



Division of Capital Asset Management & Maintenance

Office of Facility Management & Maintenance

PORTABLE SPACE HEATER REQUEST & APPROVAL FORM

McCormack Building: One Ashburton Place, Boston, MA 02108

Name of Requestor: _____ Email: _____

Department: _____ Building/
Office Suite#: _____

Departmental Supervisor: _____ Email: _____

Date DCAMM Operations Received Request: _____ Life Safety Inspection Date: _____

Electric Space Heater Manufacturer / Model Type: _____

- 1. Space Heater has U/L approval sticker and is in good working condition YES NO
- 2. No evidence of frayed wiring, bad plugs or missing knobs YES NO
- 3. Electric output has 110-volt power and maximum of 1500 watts YES NO
- 4. Space Heater has safety Shutoff Switch in case of tipping over YES NO

I have read the Electric Space Heater usage requirements as stipulated in DCAMM Portable Space Heater Policy and agreed to comply with the guidelines.

*Signature of the Requestor _____ *Date: _____

OFMM/Operations Approval: YES ___ NO ___ DCAMM Engineering/
Designee: _____

*Signature of Facility Manager/ Designee _____ *Date: _____

Reason for Disapproval:

Distribution: Original to DCAMM/OFMM Operations, Copy to Safety & Security Coordinator and Requestor

*Required