

**Fire Safety Plan**



**Saturday, March 3, 2018**

**IMPORTANT – PLEASE COMPLETE AND EMAIL FORM TO: [bigmuddymakerfaire@gmail.com](mailto:bigmuddymakerfaire@gmail.com)**

Maker: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Placement: \_\_\_\_\_

Demonstration Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will anything be burning? If so, what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the fuel source? \_\_\_\_\_

\_\_\_\_\_

How much is fuel is burning and in what time period? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How much fuel will you have on site? \_\_\_\_\_

Where and how will the fuel stored? \_\_\_\_\_

\_\_\_\_\_

If yes, does valve have an electronic propane sniffer? \_\_\_\_\_

Other Suppression Devices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

Qualifications and Previous Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personnel: \_\_\_\_\_

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\_\_\_\_\_

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General Safety Precautions and Plan: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Maker Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Signature: \_\_\_\_\_