

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

| Submit by E-mail |
|------------------|
| Print Form |

| UNIVERSITY - CANADA | | ` . | , | |
|--|----------------------------|---------------------|-------------------------|---------------|
| Project Number: 9C6704 | Miniature Attached | Date/Schedule: | June 29/15 to July 7th. | |
| Project Name: UCC HEALTH CARE CLINIC ENTR | ANCE UPGRADES | Time: 7:30am - 5:0 | 00pm | |
| Building(s) #1 UNIVERSITY COMMUNITY CENT | TRE (UCC) | #2 | | \equiv |
| Affected: | | | | _ |
| #3 | vice: | #4 | | |
| Room 11. Main Entrance. Alternate entrance | | | | $\overline{}$ |
| Room 11. Main Entrance. Alternate entrance | is TA 10. See attached map | • | | |
| | | | | |
| Service to be #1 Traffic Area | | #2 | | |
| interrupted: #3 #4 | | | | |
| Description/Reason for Project: | | | | |
| Upgrades to the reception area. | | | | |
| 1.5 | | | | |
| | | | | |
| Project Manager/ | | | | = |
| Co-ordinator: Francesco loele | | Phone # 80569 | Cell # 519 709 5336 | |
| Signature/ | C | lient Contact: | Phone # | |
| Stamp: | | | | |
| Į. | D | esigner Consultant: | | |
| Outlier to Dunie at Consu | | | 0.11.11 | |
| Contractor: Project Crew | | | Cell # 519 521 3519 | |
| Emergency Phone List: (to CCPS Only) | ☐ Attached | ☐ To Follow | | |
| Special Conditions (Noise, Odors, Asbestos | s, Etc.) | | | |
| Noise, alternate entrance. | | | | |
| | | | | |
| ☐ Asbestos ☐ Type 3 ☐ Type 2 ☐ Type 1 ☐ Contractor ☐ In House Team ☐ Other | | | | |
| | | | | |
| Information Sheet Sent To Clie | nt | | | |
| Comments: | | | | |
| | | | | |
| Shutdowns/Interruptions(Approxin | nato Schodulo): | | | |
| | Elevat | ors Date: | ITS Date: | |
| Liectifical Fower | Fire A | | | |
| Domestic Water | | | Other Date: | |
| Steam Date: | | d Water Date: | | |
| Hot Water Heating Date: | Roads | / Lots Date: | | |
| Issued By: | | | Date: | $\overline{}$ |
| APPROVE | | | Julie. | |
| Signature/ By Dan Trudge | on at 10:29 am, Jun | 26, 2015 | Date: | _ |
| Stamp: | , | | Dute. | |
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| Note: | | | | |
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| Note: | | | | |

