

OFFICE OF OCCUPATIONAL SAFETY AND ENVIRONMENTAL SERVICES
CANDLE WAIVER APPLICATION

Date of Event: _____

Title of Event: _____

Contact Person: _____

Phone #: _____

Department / Student Organization Requesting Waiver:

Name of Responsible Supervisor:

Reason for Candle Use (be descriptive):

Exact Location of Ceremony, Festivity, Etc (no residence halls):

Type of Candle(s) To Be Used: (circle) Globe or Votive

Number of Candles Involved:

Length of Program/Candle Burning Time:

I am fully aware that only glass covered (globe) candles and votives that do not exceed the height of the glassware are permissible.

I understand that portable fire extinguishers must be readily accessible and that I must familiarize myself with the location's means of egress and/or evacuation plan.

I understand and agree that this activity will be supervised by a full-time college employee who has full knowledge of the activities and rules as stated above and who has knowledge of The College's Fire Safety Program.

I understand that by signing this waiver I will assume full responsibility of all activities involving the use of candles for this particular event.

RESPONSIBLE SUPERVISOR: _____ DATE: _____
(signature)

OS&ES REPRESENTATIVE: _____ DATE: _____
(signature)

CMS REPRESENTATIVE (for CMS functions): _____ DATE: _____
(signature)