

NOTICE OF SERVICE INTERRUPTION/WORK FORM

Date of Request (yyyy/mm/dd): _____		Requester: _____	
Start Date – End			
Start Date (yyyy/mm/dd) _____ Time (s) _____		Notes _____	
End Date (yyyy/mm/dd) _____ Time (s) _____		_____	
Building(s) Affected:	1: _____	2: _____	
	3: _____	4: _____	
Areas/Rooms Affected: _____			
Service to be interrupted:	1: _____	2: _____	
	3: _____	4: _____	
Description/Reason for Project:			
<div style="border: 1px solid black; min-height: 80px;"></div>			

Contractor: _____	Phone #: _____
Contractor/Project Managers: _____	Phone #: _____

Should you have any questions or concerns, please contact

Notes:

WORK PHASE 1

- WORK PHASE 1:**
IN THIS AREA, COMPLETE:
- DEMOLITION
 - ABATEMENT
 - F.A.A.P. & FIRE SAFETY PLAN RELOCATION

CONTRACTOR STAGING / WORK AREA

EXISTING PARTITION TO REMAIN DURING THIS PHASE

VEST. 104
WAITING AREA 106

N/E VEST. 108

STAIR S5-1

ELEV. LOBBY

STAIR S6-1

TYPE 2 ASBESTOS WORK ENCLOSURE MEN'S & WOMEN'S WASHROOMS ARE CLOSED FOR 1 DAY JUNE 27, 2024

CHT BUILDING and ELEVATOR

EXIT STAIR S5-1 CLOSED DURING WORK PHASE 1

MAX. TRAVEL DISTANCE TO EXIT: 24.8m



CONTRACTORS ENTRANCE

EXIT

EXIT

