

Oregon State Fire Marshal Licensed Facilities Referral for Fire Safety Inspection

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

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

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

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: _____

To be completed by deputy/inspector	
Name of Deputy/Inspector: _____	
Inspecting agency: _____	Date of Inspection or Reinspection: _____
Phone number: _____	
Email: _____	Fire inspection number: _____
<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-ELD-OHA office use only