

# EASTERN MICHIGAN UNIVERSITY

## Application for the Use of Theatrical Fog, Haze or Smoke

30 Working Days Advanced Notification Required for Review

### Section 1 - Use of Theatrical Fog, Haze or Smoke 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):

Fog, Haze or Smoke Vendor (Applicant):

Business Name:	
Business Address:	
Authorized Representative:	
Telephone No.:	Email:
Board Certificate Insurance in the amount of:	

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 government issued photo ID with birth date for all operators and assistants. Cover ID number for privacy.	
2	<input type="checkbox"/>	Device list and SDSs for all proposed fog, haze or smoke. Links or web addresses for the SDSs is acceptable.	
3	<input type="checkbox"/>	Timeline schedule (delivery, set-up, shoot and clean-up) and que list for the effect display points during the show.	
4	<input type="checkbox"/>	<b>Detailed</b> overall site diagram and stage plot. Must be <b>legible</b> 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,	

		Submittal will be denied for failure to provide sufficient detail.	
5	<input type="checkbox"/>	Discussion on the details for delivery, load in, storage, security, safety precautions, site inspection after shoot and clean-up of debris or remaining materials.	
6	<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.	
7	<input type="checkbox"/>	Copy of the fire watch plan	

<p>I hereby certify that I have read this application and the EMU Theatrical Fog, Haze and/or Smoke protocol this 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](mailto:environmental_health_safety@emich.edu)

## Section 2 – Use of Theatrical Fog, Haze or Smoke Sponsoring EMU Department Section

### EMU Facility Management Approval

The request for fog, haze or smoke on Eastern Michigan University Properties must be approved by the building administrator, Facilities Planning and Construction 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 events using fog, haze or smoke. The fire watch shall be dedicated staff, separate from the fog, haze or smoke vendor, whose only responsibility is the 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:	Phone:
Qualifications and EMU experience:	

**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: