



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Fire Safety Inspection Report for Child Care

Name of facility		File number	Date
Street address		City	State
Area code	Phone	Building name	County
Owner		Area code	Phone
Street address		City	State
		State	Zip

Occupancy		Number of buildings	Certificate of occupancy issued	
Construction type	Area	Occupancy load	Fire alarm	Sprinkler
Type of inspection Consultation <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up <input type="checkbox"/> Special <input type="checkbox"/> Annual <input type="checkbox"/>				
Construction 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/>		Sprinkler system 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/>		Fire alarm 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/>
Number of stories	Basement	Number of violations	Number of violations at last inspection	
Last inspected by		Date of last fire drill	Date of last inspection	

Item number	Comply within	Code reference	Deficiency or violation

I hereby acknowledge receipt of a copy of this inspection report. An exit interview and notice of correction will be given.

Signature of the facility operator _____ Title _____

A plan of correction must be submitted to the fire inspector within _____ days, outlining the plan to correct all deficiencies.

Agent signature _____ Date _____

