

# License Inspection Requests for Fire Inspection

**Notice for currently licensed :** There is a new process for requesting fire safety inspections from the Oregon Office of the 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 Office of State Fire Marshal website and download the form:  
<https://www.oregon.gov/osp/Docs/Inspection-request-online-fillable.pdf>

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

**Step 3:** Email the completed form to the Office of State Fire Marshal at: [OSFM.FireLifeSafety@osp.oregon.gov](mailto:OSFM.FireLifeSafety@osp.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.**
- \* If payment is required for your jurisdiction, **do not send** 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.

If you have any questions regarding this notice, please contact your licensing specialist. You may also call the Oregon Office of the State Fire Marshal at 503-934-8276.

## Link:

<https://www.oregon.gov/osp/Docs/Inspection-request-online-fillable.pdf>

	SHARED SERVICES Human Resources Safety, Health and Wellness	
<b>Licensed Facilities Referral for Fire Safety Inspection for Oregon Office of State Fire Marshal</b>		
Licensing agency information (all information must be completed for form to be processed)		
Licensing contact name: _____	Date: ____/____/____	
Licensing agency name: _____	Phone: _____	
Agency address: _____	City: _____	ZIP: _____
Other occupancy type (refer to last pages for definitions of occupancy type)		
<input type="checkbox"/> 24-hour residential home (capacity) _____	<input type="checkbox"/> Health care facility? (capacity) _____	
<input type="checkbox"/> Children's residential facility (capacity) _____	<input type="checkbox"/> Assisted living facility (capacity) _____	
<input type="checkbox"/> Adult foster home? (capacity) _____	Date of licensing agency onsite inspection of adult foster home: ____/____/____	
Describe any areas of concern: _____		
Day care/child care facility		
<input type="checkbox"/> Wants to increase number of occupants (if yes, check the box and enter correct numbers below)		
Original number of children: _____	Number increased to: _____	
Facility/site information		
Provider/agency name: _____		
Email address: _____		
Street address: _____	City: _____	
ZIP: _____	County: _____	Nearest cross street (if known): _____
Provider/manager: _____	Phone: _____	
License expiration date: ____/____/____	Date of last Fire Safety Inspection: ____/____/____	Number of residents/children/capacity: _____
Reason for referral		
<input type="checkbox"/> New facility/new license	<input type="checkbox"/> Renewal of licensed facility	<input type="checkbox"/> Other (explain): _____
To be completed by deputy/inspector		
Name of Deputy/inspector: _____	Inspection date: ____/____/____	
Inspecting agency: _____	Phone number: _____	Fire inspection number: _____
<input type="checkbox"/> Approved for occupancy (no deficiencies noted) <input type="checkbox"/> Approved with corrections listed on inspection notice		
<input type="checkbox"/> Not approved until all deficiencies are corrected (refer to fire inspection notice)		
Deputy/inspector signature: _____		
DHS-OHA office use only		
<small>Completed form may be emailed: <a href="mailto:OSP@osp.oregon.gov">OSP@osp.oregon.gov</a> or mail to: OSP/OSFM, Fire &amp; Life Safety Services, 3305 First St. Ave SE, Salem OR 97317</small>		