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-**

Application **MUST** be received by EHS office 2 weeks prior to the event date

*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:

1. Ignition Procedure:
2. 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***

**Revised 9/18/09**