Open Burning Authorization



Location:		
Date:		to
Purpose:		
Fuel to be used:		Amount:
Responsible Organization:		
Responsible Individual(s): (Plea	se Print)	
Name	Contact Phone #	Campus Address
 Permits are issued on the be on hand to control and as a minimum: a. Garden hose of b. Shovel c. 2 – 5 gallon but It is the responsibility of to vacating the area and to the same of the	d/or extinguish all fire when necestor other water source ucket the undersigned to ensure all flan	g all fire. C fire extinguisher or other equipment essary. The following is recommended the same and embers are extinguished prior ements set by Environmental Health &
Signature of Responsible Indi	vidual:	Date:
Approved by EHS:		Date:

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