

## 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: \_\_\_\_\_

<b>DHS</b> <i>Occupancy Type</i>	<b>Other occupancy type</b> <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: _____

<b>OHA</b>	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: _____

<b>ELD</b> <i>Occupancy Type</i>	Dept contact email: _____
_____	
capacity _____ <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: \_\_\_\_\_

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

**This area for DHS-ELD-OHA office use only**