

## **Directions to complete Fire Marshal Inspection form MSC 210**

Dear Provider,

A copy of a recent Fire Marshal inspection is required at the renewal of an Assisted Living and Residential Care facility license (OAR 411-055-0013 (2)). Attached you will find a sample of the Fire Marshal Inspection form, MSC 210, to assist you in completing that form. See attached.

It is necessary to allow adequate time for inspections to be scheduled and completed before the license renewal date. The State Fire Marshal suggests that these forms be submitted a minimum of ninety (90) days prior to license expiration date.

Licensed Facilities Referral for Fire Safety Inspection forms MSC 210 (3/05) may be obtained from: **Carolyn Ramus**, [carolyn.ramus@state.or.us](mailto:carolyn.ramus@state.or.us), 503-945-5853.

Complete and mail the entire **Licensed Facilities Referral For Fire Safety Inspection form MSC 210 (3/05)** to:

Office of State Fire Marshal  
ATTN: Sandi McClaughry  
4760 Portland Road NE  
Salem, OR 97305-1760

The forms are tracked and distributed from the Office of the State Fire Marshal. It is important to mail forms a minimum 90 days prior to the license expiration date. To obtain the phone number of your local Deputy or if you do not hear from the inspector in a reasonable amount of time, contact: Sandi McClaughry at 503-934-8256.

### **SALEM and EUGENE FACILITIES**

**Send the inspection forms to the Office of the State Fire Marshal WITHOUT payment. The forms will be sent to the local Fire Department who will in turn send their forms and fees to facility owners. The Office of the State Fire Marshal should receive only the forms. That office cannot track or forward checks.**

Facility license renewal applications must include a copy of Fire Marshal Inspection form MSC 210 inspection completed in the last 12 months. Do not send MSC 210 separately from the license application.

**OAR 411-055-0013 (2) Application for a license renewal must be made at least 45 days prior to the expiration date of the current license.**

**SAMPLE**

**ALL INFORMATION MUST BE COMPLETED FOR FORM TO BE PROCESSED**

**Licensing Agency Information**

Fill Date: \_\_\_\_\_  
Licensing Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_

Carolyn Ramus  
Seniors and People with Disabilities  
500 Summer St NE E13  
Salem, OR 97301-1074  
503-945-5853

(Occupancy Type Defined on Reverse)

Residential Care (SR)	<input checked="" type="checkbox"/>
Assisted Living Facility (SR)	<input type="checkbox"/>

~~Adult Foster Home (R-3): \*\*~~   
 Date of Licensing Agency On-Site Inspection of Adult Foster Home \*\*: \_\_\_\_\_  
 \*\* Describe the area(s) of concern: \_\_\_\_\_

~~Please indicate the number of clients: \_\_\_\_\_~~  
~~Health Care Facility (I-2)~~   
~~Children's Residential Facility or Day Treatment Facility (L)~~

**\*\*\*FOR CHILD CARE FACILITIES\*\*\***  
 Day Care Center (E):   
 Day Care Facility (I-4):   
 Increase # of Occupants   
 Original # of children \_\_\_\_\_ # increased to \_\_\_\_\_

**Facility Information (To be Completed by Owner/Manager)**

Fill Name of Facility: \_\_\_\_\_  
 Fill Street Address: \_\_\_\_\_ Fill City: \_\_\_\_\_  
 Fill Zip: \_\_\_\_\_ Fill County: \_\_\_\_\_ Nearest Cross St. (If known): **NA**  
 Fill Provider/Manager: \_\_\_\_\_ Fill Phone # ( ) \_\_\_\_\_  
 Fill License Expiration Date: \_\_\_\_\_ # Residents/Children **Capacity**: \_\_\_\_\_

Reason for Referral:  
 ~~New Facility/New License~~  Renewal of Licensed Facility  
 ~~Other (Explain): \_\_\_\_\_~~

**To Be Completed By DEPUTY/INSPECTOR**

Name of Deputy/Inspector: \_\_\_\_\_  
 (Please Print)  
 Inspecting Agency: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
 Phone #: ( ) \_\_\_\_\_ Fire Inspection #: \_\_\_\_\_

- APPROVED for occupancy (no deficiencies noted).
- APPROVED with corrections listed on fire inspection notice.
- NOT APPROVED until all deficiencies are corrected. Refer to fire inspection notice.

Deputy/Inspector Signature: \_\_\_\_\_

Distribution: White-Provider Yellow-OSFM, Salem Green-District Deputy/Local Inspector Pink-Licensing Agency

NOTE: All previous copies of this form are invalid.

FLS/Forms/FMInspectionMasks/FMInspRequest (3/05)

MSC 210 (3/05)

**SAMPLE**

**SAMPLE**

Do Not Fill