



Western UNIVERSITY • CANADA

Notice of Service Interruption/Area Closure
Western University
Facilities Management

Service Centre 519-661-3304 (fmhelp@uwo.ca)

Submit by E-mail

Print Form

Date of Interruption/Closure: <input type="text" value="Jul 21, 2015"/>	Time(s): <input type="text" value="8:00am - 12:30pm"/>
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Building(s) Affected: #1 <input type="text" value="Western Science Centre"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Areas/Rooms Affected Alternate Route/Service:
 Emergency Generator.
 No interruption to services, only noise and a chance of diesel fumes in the area around the generator.

Service to be interrupted: #1 <input type="text"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:
 Annual Load Bank Testing. Normal power will not be affected during this test. A load-bank test checks the generator engine's ability to perform and provide the required horsepower needed in an emergency.

Requester: <input type="text" value="Steve MacKay"/>	Date of Request: <input type="text" value="Jul 7, 2015"/>
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Supervising Tradesperson: <input type="text"/>	Unit: <input type="text" value="Motor Shop"/>
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Trade Supervisor: <input type="text" value="Steve MacKay"/>	Unit: <input type="text" value="Motor Shop"/>	Date: <input type="text"/>
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Contractor: <input type="text"/>	Phone #: <input type="text"/>
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Coordinator/Project Manager: <input type="text" value="Steve MacKay"/>	Phone #: <input type="text" value="88764"/>	Date: <input type="text" value="Jun 17, 2015"/>
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Reviewed by Trade Supervisor(s)/Shop(s) Affected:			
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <input type="text"/>		Signature/Stamp: <input type="text"/>	

Reviewed by:		Principal Occupants:		
Name: <input type="text"/>	Date: <input type="text"/>	Name: <input type="text"/>	Ext.: <input type="text"/>	Date: <input type="text"/>
Signature/Stamp: <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"/>	Approval to Proceed: <input type="text"/>	Date: <input type="text"/>
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APPROVED
 By Dan Trudgeon at 8:43 am, Jul 09, 2015

Notes: