

Type--Name of FIRE DEPARTMENT
FIRE INSPECTION SURVEY

NAME OF FACILITY			FACILITY NUMBER																																																																																										
FACILITY ADDRESS		CITY	ZIP CODE	COUNTY																																																																																									
ADMINISTRATOR		FAX NUMBER	EMAIL	TELEPHONE NUMBER																																																																																									
REASON FOR INSPECTION <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Annual <input type="checkbox"/> Courtesy <input type="checkbox"/> Reinspection <input type="checkbox"/> Change <input type="checkbox"/> Other _____		TYPE OF FACILITY <input type="checkbox"/> Detention/Correctional <input type="checkbox"/> Health Care <input type="checkbox"/> Business <input type="checkbox"/> Assembly Occupancy <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Mental Health <input type="checkbox"/> Child Care Center <input type="checkbox"/> School <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Other _____ Capacity _____																																																																																											
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				<input type="checkbox"/> REINSPECTION REQUIRED <input type="checkbox"/> COMPLIANCE LETTER <input type="checkbox"/> NO REQUEST FROM OFFICE																																																																																									
NOTE: Please notify the Fire Inspector when you have complied with the requirements as spelled out on the inspection form.																																																																																													
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