

## Appalachian State University Application for Use of Open Flame Devices

*Please type or print clearly.*

Applicant's Name: \_\_\_\_\_

Applicant's Department: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_

Location where device will be used:

Building Name: \_\_\_\_\_

Room Number/Site: \_\_\_\_\_

Date(s) of use: \_\_\_\_\_

Hours of use: \_\_\_\_\_ To \_\_\_\_\_

Describe in detail the following:

1.) Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Type of device(s) to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) Will devices be supervised at all times and by whom?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following is to be completed by personnel from the Safety & Worker's Compensation Office:

Device securely held in a weighted base Yes \_\_\_ No \_\_\_ NA \_\_\_

Device placed on a non-combustible base Yes \_\_\_ No \_\_\_ NA \_\_\_

Fire extinguisher within 75 ft of device Yes \_\_\_ No \_\_\_ NA \_\_\_

Emergency numbers posted Yes \_\_\_ No \_\_\_ NA \_\_\_

Special Precautions to be followed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for use of an Open Flame Device is: Approved: \_\_\_\_\_  
Not Approved: \_\_\_\_\_

Signature of Safety Office Personnel: \_\_\_\_\_

Date: \_\_\_\_\_

Permit valid from: Date \_\_\_\_\_ Time \_\_\_\_\_ to Date \_\_\_\_\_ Time \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: Safety Office  
Applicant