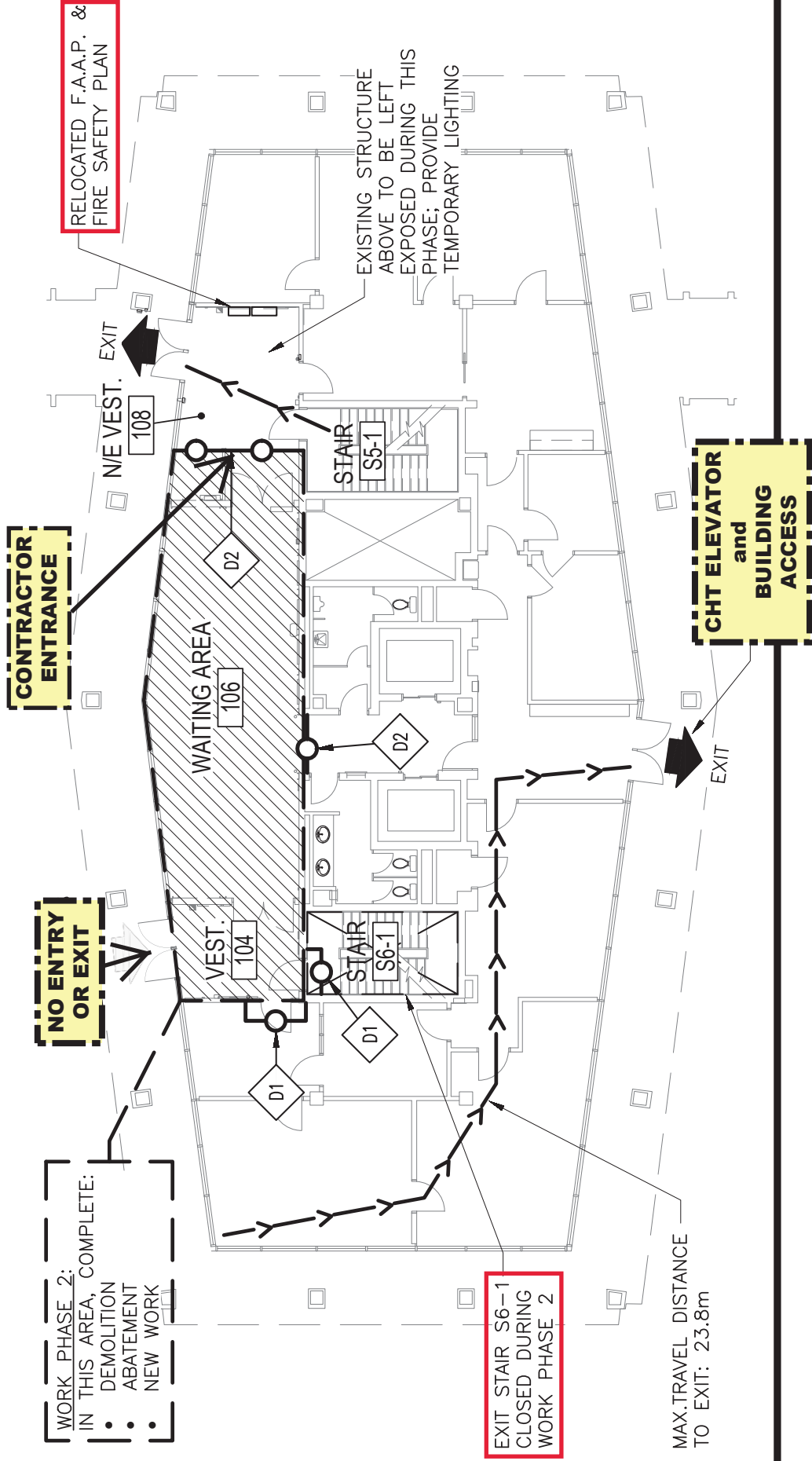


## NOTICE OF SERVICE INTERRUPTION/WORK FORM

Date of Request (yyyy/mm/dd): _____		Requester: _____	
<b>REVISED</b> Start Date – End			
Start Date (yyyy/mm/dd) _____ Time (s) _____ End Date (yyyy/mm/dd) _____ Time (s) _____		Notes _____ _____	
Building(s) Affected:	1: _____	2: _____	3: _____
	3: _____	4: _____	
Areas/Rooms Affected: _____			
Service to be interrupted:	1: _____	2: _____	3: _____
	3: _____	4: _____	
Description/Reason for Project:			
Contractor: _____		Phone #: _____	
Contractor/Project Managers: _____		Phone #: _____	
Should you have any questions or concerns, please contact			
Notes:			

# WORK PHASE 2

- WORK PHASE 2:
- IN THIS AREA, COMPLETE:
  - DEMOLITION
  - ABATEMENT
  - NEW WORK



RELOCATED F.A.A.P. & FIRE SAFETY PLAN

EXISTING STRUCTURE ABOVE TO BE LEFT EXPOSED DURING THIS PHASE; PROVIDE TEMPORARY LIGHTING

CONTRACTOR ENTRANCE

NO ENTRY OR EXIT

CHT ELEVATOR and BUILDING ACCESS

EXIT STAIR S6-1 CLOSED DURING WORK PHASE 2

MAX. TRAVEL DISTANCE TO EXIT: 23.8m