



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

**BUILDING INSPECTION REPORT**

Please submit this form to the Building 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 with its attachments to 617-727-0139. Or, email completed and signed PDF with its attachments to occupational.schools@mass.gov

The Regulations, 230 CMR 13.2(1)(f), 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.

**Please be sure to include the school's use group code where indicated.**

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

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

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

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

**Required Information:** School Use Group Code as defined by 780 CMR 304 or 305 regulations for building codes.

Frequency of inspections necessitated by the Use Group: \_\_\_\_\_ ← ← ← ← **MUST BE PROVIDED**

**Is this facility in compliance with applicable building 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.

