



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: _____

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