Department of Early Education and Care

FIRE INSPECTION REPORT

This is to certify that	*			
	(Name of Facility)			
located at				
located at(Address)				
		1		
was inspected on	(Date)	_ by	(Name of Inspector)	
	(Date)		(Name of hispector)	
Violations (if any):				
violations (if any).				
Recommendations (i	f anv):			
(1	- uiij).			
I certify that the ab of Fire Prevention.	ove facility	complies wit	n the rules and regulations of the	e Board
Yes_		No_		
		(1)	Name and Title)	