



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

Submit by E-mail

Print Form

Project Number: <input type="text" value="9C5526"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="July 18 - Sept 30"/>
Project Name: <input type="text" value="TML-Upgrade of Elevators"/>		Time: <input type="text" value="7:00am - 4:00pm"/>

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: 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:

APPROVED
By Justin DeGurse at 9:07 am, Jun 30, 2016

Signature/Stamp:

Date:

Note: