



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: <input type="text" value="Dec 3, 2015"/>	Time(s): <input type="text" value="10:00am - 4:00pm"/>
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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:
 Entire Building.
 Steam supply to 118-102-500, 118-101-500 and converter 027-345-500

Service to be interrupted: #1 <input type="text" value="Steam for HVAC Heating"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:
 repair steam leak, replace valve and retrofit piping for high pressure steam PRV #72
 Work taking place in basement mechanical room

Requester: <input type="text" value="Simon Baarbe"/>	Date of Request: <input type="text" value="Nov 25, 2015"/>
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Supervising Tradesperson: <input type="text" value="Simon Baarbe"/>	Unit: <input type="text" value="Power Plant"/>
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Trade Supervisor: <input type="text" value="M.Herman"/>	Unit: <input type="text" value="Power Plant"/>	Date: <input type="text" value="Nov 25, 2015"/>
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Contractor: <input type="text" value="Besterd Mechanical, Mike Kozma, 519-476-4193"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text"/>	Phone #: <input type="text"/>	Date: <input type="text"/>
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Reviewed by Trade Supervisor(s)/Shop(s) Affected:

<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="WES"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: <input type="text"/></td> <td></td> </tr> </table>	Name: <input type="text" value="WES"/>	Date: <input type="text"/>	Signature/Stamp:		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		Name: <input type="text"/>	Date: <input type="text"/>	Signature/Stamp: <input type="text"/>		<table border="1" style="width:100%"> <tr> <td>Name: <input type="text" value="Plumber Fitter Shop"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Signature/Stamp: </td> <td></td> </tr> <tr> <td colspan="2">Principal Occupants:</td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td>Name: <input type="text"/></td> <td>Ext. <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td colspan="2">Approval to Proceed: <input type="text"/></td> <td>Date: <input type="text"/></td> </tr> <tr> <td colspan="2" style="text-align:center"></td> </tr> </table>	Name: <input type="text" value="Plumber Fitter Shop"/>	Date: <input type="text"/>	Signature/Stamp:		Principal Occupants:		Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext. <input type="text"/>	Date: <input type="text"/>	Approval to Proceed: <input type="text"/>		Date: <input type="text"/>		
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