



THE CITY OF ASPEN

City of Aspen Temporary Heating Plan

Construction Site Safety Checklist Aspen Fire Protection District

Project Information:

Permit Number: _____
Address: _____
Owner Name: _____
Owner Contact Number: _____
Contractor: _____ License Number: _____
Contractor Contact Number: _____
Project Superintendent/ Foreman: _____
Superintendent/ Foreman Number: _____
Subcontractor Contact Information: _____
Adequate access parking plan attached: Yes No

Heating Information:

Type of Heating Devices or System being used:

If Propane:

Location of propane tank (reference attached site plan):

Size: _____

Propane Provider: _____

Propane Provider Contact Number: _____

Location of Heater in Structure: _____

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EITHER METHOD “A” OR “B” MUST BE USED:

A. Methods used to protect fuel supply hoses:

Fire retardant sleeve:_____

Fire retardant hose:_____

Hard Piped:_____

Excess flow devices:_____

B. Methods used to monitor heating devices:

Automatic sensing devices (capable of transmitting signal to a
monitory company or other approved location to notify a
responsible party), describe:

If Natural Gas is used to provide the following information:

Location of Gas Meter:_____

Maintenance of Gas Meter, responsible person:_____

Location of optional CO level monitors:_____

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Any combination of the above methods may be utilized.

Any alternative methods shall be approved by the Fire Marshal’s Office

This form must be filled out and returned to the Fire Marshal’s Office.

A copy of this form shall be kept at/on the project site at all times

Approved:\_\_\_\_\_

Date:\_\_\_\_\_

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