



REPORT OF FIRE SAFETY INSPECTION

Of Licensed Residential Facilities

Type of Inspection: **FIRE**

Name & Address of Facility:		County of Facility:
		Name & Address of Inspecting Agency:
Facility#:	Capacity:	

Safety Inspection	Inspection Requested: Fire	<input type="checkbox"/> Approved	Date of Visit:
		<input type="checkbox"/> Disapproved	

Corrections to be made:
Reasonable Compliance Time: Days

You are hereby ordered to: Correct any violations by _____ 20__	
Re-inspection	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Signature of Inspecting Agent/Certification #	Date