

FIRE SAFETY INSPECTION REQUEST

STD. 850 (REV. 4-2000)

See instructions on reverse.

AGENCY CONTACT'S NAME		TELEPHONE NUMBER		REQUEST DATE		PROGRAM	
EVALUATOR'S NAME		REQUESTING AGENCY FACILITY NUMBER				REQUEST CODE	
LICENSING AGENCY NAME AND ADDRESS						CODES	
						1. ORIGINAL A. FIRE CLEARANCE 2. RENEWAL B. LIFE SAFETY 3. CAPACITY CHANGE 4. OWNERSHIP CHANGE 5. ADDRESS CHANGE 6. NAME CHANGE 7. OTHER	
AMBULATORY		NONAMBULATORY		BEDRIDDEN		TOTAL CAPACITY	
CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY	CAPACITY	PREVIOUS CAPACITY		
FACILITY NAME						LICENSE CATEGORY	
STREET ADDRESS (<i>Actual Location</i>)						NUMBER OF BUILDINGS	
CITY						RESTRAINT	
FACILITY CONTACT PERSON'S NAME			FACILITY CONTACT PERSON'S TELEPHONE NUMBER			HOURS	
SPECIAL CONDITIONS							

TO BE COMPLETED BY INSPECTING AUTHORITY

FIRE AUTHORITY NAME AND ADDRESS				CLEARANCE /DENIAL CODE			
				CODES			
1. FIRE CLEARANCE GRANTED 2. FIRE CLEARANCE DENIED A. EXITS B. CONSTRUCTION C. FIRE ALARM D. SPRINKLERS E. HOUSEKEEPING F. SPECIAL HAZARD G. OTHER							
INSPECTOR'S NAME (<i>Typed or Printed</i>)		TELEPHONE NUMBER		CFIRS NUMBER		OCCUPANCY CLASS	
INSPECTION DATE	INSPECTOR'S SIGNATURE (<i>Typed or Printed</i>)						
EXPLAIN DENIAL OR LIST SPECIAL CONDITIONS							