



DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HEALTH CARE FACILITY
 LICENSURE & CERTIFICATION
 99 Chauncy Street, 11th Floor
 Boston, MA 02111

CERTIFICATION OF LOCAL FIRE INSPECTION

Instructions: Facilities and programs are to provide a copy of this form to their local Fire Department when requesting a fire inspection for licensure purposes. Facilities and programs must return this form completed, or the inspection certificate issued by the head of their local Fire Department, when applying for or renewing a license. Nursing homes and rest homes must maintain on file with the facility proof of quarterly fire inspections as required under 105 CMR 150.015(D).

FACILITY/PROGRAM INFORMATION

Facility/Program Name _____

Facility/Program Address _____

Reason for Inspection:

- Initial Licensure/ Licensure Renewal Facility/Program Renovations
- Nursing Home or Rest Home Quarterly Inspection (105 CMR 150.015(D))

INSPECTION INFORMATION

This is to document that the above facility/program was inspected on: _____
 and determined to be: _____ (Date)

_____ In compliance with local ordinances regarding fire prevention and safety.

_____ Not to be in compliance with local ordinances regarding fire prevention and safety. The following violations were observed (list violations, or indicate if a list of violations is attached):

 Signature of Local Fire Department Official

 Typed or Printed Name of Local Fire Department Official