



**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="9C5822"/>	<input checked="" type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="April 20th --- May 29th"/>
Project Name: <input type="text" value="WSC 136-145 Office Suite Renovation"/>		Time: <input type="text" value="7:00 am - 6:00 pm Daily"/>

Building(s) Affected: #1	<input type="text" value="WESTERN SCIENCE CENTRE (WSC)"/>	#2	<input type="text"/>
#3	<input type="text"/>	#4	<input type="text"/>
Areas/Rooms Affected, Alternate Route/Service:			
<input type="text" value="Room 136 - 145 office suite."/>			

Service to be interrupted: #1	<input type="text" value="Vacant Offices"/>	#2	<input type="text" value="T.A.105"/>
#3	<input type="text" value="Exit # 2"/>	#4	<input type="text"/>
Description/Reason for Project:			
<input type="text" value="Renovation of inner office suite. Will require some space in corridor TA 105, and materials passing through Exit #2."/>			

Project Manager/Co-ordinator: <input type="text" value="Mike DeJager"/>	Phone # <input type="text" value="88737"/>	Cell # <input type="text" value="+1 (519) 808-7516"/>
Signature/Stamp:	Client Contact: <input type="text" value="Gail Amaral"/>	Phone # <input type="text" value="86158"/>
	Designer Consultant: <input type="text" value="In-House"/>	

Contractor: <input type="text" value="Tonda - Tom Weller (519-617-2417) & Jonathan Rynen both 24 hr #'s"/>	Cell # <input type="text" value="519-852-4587"/>
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Emergency Phone List: (to CCPS Only)	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> To Follow
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Special Conditions (Noise, Odors, Asbestos, Etc.)
<input type="text" value="Minor demolition noise for 1st week. Some hammer drilling in weeks 2-3"/>

<input type="checkbox"/> Asbestos	<input type="checkbox"/> Type 3	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 1	<input type="checkbox"/> Contractor	<input type="checkbox"/> In House Team	<input type="checkbox"/> Other
<input type="checkbox"/> Information Sheet Sent To Client						

Comments: <input type="text" value="none"/>

Shutdowns/Interruptions(Approximate Schedule):					
Electrical Power	<input type="checkbox"/>	Date: _____	Elevators	<input type="checkbox"/>	Date: _____
Domestic Water	<input type="checkbox"/>	Date: _____	Fire Alarms	<input checked="" type="checkbox"/>	Date: to be announced
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: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text"/>	Date: <input type="text"/>

Note: <input type="text" value="Electrical - Pfaff Electr. - Jeff Pfaff
Mechanical - Shamrock Mech. - Steve Veal"/>
