



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Private Occupational School Education  
1000 Washington Street • Boston • Massachusetts • 02118**

**FIRE INSPECTION REPORT**

Please submit this form to the Fire Inspector in your city/town, and return to:

Massachusetts Division of Professional Licensure  
**Office of Private Occupational School Education**  
1000 Washington Street, Suite 710  
Boston, MA 02118-6100

Or, fax completed and signed document to 617-727-0139. Or, email completed and signed PDF to occupational.schools@mass.gov.

The Regulations, 230 CMR 13.2(1)(g), for M.G.L. c. 112, s. 263 require inspection. Please arrange to inspect the school listed below and state below whether all locations serving students meet all standards for the fire code. Alternatively, record of inspection may be documented on a form provided by the city/town.

**Name of School/Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Inspector Remarks:** \_\_\_\_\_

**Required frequency of inspections** (e.g., monthly, quarterly, yearly): \_\_\_\_\_

**Is this facility in compliance with applicable fire and safety codes/regulations?** Yes  No

**Date of Inspection:** \_\_\_\_\_

**Next Inspection Date:** \_\_\_\_\_

**Name of Inspector:** \_\_\_\_\_

**Signature of Inspector:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

Please return the completed form to the school that was inspected. The school will forward the completed form to the Division of Professional Licensure, Office of Private Occupational School Education.

