

Licensed Facilities Referral for Fire Safety Inspection for Oregon Office of State Fire Marshal

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: _____

DHS <i>Occupancy Type</i>	Other occupancy type <i>(refer to last pages for definitions of occupancy type)</i>
_____	Dept contact email: _____
<i>capacity</i> _____ <input type="checkbox"/> <i>check if change from previous</i>	Dept contact phone: _____

OHA	Dept contact email: _____
_____	<i>Describe any area(s) of concern:</i> _____
<i>capacity</i> _____ <input type="checkbox"/> <i>check if change from previous</i>	Dept contact phone: _____

ODE <i>Occupancy Type</i>	Dept contact email: _____

<i>capacity</i> _____ <input type="checkbox"/> <i>check if change from previous</i>	Dept contact phone: _____

Facility/site information

Provider/agency 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: _____

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

This area for DHS-OHA office use only