

PROJECT/ EXHIBIT REVIEW FORM

Exhibitor Name:

Department:

Professor/ Supervisor/ Sponsor:

Project Description:

For complicated projects, attach a summary and diagrams

Date(s) and Time(s) that the exhibit/ project will be displayed:

Location of Exhibit requested:

If the space administrator approves this request, they will change location requested to approved by (their name & dept), then forward this to safe-project@mit.edu and copy the exhibitor. If the space can't be used, the space administrator will reply to the exhibitor.

Exhibit Information to be reviewed by the Space Administrator and Safety Program

___ Size: dimensions, at or above ground level, weight?

___ What materials will be used? Are these treated with fire retardant? Use materials that will not burn easily or that can be effectively treated with fire retardant (insert link to decorations). Displaying materials that can burn easily in exit stairways and corridors is prohibited by the Mass. Fire Prevention Regulations.

___ How will you protect your safety and that of others when you construct/ install/ set up your project. Do not put anyone at risk. (i.e. hanging something over an area where people are below; sharp/ rusty edges, falling over, caving in (overloaded), electrical shock, stability, climbing in/ on, tripping on, slipping on, etc.)

___ Will it be constantly attended? Is it interactive?

___ How will you protect the safety of those who will view/ touch/ interact with your project/ exhibit? Are there any sharp/ rusty edges or points, caving in (overloaded), electrical shock, stability, children climbing in/ on, tripping/ slipping on, banging into, moving parts? How will these be protected?

___ If electricity, pressure, etc. will be used, how will it be de-energized and made safe?

I plan to remove, dispose &/ or clean-up my project by (exhibitor fills in date)

Safety Program's recommendations:

___ Move project to a safer location

___ Notify and/ or Obtain a Permit from ___

___ Other

Reviewed by (staff person's name) MIT Safety Program, EH&S Office (N52-496, phone x2-3477, fax x8-6831)

Requirements of other departments:

___ Requires Electrical Approval, forward to jledbury@mit.edu

___ Requires Structural Approval, forward to kcollupy@plant.mit.edu

___ Requires Jon Alvarez' jonalvar@mit.edu & Richard Amster's ramster@mit.edu Approval

___ Requires MIT Police Dept Approval/ Notification, forward to cp-command@mit.edu

____Requires MIT Insurance Office Approval/ Notification, forward to insurance@mit.edu
Add other reviewers as necessary

(When all approvals are completed, exhibitor & professor/ supervisor sign final message.)

EXHIBITOR STATEMENT: I understand the above requirements and will abide by them. I will post the final approved version that is signed next to/ on the exhibit. I understand it is my responsibility to remove, dispose of and/ or clean up all materials and to pay for any removal/cleaning costs if this is not done immediately after the exhibit.

SIGNATURE & DATE _____

PROFESSOR/ SUPERVISOR/ SPONSOR STATEMENT: To my knowledge, I certify that the above individual(s) has/have complied with all of the above requirements and conditions. I understand my responsibility to ensure the safety of this exhibit/ project.

SIGNATURE & DATE _____