PORTABLE SPACE HEATER
REQUEST AND APPROVAL FORM

Requestor Name: __________________________ Department: _________________________

Phone: ___________ Campus/Building/Room Number: _______________________________

Date Facilities Services/Plant Operations notified of insufficient heating problem:___________

Name and Title of Person Notified:_________________________________________________

Specifications for Proposed Portable Space Heater: (to be completed by requestor and
confirmed by OEHS representative)

Heater Manufacturer/Model#:_____________________________________________________

1. Is it electric with standard 110-volt power and maximum of 1500 watts?  YES □ NO □

2. Is it approved by a recognized testing laboratory? YES □ NO □

3. Is it equipped with a safety shutoff switch that automatically turns unit off if tipped over?
   YES □ NO □

4. Is it equipped with operational thermostat which automatically turns unit off when set
   temperature reached?  YES □ NO □

I have read and understand the usage requirements set forth in the Portable Space Heaters
Policy (on the OEHS website) and agree to abide by the requirements set forth therein.

_________________________________________  ______________________________
Signature of Requestor      Date

OEHS APPROVAL:    YES □ NO □ OEHS Representative: ___________________________

If NO, reason(s) for disapproval:_____________________________________________________________________

________________________________________________________________________________________

FAC. SVCS. APPROVAL:    YES □ NO □ F.S. Representative: ___________________________

If NO, reason for disapproval:_____________________________________________________________________

Distribution: Original to OEHS (TW-16), copy to Facilities Services, and copy to Requestor