Open Burning Authorization

Location: ________________________________
Date: ___________________ Time: ______________ to ______________
Purpose: ______________________________

Fuel to be used: __________________________ Amount: ______________
Responsible Organization: __________________________
Responsible Individual(s): (Please Print)

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Phone #</th>
<th>Campus Address</th>
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• At least one of the individuals named on this form must attend the fire/burning event and assume full responsibility for controlling and extinguishing all fire.

• Permits are issued on the condition that a five-pound ABC fire extinguisher or other equipment be on hand to control and/or extinguish all fire when necessary. The following is recommended as a minimum:
  a. Garden hose or other water source
  b. Shovel
  c. 2 – 5 gallon bucket

• It is the responsibility of the undersigned to ensure all flames and embers are extinguished prior to vacating the area and to abide by any additional requirements set by Environmental Health & Safety. See: uidaho.edu/safety for more information, or contact safety@uidaho.edu.

Signature of Responsible Individual: __________________________ Date: __________

Approved by EHS: __________________________ Date: __________