TENT INSPECTION INFORMATION
AND INSPECTION REQUEST

Location: _______________________________ Approx. # of Attendees _________

Event Date(s) ________________________ ___ Daytime Hours ___Nighttime Hours

Number of Tents (1) size_______sq.ft. (2)size _______sq.ft (3) size _______sq.ft

Tent Materials meet 701 standard (Y) (N) Certificate (Y) (N)

Date and Time for final inspection__________________

Contact Info:

Tent Installation: ___________________________ UConn Function Coordinator: ___________________________

- Metal Frame Bonded ( Y ) ( N )
- Wood Poles
- Anchors and tie downs over or part of tent fabric(Y) (N) Ten Ft. minimum distant between tie down (Y) (N)
- Electrical Equipment use under tent ( Y ) ( N ) grounded ( Y ) ( N )
  GFI (Y) (N)
- Cooking Equipment ______ ft from tent
- Table / Chair plan submitted. (Y) (N) Travel distant to exit.
- Two means of egress < 500 Three means of Egress >500< 1000 Four means of egress > 1000
- Signage Exit____ No Smoking ____ Capacity _____

Inspector __________________________________________________________________________________________

Date and Time of Inspection _________________

An Equal Opportunity Employer

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