

# Use of Open Flame Request Form

Calvin College

Person, Group or Organization making request \_\_\_\_\_

Date of Event \_\_\_\_\_

Name of Event \_\_\_\_\_

Location (building & room #) of Event \_\_\_\_\_

Is the building equipped with a fire alarm system? \_\_\_\_\_

Is the building equipped with a fire sprinkler system? \_\_\_\_\_

Number of people expected to attend this Event \_\_\_\_\_

Describe the open flame devices you wish to use and how they will be used \_\_\_\_\_

\_\_\_\_\_

Who will provide fire watch (has hands-on fire extinguisher training and has an ABC fire extinguisher readily available) \_\_\_\_\_

Provide a layout of the venue that includes the location of the devices, location of the audience, and the location and number of fire extinguishers.

Approved \_\_\_\_\_ Denied \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**Send completed form to EH&S (Physical Plant) or Bill Corner in Campus Safety at least 7 days prior to the event.**