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  *

OFMM/Operations Approval: YES ___NO ___  DCAMM Engineering/Designee: ___________________________

_________________________________________  *Signature of Facility Manager/Designee  *

Reason for Disapproval:

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

*Required