



**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="9D7409"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="July 18 - Sept 23, 2016"/>	
Project Name: <input type="text" value="Taylor Library - First Floor Phase 2 Renovations"/>		Time: <input type="text" value="All Day"/>	

Building(s) Affected:	#1 <input type="text" value="Taylor Library (TL)"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Areas/Rooms Affected, Alternate Route/Service:				
Room 151 and all appurtenant rooms within suite 151.				

Service to be interrupted:	#1 <input type="text" value="Library Study Space"/>	#2 <input type="text"/>	#3 <input type="text"/>	#4 <input type="text"/>
Description/Reason for Project:				
Renovations to Taylor Library First Floor.				

Project Manager/ Co-ordinator: <input type="text" value="Jeff Jones"/>	Phone # <input type="text" value="88757"/>	Cell # <input type="text" value="+1 (519) 521-1272"/>
Signature/ Stamp:	Client Contact: <input type="text" value="Rick Kirk"/>	Phone # <input type="text" value="81342"/>
Designer Consultant: <input type="text" value="Facilities Engineering"/>		

Contractor: <input type="text" value="SEM Construction - Darryl Wheat"/>	Cell # <input type="text" value="+1 (519) 859-4349"/>
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Emergency Phone List: (to CCPS Only) Attached To Follow

Special Conditions (Noise, Odors, Asbestos, Etc.)
Noise

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 checked="" type="checkbox"/>	Date: _____	Elevators <input type="checkbox"/>	Date: _____
Domestic Water <input type="checkbox"/>	Date: _____	Fire Alarms <input checked="" 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: _____
		ITS <input type="checkbox"/>	Date: _____
		Other <input type="checkbox"/>	Date: _____

Issued By:	APPROVED	Date: <input type="text"/>
Signature/ Stamp:	<i>By Justin DeGurse at 1:01 pm, Jul 14, 2016</i>	Date: <input type="text"/>

Note: