



# Fire Safety Plan

Version 1.0 May 2017

Maker Act:

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Description:

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Placement:

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Demonstration Summary:

What is burning:

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What is the fuel source:

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How much fuel is burning and in what time period:

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How much fuel will you have onsite:

Where and how is the fuel stored:

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Does 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: \_\_\_\_\_