

## Licensed Facilities Referral for Fire Safety Inspection

**SHARED SERVICES**  
Human Resources  
Safety, Health and Wellness

**Licensing agency information** *(all information must be completed for form to be processed)*

Licensing contact name: \_\_\_\_\_ Date: \_\_\_\_\_  
Licensing agency: \_\_\_\_\_ Dept Name: \_\_\_\_\_  
Agency address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

<b>DHS</b> Occupancy Type _____ capacity _____ <input type="checkbox"/> check if change from previous	<b>Other occupancy type</b> <i>(refer to last pages for definitions of occupancy type)</i> Dept contact email: _____ Dept contact phone: _____
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<b>OHA</b> _____ capacity _____ <input type="checkbox"/> check if change from previous	Dept contact email: _____ <i>Describe any area(s) of concern:</i> _____ Dept contact phone: _____
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<b>CCLD</b> Occupancy Type _____ capacity _____ <input type="checkbox"/> check if change from previous	Dept contact email: _____ Dept contact phone: _____
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**Facility/site information** *please provide legal name of facility*

Provider / Facility name: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_  
ZIP: \_\_\_\_\_ County: \_\_\_\_\_ Nearest cross street *(if known)*: \_\_\_\_\_  
Provider/manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
License expiration date: \_\_\_\_\_ Facility contact email: \_\_\_\_\_

**Reason for referral** \_\_\_\_\_ Fire Dept name: \_\_\_\_\_  
 Other (explain): \_\_\_\_\_ Fire Dept address: \_\_\_\_\_

Original approved Building Occupancy code: \_\_\_\_\_ Current approved Occupancy code: \_\_\_\_\_

<b>To be completed by deputy/inspector</b>	
Name of Deputy/Inspector: _____	
Inspecting agency: _____ Phone number: _____ Email: _____	Date of Inspection or Reinspection: _____ Fire inspection number: _____
<input type="checkbox"/> <b>Approved</b> for occupancy <i>(no deficiencies noted)</i> <input type="checkbox"/> <b>Approved</b> with corrections listed on inspection notice	
<input type="checkbox"/> <b>Not approved</b> until all deficiencies are corrected <i>(refer to fire inspection notice)</i>	
Deputy/Inspector signature: _____	

**This area for DHS-CCLD-OHA office use only**