## TCNJ DIVISION OF OPERATIONS CANDLE & STERNO WAIVER APPLICATION

Date of Event:	Title of	Title of Event:		
Contact Person:	Email:			
Phone #:				
Department / Student Organization Requesting	g Waiver:			
Name and Contact of Responsible Supervisor:				
Reason for Candle/Sterno Use (be descriptive,	):			
Exact Location of Ceremony, Festivity, Etc (no	o residence halls):			
Type of Candle(s) To Be Used: (circle)	Globe /	Votive /	Sterno	
Number of Candles/Sternos Involved:	Length of Progra	ım/Candle/Sterno B	urning Time:	
**********	*******	******	*******	
<ol> <li>If there are fire extinguishers in this these fire extinguishers. Please do not you actually need to use it, and do no</li> <li>I understand and agree that this acti knowledge of the activities and rules Program.</li> <li>I understand that by signing this waive candles/Sternos for this particular eve</li> <li>No tablecloths (nor anything else candles/Sternos</li> <li>Candles/Sternos cannot be used below</li> <li>Please take care and confirm all of disposing of them, to avoid the possused and they self-extinguished) cannot be [Sterno] The cap must be kept with the possused and they self-extinguished.</li> <li>[Candle] I am fully aware that only got the glassware are permissible.</li> </ol>	ot remove the pin (or the t "borrow" one from a movity will be supervised by as stated above and who wer I will assume full respent. That could blow into the watent or canopy, and the fithe candles/Sternos are sibility of causing a fire, not be placed in the trashme Sterno to cover if nece	plastic strap) from to counted location. by a full-time colle to has knowledge of consibility of all act are path of the flar are cannot be used of the completely exting. Hot Sternos (even until they have comssary and at the end	the fire extinguisher unless ge employee who has full. The College's Fire Safety ivities involving the use of me) are allowed near the or kept near flammables. guished when packing or if all of the fuel has been pletely cooled down. of the event.	
GROUP EVENT COORDINATOR (must be	at the event for the durati	on):		
		DATE:_		
(print) TCNJ STAFF EVENT COORDINATOR:	(signature)			
		DATE:_		
(print)	(signature)			
DIVISION OF OPERATIONS REPRESENTA	ATIVE:			
		DATE:_		
(print)	(signature)			

Division of Operations 10/24/2017