



University of Delaware
Environmental Health and Safety

General Services Building Room 132
222 South Chapel Street, Newark, De. 19716
(p)831-8475 (f)831-1528



Application for Use of Open Flame Devices

Revised 9/18/09

Please print clearly.

Applicant's Name:
Applicant's Organization:
Applicant's Address:
Applicant's Email:
Applicant's Telephone Number: ( ) - Fax: ( ) -

Location where device will be used:

Building Name: Campus:
Room Number:
Date(s) of use:
Hours of use:

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:

\*Authorized signature must come from building/organization representative and/or staff member

Submit authorized application to Department of Environmental Health & Safety