

Fire Safety Plan



Saturday, March 2, 2019

**IMPORTANT – PLEASE COMPLETE AND UPLOAD THIS FORM INTO YOUR APPLICATION. IF YOU HAVE TROUBLE UPLOADING THE FORM, PLEASE EMAIL THE FORM TO:**

[bigmuddymakerfaire@gmail.com](mailto:bigmuddymakerfaire@gmail.com)

*\* If an item doesn't apply, please write in N/A.*

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

How much is fuel is burning and during what time? \_\_\_\_\_

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

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

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If the fuel is stored, does the valve have an electronic propane sniffer? \_\_\_\_\_

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

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

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

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

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

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

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

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

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