

## **University of Delaware Environmental Health & Safety**

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



## - Application for Inflatable Use on University Property -

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

Please print clearly.			
Applicant's Name:			
Applicant's Organization:			
Applicant's Mailing Address:			
Applicant's Email:			
Applicant's Telephone Number: ( )			
Please provide the following information as it will help us in evaluate your inflatable event:			
Event Title:			
Event date(s): Event time:			
Event location:			
Event description:			
Anticipated number of guests:			
Inflatable vendor:			
Inflatable vendor contact name:			
Tent vendor contact phone number:			
Inflatable Names (List Each) :			
How is the inflatable(s) anchored to the ground (stake/weighed)?:			
***If the inflatable is to be staked to the ground please verify that the inflatable vendor wil			
be submitting a Miss Utility request as per Del. State Law: (verified/not verified)			
Wind rating of inflatables (if each inflatable has a different wind rating then please list			
each one separately):			
Date of inflatable setup:			
Date of inflatable take down:			
Continued on the next page			

Generator needed for power (Yes/No):  If yes to answer above; is the generator UD supplied (Yes/No):		
Will food	be provided (yes/no):	
	be provided (yes/no):  e above question; will food be cooked onsite or cooked ahead of time and	
If yes to th		

## \*\*\*\*The following items will need to be submitted in addition to this application\*\*\*\*

- Site map indicating where the inflatable will be set up on the property in relation to buildings/parking
- Certificates of flame resistance for inflatable material (Inflatable Vendor can provide these to you)

Submit completed applications to Environmental Health & Safety Fire Protection group email: fire-safe@udel.edu

Revised 4/20/2022



<b>EHS Office Use Only</b>	<b>Event Number#</b>
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