



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

**30 Working Days Advanced Notification Required for Review**

**SUBMIT THE APPLICATION TO EHS via email at [public-safety-ehs.group@lafayette.edu](mailto:public-safety-ehs.group@lafayette.edu)**

### 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 Lafayette contact:	
Ceiling Height (ft):	Minimum distances to audience (ft):

### Section 2 (if applicable) -Fog, Haze or Smoke Vendor (Applicant):

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

☐ **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. (not applicable for Lafayette College Employee's or Students)	
2	<input type="checkbox"/>	Device list and Safety Data Sheet (SDS) 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,	
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"/>	Copy of the fire watch plan	

I hereby certify that I have read this application and the Lafayette Theatrical Fog, Haze and/or Smoke Standard Operating Procedure 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.

Authorized Representative Signature:

Printed Authorized Representative's Name:

Title:

Date:

### Section 3 – Use of Theatrical Fog, Haze or Smoke Sponsoring Lafayette Department Section

#### Lafayette Management Approval

The request for fog, haze or smoke on Lafayette Properties must be approved by the building administrator, Facilities Management and the area's Dean, Director, Department Head or Vice President. Applications must be routed through the College 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:

Facilities Management:

Signature:

Phone:                      Date:

Dean, Director or Department Head Printed Name:

Signature:

Phone:                      Date:

### Section 4 - Lafayette Department of Public Safety Review and Approval/Denial Section

Application Received Date:

☐ This application has been screened to be substantially complete, in compliance with college protocols and is ready for the **Easton Fire Department** review and approval.

EHS Comments:

EFD Approval:

Printed Name:                                              Signature:                                              Date:

Lafayette DPS Approver:

Printed Name:                                              Signature:                                              Date: