



Notice of Service Interruption/Area Closure
The University of Western Ontario
Facilities Management
Service Centre 519-661-3304 (ppdhelp@uwo.ca)

[Submit by Email](#)

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Date of Interruption/Closure: <input type="text" value="1/17/14-2/28/14"/>	Time(s): <input type="text" value="24 hour closure (Safety slip hazard)"/>
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Building(s) Affected:	#1 <input type="text" value="Social Science Centre"/>	#2 <input type="text" value="University Community Centre"/>	#3 <input type="text"/>	#4 <input type="text"/>
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Areas/Rooms Affected:

Alternate Route/Service:

Service to be interrupted:	#1 <input type="text" value="Stairwell"/>	#2 <input type="text" value="Traffic Area"/>	#3 <input type="text"/>	#4 <input type="text"/>
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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:

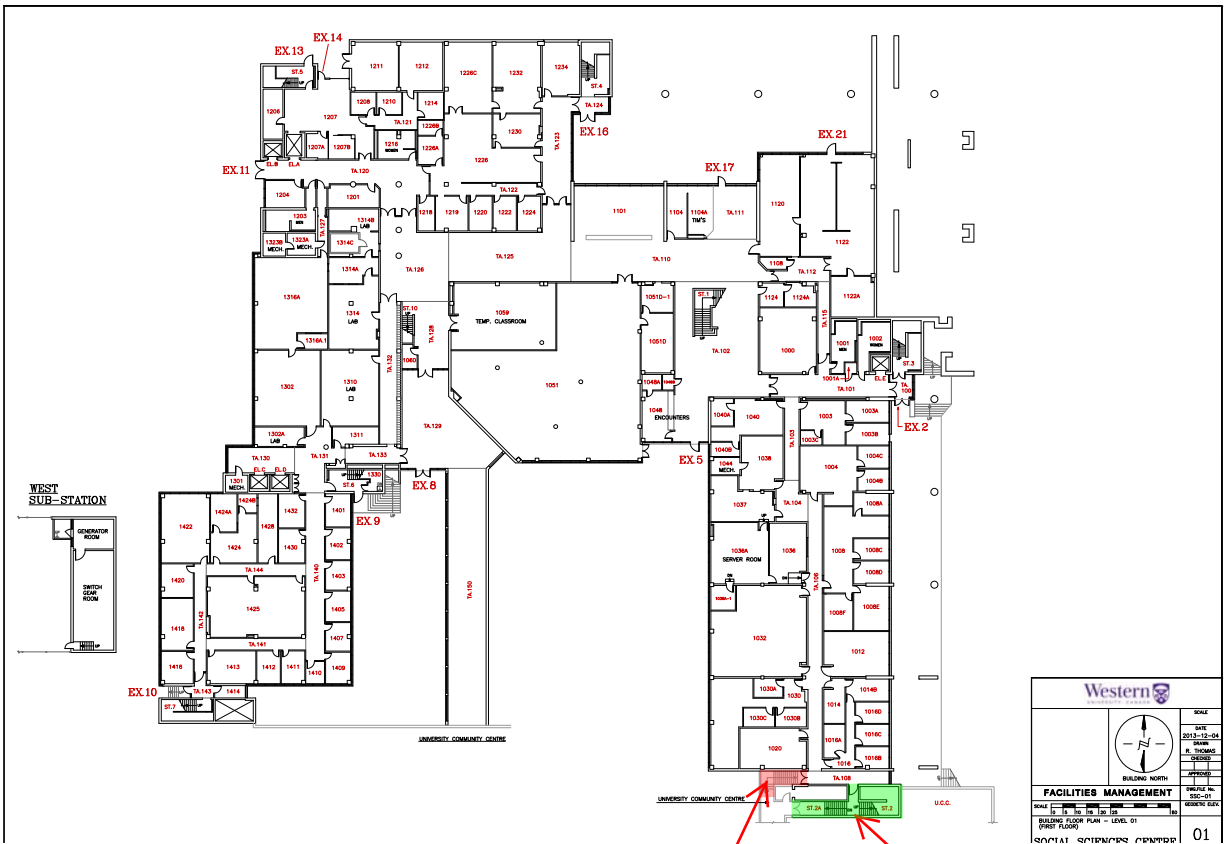
Name: <input type="text" value="Frank Faroni"/>	Date: <input type="text" value="Jan 17, 2014"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text"/>		Signature/Stamp: <input type="text"/>	

Reviewed by:	Principal Occupants:
Name: <input type="text"/>	Name: <input type="text"/>
Date: <input type="text" value="Jan 17, 2014"/>	Ext.: <input type="text"/>
Signature/Stamp: <input type="text"/>	Date: <input type="text"/>
	Name: <input type="text"/>
	Ext.: <input type="text"/>
	Date: <input type="text"/>
	Name: <input type="text"/>
	Ext.: <input type="text"/>
	Date: <input type="text"/>

Approval to Proceed: Date: Approval to Proceed: Date:

APPROVED
 By Joe Arbique (jarbique@uwo.ca) at 2:16 pm, Jan 20, 2014

Notes:



AREA OF CLOSURE
 JANUARY 17 -
 FEBRUARY 28,
 2014

ALTERNATE
 ROUTE