

**University of Delaware
Occupational Health and Safety
Application for Use of Open Flame Devices**

Please print clearly.

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: () _____ - _____

Location where device will be used:

Building Name: _____ Campus: _____

Room Number: _____

Date(s) of use: _____

Hours of use: _____ To _____ To _____ To _____ To _____

Date(s) of use: _____

Hours of use: _____ To _____ To _____ To _____ To _____

Describe in detail the following:

1) Reason for request: _____

2) Equipment to be used: _____

3) Open Flame Device: _____

4) Ignition Procedure: _____

5) How close is the nearest smoke detector? _____

Authorized Signature: _____ Telephone #: _____

Print Name of Authorized Signature: _____ Date: _____

Submit authorized application to Department of Occupational Health & Safety

