



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
OFFICE OF STATE FIRE MARSHAL

Policy Directive # 7
Replaces: Directive # 7, dated 3/80, 9/87 & Policy 98-02
Administered by: OSFM

Date: July 1, 2001
Duration: Until Revised
Authority: Deputy State Fire Marshal

SUBJECT: INSPECTION REPORT TO STATE AGENCIES

PURPOSE:

The purpose of this policy is to provide local fire marshals and their staff with a single form for reporting their inspection findings to state agencies that require a fire code compliance inspection of a building or facility prior to the agency's approval for licensure.

DISCUSSION:

Many activities conducted within buildings are subject to permitting, certification or licensing by various state agencies. Examples of such regulated activities include providing health care, holding public gatherings for meetings or education, serving alcoholic beverages, and the housing, educating, and caring of children.

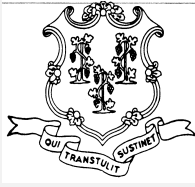
In the past, each state agency had developed its own certificate of inspection to be completed by the local fire marshal. Some state agencies required additional information beyond the scope of the local fire marshal's responsibilities or statutory authority, such as the inspection of one and two family dwellings, which are not regulated by the Connecticut State Fire Safety Code except for smoke detection.

The Office of State Fire Marshal, working in cooperation with the state agencies, has established a single form to report to a state agency the findings of the local fire marshal's code compliance inspection. This form has consolidated the numerous agency forms.

POLICY:

This standard form is to be used in place of any state agency form intended to document a fire code compliance inspection by the local fire official. After the completion of a code compliance inspection in accordance with Connecticut General Statutes § 29-305, the local enforcement official would document the findings in a written inspection report. The inspection certificate is to be completed to reflect code compliance status and the recommendation of the local fire official, enclosed with a copy of the written inspection report, and forwarded to the requesting state agency for their regulatory process. (NOTE: Some state agencies require an original certificate of inspection.)

This form replaces the *"Theater Inspection Certificate"* and the old green *"Daycare Certificate"*. A sample form is enclosed for your convenience and duplication. (Local letterhead may be supplemented)



STATE OF CONNECTICUT
INSPECTION CERTIFICATE

On (date) _____, the (Town/City) _____ Office of the Fire Marshal conducted an inspection of (name of facility) _____ located at (address) _____ in the City/Town of _____ to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) _____ (occupancy classification) _____ as classified by the *CONNECTICUT STATE FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (*See attached information*) **Certificate of approval recommended**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (*See attached information*) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (*See attached information*) **Certificate of approval NOT recommended.**

Fire Marshal

Date

City or Town: _____