



**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="9M5141"/>	<input type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="June 1st - August 30th"/>
Project Name: <input type="text" value="UCC Renovation to the Spoke and Rim Resturant"/>	Time: <input type="text" value="7:00am - 5:00 pm daily including some Saturdays"/>	

Building(s) Affected:

#1 <input type="text" value="University Community Centre (UCC)"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected, Alternate Route/Service:

Spoke restaurant (room 105) and small area of the Atrium directly at the entrance to the Spoke.

Service to be interrupted:

#1 <input type="text"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Upgrade to the spoke kitchen and lounge areas.

Project Manager/ Co-ordinator: <input type="text" value="Boris Pertout"/>	Phone # <input type="text" value="88755"/>	Cell # <input type="text" value="+1 (519) 521-2551"/>
Signature/ Stamp: <input type="text"/>	Client Contact: <input type="text" value="Mark Leonard"/>	Phone # <input type="text" value="+1 (519) 851-3685"/>
Designer Consultant: <input type="text"/>		

Contractor: **Cell #**

Emergency Phone List: (to CCPS Only) **Attached** **To Follow**

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

Some demolition noise , generally in the morning. Dust will be contained within the site.

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: **Date:**

APPROVED
By Dara Gomez at 1:38 pm, May 31, 2017

Signature/ Stamp: **Date:**

Note: