Fire Safety Form - Precautions Required by Public Safety

Name	e of Eve	vent·		
	t Date:			
		f Event:		
		f Event:		
		in charge of Event:		
Name (first and last) UP ID number Contact Info				
	Name	ie (iiist alid last) OF ID lidlibei	Contact into	
Estimated Number of Persons in Attendance:				
Purpose / Description of Event:				
Precautions Taken to Ensure Safety:				
Troduction Function Currently.				
Required Items:				
(Y)	(N)	Listed items		
,		Fire Extinguisher		
		Bucket(s) of water – Number of buckets if required		
		Working water hose – is their a close connection to the site		
		Shovel(s)		
		Grill, barrel, barbecue		
		Public Safety Officer at event for supervision		
		Radio/ Cell phone at event site for emergency notification		
5ft-10	ft-15ft	Radius around fire clear of debris:		
		Advanced warning to local Fire Department (more than 30	people)	
		Other:	,	

Requirements Met: (Y) / (N)		
Reviewer:	Υ	N
Reviewed by EHS Officer or designee		
Reviewed by Director of Public Safety or designee		
Reviewed by Vice President for Student Services or designee		
Event Approved / Denied / Concessions required:		
Authorized Public Safety Signature:	Date:	
Event Planner(s) Signature:	Date:	

Office Use: