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