PROCEDURE:

Because of fire safety and health risks associated with the burning of candles and incense, The University of Montana policy does not allow their indoor use in any campus building.

RESIDENCE AND WORK SPACE

Because of the close proximity of living quarters the ban on the indoor use of candles and incense applies to all student dormitories and apartments. The use of candles and incense are prohibited in all campus work locations.

IMPLEMENTATION

Enforcement of the policy and procedure shall be the responsibility of the Office of Public Safety. Directors and Facility Managers are responsible for assisting in this enforcement by monitoring their indoor areas for possible violations. Persistent violators can be reported to the Director of Human Resources or the Dean of Students for appropriate personnel policy or student conduct code action.

EXCEPTIONS

Special requests for individual exception to the policy/procedure may be submitted to the Office of Public Safety. (See exception form attached for details) Requests must be submitted **No Later Than 10 days prior** to the intended use.
Exception Request Form

Requestor Name_______________________________________ Phone#_______________________

Department/Agency: _________________________________________________________________

Activity: _____________________________________________________ Date __________________

Location of requested activity (Address):_________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Narrative of Exception Requested: ______________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Category of Request:

. Religious
  . Theatrical
  . Ceremonial
  . Other

Precautions to be taken to ensure Public and Fire Safety: _________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature: _______________________________________________ Date: ______________________

Requestor

Approved/ Disapproved:

Signature: _______________________________________________ Date: ______________________

Public Safety Official