

FLAME ACT SAFETY SHEET

LOGISTICS

Building or location name:	
Address:	
Event Date:	
Event Time:	

DEVICES USE IN THE PERFORMANCE

- Fire Chain
- Fire Fingers
- Fire Staff
- Fire Wands
- Fire Fans
- Fire Rings
- Fire Stilts
- Fire Art

FUEL DETAILS

Type(s) of fuel	
Amount of Fuel traveling to site	<u>Ounce(s)</u> <u>Pint(s)</u> <u>Quart(s)</u>
Amount of Fuel to be used during performance	<u>Ounce(s)</u> <u>Pint(s)</u> <u>Quart(s)</u>
Application Method	<input type="checkbox"/> Soak <input type="checkbox"/> Pour
Containment Method for Excess Fuel	<input type="checkbox"/> Catch pot or pan <input type="checkbox"/> Other: _____

FUEL CONTAINER(S)

- No glass or drinking bottles.
 - Original product container
 - 1 quart metal container
 - DOT certified container
 - Other (specify): _____
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SAFETY DETAILS

I, _____

We, _____ will have

the following fire control methods present:

Fire Extinguisher:

- 2A10BC minimum rating. Quantity: _____
- Water spray can
- Wet towels
- Other (specify): _____
- Trained Safety Staff

Performance extinguishing method:

- Burn out
- Wet Towel
- Smother

When the performance is complete, the used fire devices will be:

- returned to their original container/carrying case
- wrapped up in a tarp
- other specify:

Performance area details:

Type of barricade if any:		
Size of Fire Performance Space:		
Distance from Audience:		
Backdrops present?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If so, what type?		
Are drapes or backdrops fire retardant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Certified retardant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are performers' costumes fire retardant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Certified retardant?	<input type="checkbox"/> yes	<input type="checkbox"/> no

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