

EASTERN MICHIGAN UNIVERSITY

Application for the Use of Pyrotechnics

30 Working Days Advanced Notification Required for Review

Section 1 – Use of Pyrotechnic Displays Applicant Section

When filling out this form, please PRINT in all sections

Event start date:	Event end date:
Event start time:	Event end time:
Event name:	
Event address:	
Name of EMU contact:	
Ceiling Height (ft):	Minimum distances to audience (ft):

Pyrotechnic Vendor (Applicant):

Business Name:	
Business Address:	
Authorized Representative:	
Telephone No.:	Email:
Board Certificate Insurance in the amount of:	
Federal ATF/State License No.:	

Operator's Name (Must be an employee of the Applicant):	
Permanent Address:	
Telephone No.:	
Age:	

Check this box and complete Appendix A if additional Operators and Assistants will be present at the event.

Proof of identification is required at the time of arrival and set-up for all Operators and Assistants. Only those pre-approved on the application will be permitted on site.

Checklist of attachments REQUIRED with this application:

Item	Applicant to check box item provided	Attachment description	DPS verifier to initial
1	<input type="checkbox"/>	Copy of valid ATF and/or State License.	
2	<input type="checkbox"/>	Copy of valid government issued photo ID with birth date for all operators and assistants. Cover ID number for privacy.	
3	<input type="checkbox"/>	Device list with total number of individual effect units to be displayed including a brief summary of the effect and discharge range. Appendix B.	
4	<input type="checkbox"/>	Timeline schedule (delivery, set-up, shoot and clean-up) and que list for the effect display points during the show.	
5	<input type="checkbox"/>	For indoor pyrotechnics, provide a copy of the fire watch plan.	

Item	Applicant to check box item provided	Attachment description	DPS verifier to initial
6	<input type="checkbox"/>	Detailed overall site diagram and stage plot. Must be legible in copy format clearly indicating the staging area, number and location of all effects, seating and stage layout, scale and clearances to performers and audience, fall out zones, extinguisher type and locations, controls, tank locations, elevations, confetti locations, etc. Attach as many pages as necessary. Submittal will be denied for failure to provide sufficient detail.	
7	<input type="checkbox"/>	Details for means of ignition and location of control points.	
8	<input type="checkbox"/>	Details on the number, type and location of fire extinguishers provided by the Applicant.	
9	<input type="checkbox"/>	Discussion on the details for delivery, load in, storage, inventory of items stored on-site, Appendix C, security, safety precautions, site inspection after shoot and clean-up of debris or remaining materials.	
10	<input type="checkbox"/>	Documented Proof of fire retardancy for all proposed stage scenery, backdrops, in the area of effects and fallout is required . Provide details for performer safety as needed.	
11	<input type="checkbox"/>	Proof of General Liability insurance for the pyrotechnics display in an amount not less than \$1,000,000 per occurrence and \$3,000,000 aggregate. The Eastern Michigan University Board of Regents, Ypsilanti Fire Marshal shall be listed as additionally insured including other sponsors or entities such as EMU Athletics, George Gervin GameAbove Center and individual facility management companies as needed.	
12	<input type="checkbox"/>	At least 2 letters of reference from recent events or supporting documentation of qualifications and experience, subject to AHJ review and approval.	
13	<input type="checkbox"/>	SDSs for all proposed effects. Links or web addresses for the SDSs is acceptable.	

<p>I hereby certify that I have read this application and the EMU Pyrotechnics Protocol and that all the information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statues, county ordinances, federal, state, and local regulations, guidelines and protocols. I certify that I am authorized by the organization named herein to act as its agent for the herein-described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract and agree that we jointly and severally indemnify and hold the University, City, County and State, harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant.</p>
<p>Authorized Representative Signature:</p>
<p>Printed Authorized Representative's Name:</p>
<p>Title:</p>
<p>Date:</p>

SUBMIT THE APPLICATION TO EHS via email at environmental_health_safety@emich.edu.

Section 2 – Use of Pyrotechnic Displays Sponsoring EMU Department Section

EMU Facility Management Approval

The request for pyrotechnics on Eastern Michigan University Properties must be approved by the building administrator, EMU AHJ and the area's Dean, Director, Department Head or Vice President. Applications must be routed through the university departments for the appropriate signatures prior to delivery to the Department of Public Safety (DPS) for processing.	
Building Administrator's Printed Name:	
Signature:	
Phone:	Date:
EMU Authority Having Jurisdiction (AHJ) Printed Name:	
Signature:	
Phone:	Date:
Dean, Director or Department Head Printed Name:	
Signature:	
Phone:	Date:
Vice President's Printed Name:	
Signature:	
Phone:	Date:

Independent Fire Watch

The sponsoring University department or facility is required to provide an approved independent fire watch for all pyrotechnic displays. The fire watch shall be dedicated staff, separate from the pyrotechnic vendor, whose only responsibility is the pyrotechnic fire watch duties. Include a detailed description of your plan. A minimum of one fire watch personnel is required for all events. Additional staff may be required through the review process.	
University Contact Name:	Phone:
Names of EMU Fire Watch Personnel and training	
Fire Watch Company Name: Qualifications and EMU experience:	Phone:

Section 3 – EMU Department of Public Safety Review and Approval/Denial Section

Application Received Date:		
<input type="checkbox"/> This application has been screened to be substantially complete, in compliance with University protocols and is ready for the Ypsilanti Fire Marshal review and approval.		
DPS Comments:		
EHS Comments:		
REM Comments:		
EMU DPS Approver:		
Printed Name:	Signature:	Date:

Appendix A
Additional Operators and Assistants

Operator's/Assistant's Name:	
Permanent Address:	
Phone No.	Driver's License No.
Age:	Date of Birth
Federal ATF/State License No.	

Operator's/Assistant's Name:	
Permanent Address:	
Phone No.	Driver's License No.
Age:	Date of Birth
Federal ATF/State License No.	

Operator's/Assistant's Name:	
Permanent Address:	
Phone No.	Driver's License No.
Age:	Date of Birth
Federal ATF/State License No.	

Operator's/Assistant's Name:	
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Make additional copies of this page as needed.

