

FIRE CERTIFICATE OF INSPECTION

In accordance with the requirements of General Laws, Chapter 111, Section 51, this Fire Certificate of Inspection issued by the head of the local Fire Department certifying compliance with local ordinances is a prerequisite for an original or renewal license.

NAME OF FACILITY

ADDRESS OF FACILITY

was inspected on _____ by _____
Date Name of Inspector

I HEREBY CERTIFY THAT THIS INSTITUTION COMPLIES WITH THE LOCAL ORDINANCES.

YES _____ NO _____

If answer is "NO", indicate violations and recommendations.

Violations:

Recommendations:

ISSUED BY: _____
Signature
Head of Local Fire Department

INSTRUCTIONS:

FIRE DEPARTMENT TO RETURN TWO COMPLETED COPIES TO CLINIC

CLINIC TO RETURN ONE COPY TO:

Division of Health Care Quality
99 Chauncy, 2nd Floor
Boston, MA 02111