



**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="9C5819"/>	<input checked="" type="checkbox"/> Miniature Attached	Date/Schedule: <input type="text" value="1/26/15 - 3/06/15"/>
Project Name: <input type="text" value="West Valley room 34, 35, 35A renovations"/>		Time: <input type="text" value="7:30AM - 4:00PM Daily"/>

Building(s) Affected:

#1	<input type="text" value="WEST VALLEY BUILDING (WVB)"/>	#2	<input type="text"/>
#3	<input type="text"/>	#4	<input type="text"/>

Areas/Rooms Affected, Alternate Route/Service:

Service to be interrupted:

#1	<input type="text" value="Corridor"/>	#2	<input type="text" value="Traffic Area"/>
#3	<input type="text" value="Partial clean corridor use for removals, new construction."/>	#4	<input type="text"/>

Description/Reason for Project:

Project Manager/Co-ordinator:

Phone # Cell #

Signature/Stamp:

Client Contact: Phone #

Designer Consultant:

Contractor: Cell #

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

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

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:

APPROVED

By Dan Trudgeon at 1:56 pm, Jan 22, 2015

Signature/Stamp:

Date:

Note:

