



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="Jan 12, 2015"/>	Time(s): <input type="text" value="8:45 am - 11:30 am"/>
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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="Biosafety Cabinet"/>	#2 <input type="text"/>
#3 <input type="text"/>	#4 <input type="text"/>

Description/Reason for Project:

Requester: Date of Request:

Supervising Tradesperson: Unit:

Trade Supervisor: Unit: Date:

Contractor: Phone #:

Coordinator/Project Manager: Phone #: Date:

Reviewed by Trade Supervisor(s)/Shop(s) Affected:

Name: <input type="text" value="Electrical Mechanical Shop"/>	Date: <input type="text" value="Jan 8, 2015"/>	Name: <input type="text" value="ACVS"/>	Date: <input type="text" value="Jan 8, 2015"/>
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Signature/Stamp:	Signature/Stamp: APPROVED
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Reviewed by:	Principal Occupants:		
Name: <input type="text" value="WES Control"/>	Name: <input type="text"/>	Ext.: <input type="text"/>	Date: <input type="text" value="Jan 8, 2015"/>
Signature/Stamp:	Name: <input type="text"/>	Ext.: <input type="text"/>	Date: <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"/>
		APPROVED By Dan Trudgeon (fminterr@uwo.ca) at 7:09 am, Jan 12, 2015	

Notes: