Calvin College Use of Open Flame Request Form

Person, Group or Organization making request _________________________________

Date of Event __________________________

Name of Event _________________________________________________________________

☐ Inside a building or ☐ Outside

If INSIDE:

Location (building & room #) of Event _______________________________________________

Is the building equipped with a fire alarm system? _____________________________________

Is the building equipped with a fire sprinkler system? _________________________________

If OUTSIDE:

Location of Event (approx. distance from nearest building, specific location of fire pit, etc)
_______________________________________________________

What is the reason you wish to use flames outside (bbq, syrup making, etc)
____________________________________________________________________

COMPLETE SECTION BELOW FOR INSIDE AND OUTSIDE EVENTS

Number of people expected to attend this Event _______________________________________

Describe the open flame devices you wish to use and how they will be used _________________
_____________________________________________________________________________

Who will provide fire watch (has hands-on fire extinguisher training and has an ABC fire extinguisher readily available) _____________________________________________________

Provide a layout of the venue that includes the location of the devices, location of the audience, and the location and number of fire extinguishers.

If your request is approved, you must have a fire extinguisher near the event (easily/readily accessible), a person trained in the use of a fire extinguisher, and someone to make sure the flames are fully extinguished after the event and that there isn’t evidence of anything smoldering.
Please keep in mind that some requests will require approval from the City of Grand Rapids. This could take up to 2 weeks.

Approved _____ Denied _____ By ________________________________ Date __________

Comments _________________________________________________________________________________

Send completed form to Jennifer Ambrose (jambrose@calvin.edu) EHS Officer or Bill Corner (wtc2@calvin.edu) Campus Safety Director at least 7 days prior to the event.