

Fire Safety Plan

Project ID #:

Project Name:

Description:

Placement Requirements:

Demonstration Summary:

What is burning:

What is the fuel source:

How much is fuel is burning and in what time period:

How much fuel will you have onsite:

Where and how is the fuel stored:

Does the valve have an electronic propane sniffer:

Other Suppression Devices:

Do you have insurance:

Qualifications and Previous Experience:

Personnel:

General Safety Precautions and Plan:

Additional Comments:

Maker Name:

Contact number:

Signature:

When complete, please fax to: 707.634.7655 or email to: makers@makerfaire.com