

## 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 22, 2015 Time(s): 7:00 am to 9:00 am   |  |                      |                               |      |          |       |  |
|---|--|----------------------|-------------------------------|------|----------|-------|--|
| Building(s) #1 THOMPSON ENGINEERING BUILDING (TEB) #2  Affected: #3 #4  Areas/Rooms Affected Alternate Route/Service:  All Labs |  |                      |                               |      |          |       |  |
| Service to be #1 Vacuum Pump #2 #4 Description/Reason for Project:  Shut down for PM.   |  |                      |                               |      |          |       |  |
| Requester: Larry Haugh  |  |                      | Date of Request: Oct 15, 2015 |      |          |       |  |
| Supervising Tradesperson: Larry Haugh Unit: Plumbing  |  |                      |                               |      |          |       |  |
| Trade Supervisor: Dan Gyetvai Unit: Plumbing Date:Oct 15, 2015  |  |                      |                               |      | 15, 2015 |       |  |
| Contractor: Phone #   |  |                      |                               |      |          |       |  |
| Coordinator/Project Manager:  |  |                      | Phone # Date:                 |      |          |       |  |
| Reviewed by Trade Supervisor(s)/Shop(s) Affected:   |  |                      |                               |      |          |       |  |
| Name:   | Date:  | Name:                |                               | Dat  |          | :     |  |
| Signature/<br>Stamp:  |  | Signature/<br>Stamp: |                               |      |          |       |  |
| Name:   | Date:  | Principal Occupants: |                               |      |          |       |  |
| Signature/  |  | Name:                | -                             | Ext. |          | Date: |  |
| Stamp:  |  | Name:                |                               | Ext. |          | Date: |  |
| Name:   | Date:  | Name:                |                               | Ext. |          | Date: |  |
| Signature/<br>Stamp:  |  | Name:                | proval to Proceed:            | Ext. |          | Date: |  |
|   | Date:  |                      |                               |      |          |       |  |
| Signature/<br>Stamp:  | APPROVED  By Dan Trudgeon at 2:46 pm, Oct 16, 2015 |                      |                               |      |          |       |  |
| Notes:  |  |                      |                               |      |          |       |  |