



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="Jan 23, 2015"/>	Time(s): <input type="text" value="7:00AM - 9:00AM"/>
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Building(s) Affected: #1 <input type="text" value="SOCIAL SCIENCE CENTRE (SSC)"/>	#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="Supply Fan"/>	#2 <input type="text" value="Return Fan"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Requester: <input type="text" value="Jason Watkin"/>	Date of Request: <input type="text" value="Jan 22, 2015"/>
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Supervising Tradesperson: <input type="text" value="Jason Watkin"/>	Unit: <input type="text" value="Fitter"/>
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Trade Supervisor: <input type="text" value="Carmen Bertone"/>	Unit: <input type="text" value="Plumber / Fitter Shop"/>	Date: <input type="text" value="Jan 22, 2015"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text"/>	Phone #: <input type="text"/>	Date: <input type="text"/>
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Reviewed by Trade Supervisor(s)/Shop(s) Affected:			
Name: <input type="text" value="Plumber / Fitter Shop"/>	Date: <input type="text" value="Jan 22, 2015"/>	Name: <input type="text" value="Electrical / Mechanical Shop"/>	Date: <input type="text" value="Jan 22, 2015"/>

Signature/Stamp:	Signature/Stamp:
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Name: <input type="text" value="WES Control"/>	Date: <input type="text" value="Jan 22, 2015"/>	Principal Occupants:	
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Signature/Stamp:	Name: <input type="text"/>	Ext.:	Date:
	Name: <input type="text"/>	Ext.:	Date:

Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext.:	Date:
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext.:	Date:

Signature/Stamp: <input type="text"/>	Approval to Proceed: <input type="text"/>
Name: <input type="text"/>	
Signature/Stamp: <input type="text"/>	Date: <input type="text"/>

Notes: