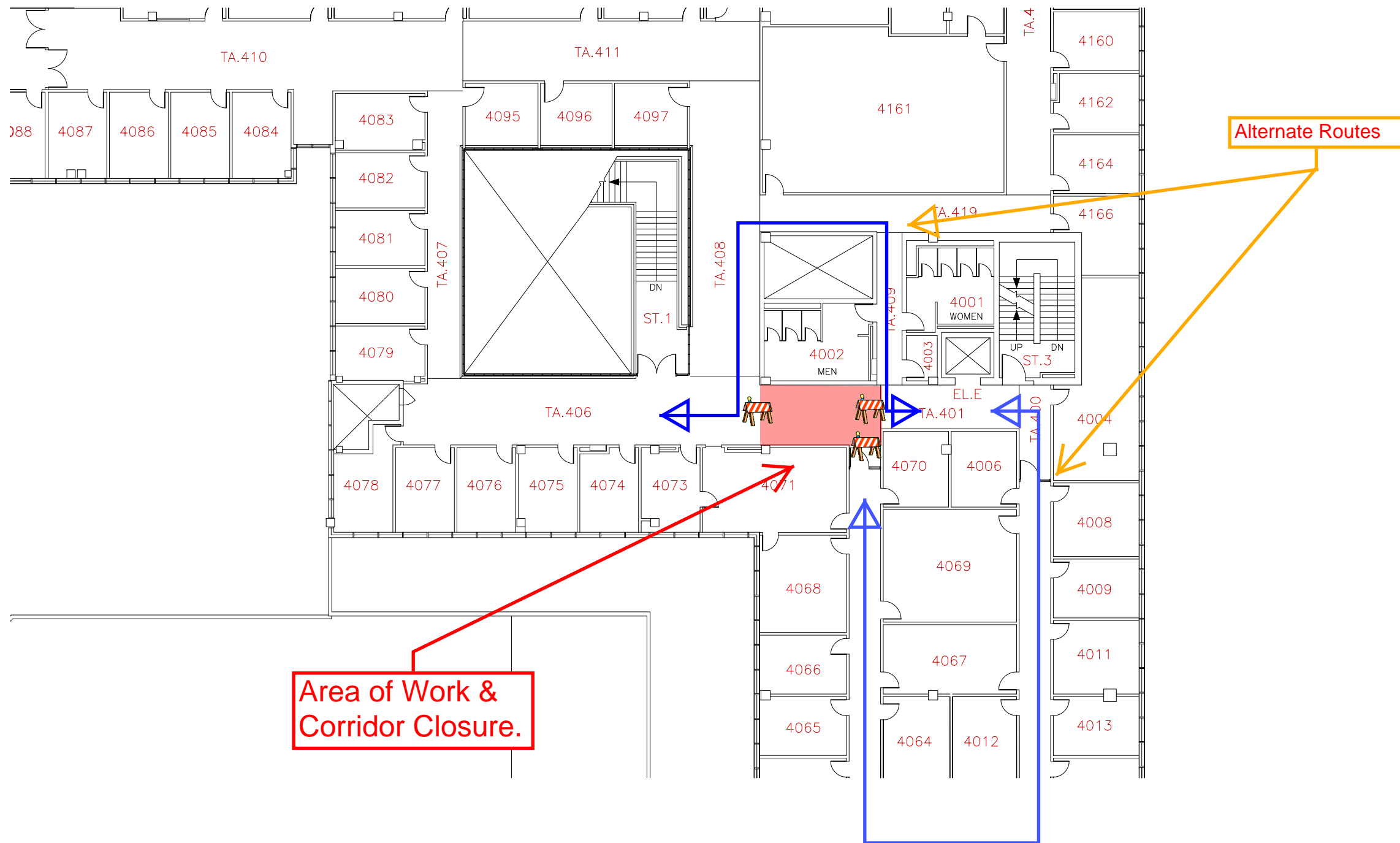
Supervising Tradesperson: Unit:
 Trade Supervisor: Unit: Date:

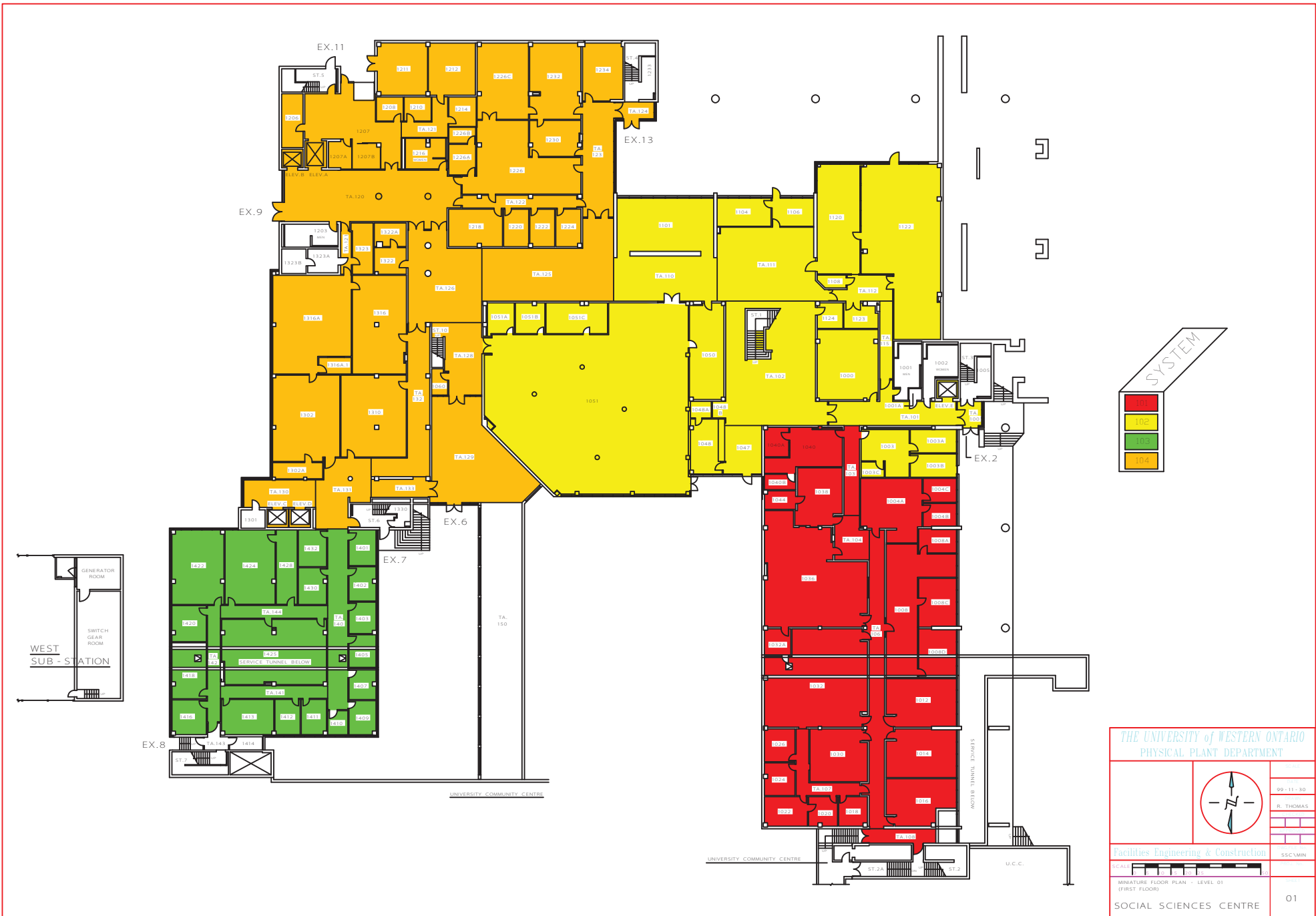
Contractor: Phone #:
 Coordinator/Project Manager: Phone #: Date:

Reviewed by Trade Supervisor(s)/Shop(s) Affected:

Name: <input type="text" value="Plumber / Fitter Shop"/> Date: <input type="text" value="Nov 30, 2015"/>	Name: <input type="text" value="WES Control"/> Date: <input type="text" value="Nov 30, 2015"/>
Signature/Stamp: <input type="text" value="APPROVED"/>	Signature/Stamp: <input type="text" value="REVIEWED"/> <small>By Jesse Atkinson (jatkin48@uwo.ca) at 9:59 am, Nov 30, 2015</small>
Name: <input type="text" value="Electrical / Mechanical Shop"/> Date: <input type="text" value="Nov 30, 2015"/>	Principal Occupants:
Signature/Stamp: <input type="text" value="APPROVED"/> <small>By Steve Pepper (spepper@uwo.ca) at 11:20 am, Nov 30, 2015</small>	
Name: <input type="text"/> Date: <input type="text"/>	
Name: <input type="text"/> Date: <input type="text"/>	
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	Name: <input type="text"/> Ext.: <input type="text"/> Date: <input type="text"/>
Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/> Date: <input type="text"/>
Name: <input type="text"/> Date: <input type="text"/>	Signature/Stamp: <input type="text" value="APPROVED"/> <small>By Dan Trudgeon (fminterr@uwo.ca) at 3:42 pm, Nov 30, 2015</small>
Signature/Stamp: <input type="text"/>	

Notes:





SYSTEM

- 101
- 102
- 103
- 104

THE UNIVERSITY of WESTERN ONTARIO
PHYSICAL PLANT DEPARTMENT

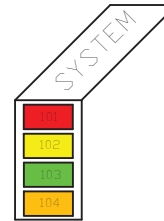
99-11-30
R. THOMAS

Facilities Engineering & Construction
SSC/MIN

MINIATURE FLOOR PLAN - LEVEL 01
(FIRST FLOOR)

SOCIAL SCIENCES CENTRE

01



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PHYSICAL PLANT DEPARTMENT

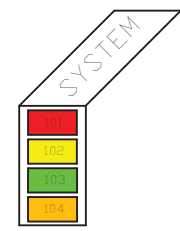
50-04-06
R. THOMAS

Facilities Engineering & Construction
SSC/MIN

MINIATURE FLOOR PLAN - LEVEL 02
(SECOND FLOOR)

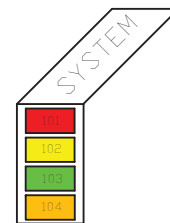
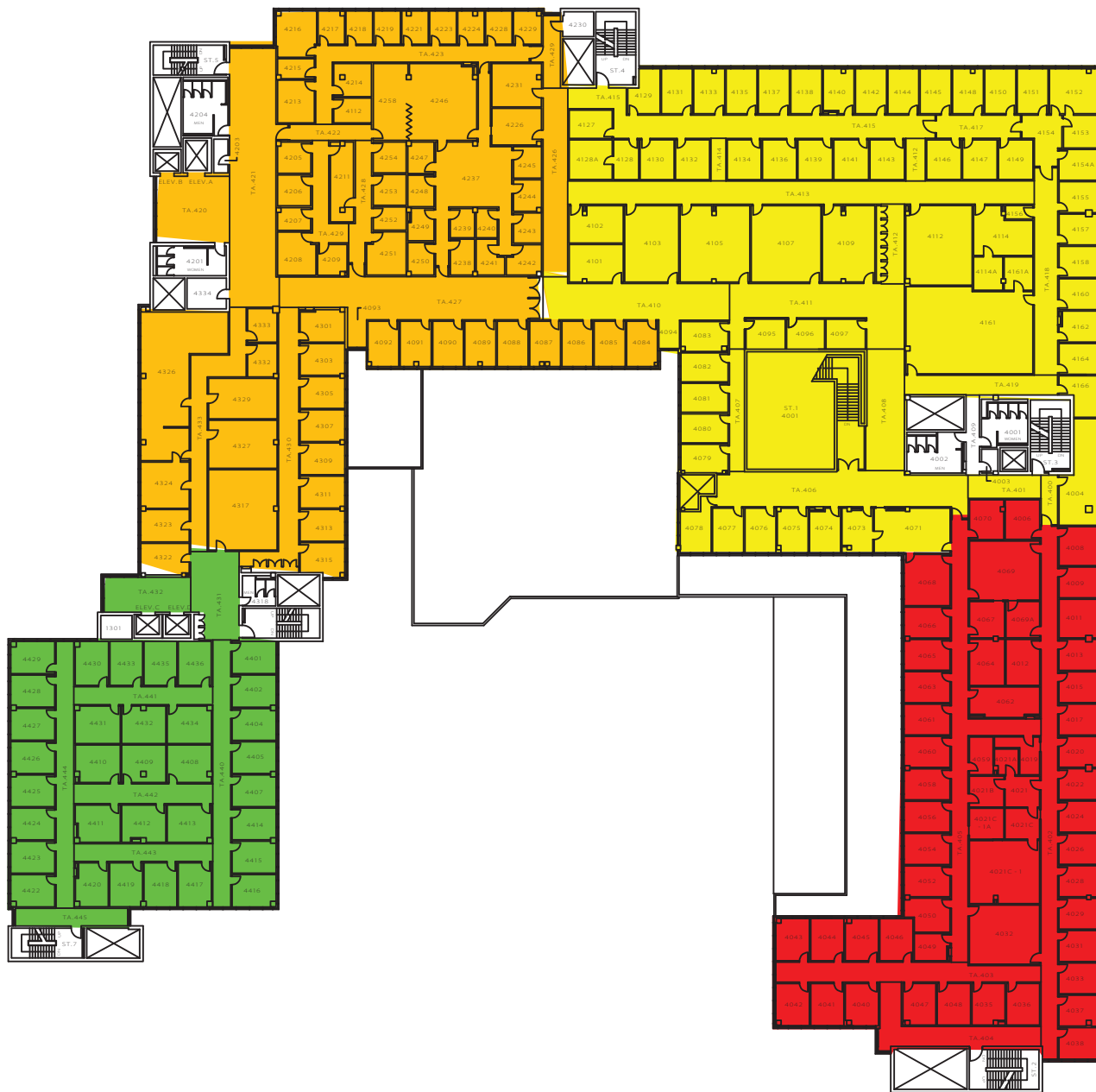
SOCIAL SCIENCES CENTRE

02



THE UNIVERSITY of WESTERN ONTARIO
PHYSICAL PLANT DEPARTMENT

	50-02-09
	R. THOMAS
Facilities Engineering & Construction	SSC/MIN
	03
MINIATURE FLOOR PLAN - LEVEL 03 (THIRD FLOOR)	SOCIAL SCIENCES CENTRE



THE UNIVERSITY of WESTERN ONTARIO
PHYSICAL PLANT DEPARTMENT

50-04-06
S. PRENTICE

Facilities Engineering & Construction

MINIATURE FLOOR PLAN - LEVEL 04
(FOURTH FLOOR)

SOCIAL SCIENCES CENTRE

04