

**COFFEE MESS REQUEST/AUTHORIZATION**

NAME: \_\_\_\_\_ BLDG: \_\_\_\_\_ ROOM: \_\_\_\_\_

1. Permission is requested to operate a \_\_\_\_\_.  
(Make/Model, Style)

2. Subject to the requirements outlined in TRASUPPCENGLATES NOTE 1616 and NSGLINST 11320.3A and the below additional regulations:

a. The appliance and area shall be maintained in a clean, sanitary condition at all times. At the first sign of insects, the area shall be secured and thoroughly scrubbed with soap and water.

b. Coffee makers shall be of the electric type, with self-contained, tightly enclosed heating elements, preferably automatic. All appliances shall be UL listed and approved.

c. All appliances shall rest upon a non-absorbent, fire-resistant surface that does not conduct electricity.

d. Appliances shall be placed in a well-lighted and well-ventilated area. Electric cords must plug directly into the receptacle. Use of extension cords or power strips for powering coffee pots is not authorized.

e. Hot plates or other heating devices with exposed heating elements are prohibited.

f. Programmable coffee pots are not authorized.

f. All appliances will be unplugged while not in use.

\_\_\_\_\_  
Signature of Requester Date

**FOR USE BY BEQ STAFF ONLY**

Meets all applicable safety standards Yes No

\_\_\_\_\_  
Signature of NMTI Date

APPROVED

DISAPPROVED

\_\_\_\_\_  
BEQ LCPO Date