



**Notice of Project  
Western University  
Facilities Management  
Client Services 519-661-3304 (fmhelp@uwo.ca)**

Submit by E-mail

Print Form

Project Number:   Miniature Attached      Date/Schedule:

Project Name:       Time:

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:  Pat      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:       Date:

Signature/Stamp:       Date:

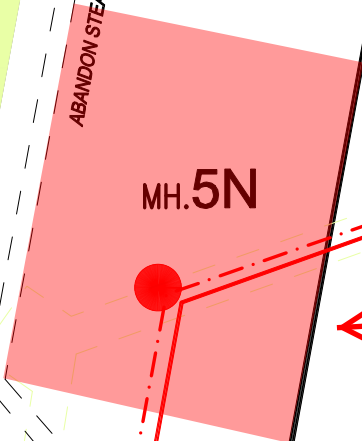
Note:

SOCIAL  
SCIENCES  
CENTRE

McIN  
GAL

Area of  
Work &  
Fenced-  
off Area

STEVENSON  
HALL



10"  
STEAM (S)  
6"  
STEAM (R)

STEAM (S) 8"  
STEAM (R) 6"

MH.4N

STEAM (R) 6"  
STEAM (S) 8"