

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 Jan 22, 2016 Time(s): 7:00 A.M 8:00 A.M. | | | | | |
|--|-------------------------------|-------|-------------------------|-------|-------|
| Building(s) #1 STAGING BUILDING (STAB) Affected: #3 #4 Areas/Rooms Affected Alternate Route/Service: Entire building. | | | | | |
| Service to be #1 Fire Alarm Bell Test #2 | | | | | |
| interrupted: #3 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 | | | | | |
| During the test the bells will sound but there is no need to leave the building. However, treat all fire alarms outside of these times as REAL and EVACUATE THE BUILDING. All rooms must be entered to verify that the signalling devices function properly. | | | | | |
| Requester: Fire Safety Date of Request: Jan 22, 2016 | | | | | |
| Supervising Tradesperson: Unit: | | | | | |
| Trade Supervisor: | | | | Date: | |
| Contractor: Phone # | | | | | |
| Coordinator/Project Manager: Frank Faroni | | | Phone # +1 (519) 808-59 | Date | : |
| Reviewed by Trade Supervisor(s)/Shop(s) Affected: | | | | | |
| Name: Fire Sa | fety Date: | Name: | | Date: | |
| Signature/ Stamp: Signature/ Stamp: | | | | | |
| Name: | Date: Principal Occupants: | | | | |
| Signature/ | | Name: | Name: | | Date: |
| Stamp: | | Name: | Name: | | Date: |
| Name: | Date: | Name: | | Ext. | Date: |
| Signature/ | | Name: | | | Date: |
| Stamp: Approval to Proceed: Date: Name: Date: 00001/000 | | | | | |
| Name: Date: APPROVED Signature/ Stamp: By Dan Trudgeon at 3:32 pm, Jan 12, 2016 | | | | | |
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| Notes: | | | | | |