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| **DEPARTMENT OF PUBLIC HEALTH**  SEAL**DIVISION OF HEALTH CARE FACILITY**  **LICENSURE & CERTIFICATION**  **67 Forest Street**  **Marlborough, MA 01752** | **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).

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| **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

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Typed or Printed Name of Local Fire Department Official