

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 Oct 3, 2014 Time(s): 7:00A.M 8:00 A.M. | | | | | | |
|---|--------------------|--|----------------------|------|----------------|--|
| Building(s) #1 Affected: #2 #3 #4 Areas/Rooms Affected Alternate Route/Service: Entire building. | | | | | | |
| Service to be interrupted: #1 Fire Alarm Bell Test #2 #3 #4 Description/Reason for Project: #4 Annual Fire Alarm Bell Test. #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: Sep 19, 2014 | | | | | | |
| Supervising Tradesperson: Unit: Trade Supervisor: Unit: Date: | | | | | | |
| Contractor: Phone # Coordinator/Project Manager: Frank Faroni Phone # +1 (519) 808-5916 | | | | | | |
| Reviewed by Trade Supervisor(s)/Shop(s) Affected: | | | | | | |
| Name: Fire Safety Signature/ Stamp: 0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0- | Date: Sep 19, 2014 | Name: Signature/ Stamp: | Signature/ REVIEWED | | | |
| Signature/ Stamp: By Dan Trudgeon (Iminterr@uwo.ca) at 7:07 am, Sep 22, 2014 | | Principal Occupants: Name: Name: | | Ext. | Date: Date: | |
| Name: | Date: | Name: | | Ext. | Date: | |
| Signature/ | | Name: | | Ext. | Date: | |
| Stamp: | | | Approval to Proceed: | Da | ite: | |
| Name: | Date: | APPR | APPROVED | | | |
| Signature/ Stamp: | | By Dan Trudgeon (fminterr@uwo.ca) at 7:07 am, Sep 22, 2014 | | | | |
| Notes: | | | | | | |