Notice for currently licensed :

There is a new process for requesting fire safety inspections from the Oregon State Fire Marshal. Previously, you were required to mail in a form that was provided in your renewal packets. You will now be required to download the form and submit by email, following the instructions below.

Step 1: Go to the Oregon State Fire Marshal website and review instructions, then download the form:

Step 2: Complete the form and save to your computer.

Step 3: Email the completed form to the Oregon State Fire Marshal at: OSFM.FireLifeSafety@osfm.oregon.gov

OSFM will receive and document the request, then refer your request to the appropriate local fire department or Deputy State Fire Marshal to schedule and conduct the actual inspection at your facility.

Note:

* Inspections are scheduled within 45 days of license expiration.

Contact your licensing agent if you need to request an extension to your license.

* If payment is required for your jurisdiction, <u>do not send</u> with the fire safety inspection forms. Payment will be made directly to the inspecting jurisdiction at a later time.

The purpose of this agreement is to record the number of fire inspection requests submitted statewide, and to reduce the risk of the request forms being lost or sent to the incorrect jurisdiction. It also helps to alleviate any delay in completing inspections in a timely manner.

Helpful links and contact information:

* Instruction to submit request (this document)

https://www.oregon.gov/osfm/docs/instructionstosubmitrequestforinspection.pdf

* Inspection request form - fillable

https://www.oregon.gov/osfm/docs/inspection-request-online-fillable.pdf

or

https://www.oregon.gov/osfm/pages/formspublications.aspx type "inspection request" into the search bar

* If you have any questions regarding this notice, please contact your agency's licensing specialist.

* Submit to <u>OSFM.firelifesafety@osfm.oregon.gov</u>. Call Oregon State Fire Marshal at 503-934-8256 with any additional questions.

Constant Supportment of Human Barras	SHARED SERVICES Human Resources Safety, Health and Wellness	Health
Oregon State Fire Marshal Licensed Facilities Referral for Fire Safety Inspection		
Licensing agency informat	tion (all information must be completed	for form to be processed)
Licensing contact name:		Date:
Licensing agency: Choose Or	Dept Name:	
Agency address:	City:	ZIP:
DHS Occupancy Type	Other occupancy type (refer to last	pages for definitions of occupancy type)
Choose one	 Dept contact email: 	
capacity 0	teck if change from previous Dept co	ntact phone:
она	Dept contact email:	
choose One	Describe any area(s) of concern:	Dept contact phone:
Check if change from previous		
Facility/site information Jie Provider / Facility name	ase provide legal name of facility	City:
Street address: ZIP: County:	Nearest cross street	
Providerimanager:	100000000000000000000000000000000000000	Phone
	Facility contact email:	
Reason for referral	Fire Dect	name
Choose One · Other (es	plain): Fire Dept	address:
Original approved Building O	ccupancy code: Current app	roved Occupancy code:
To be completed by deputy	finspector	
Name of Deputy/Inspector:		
Inspecting agency:		Date of Inspection
Phone number: Email:	Fire inspectio	
Approved for occupancy in	o deficiencies noted) Approved with encies are corrected (refer to fire inspection	
Not approved until all defc	ature:	