



# INTERAGENCY REQUEST FOR FIRE INSPECTION

## ADULT DAY CARE CENTERS

**To:**

- State Fire Marshal
- Local Fire Inspector

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_, (Licensor) **Phone Number:** \_\_\_\_\_

A fire inspection under the Minnesota State Fire Code is required for all adult day care facilities prior to initial licensure and upon a change of occupancy, as applicable. The Commissioner of DHS must not grant a license until written approval of compliance with the state fire code has been received from a State Fire Marshal, or from a local fire inspector if approved by the State Fire Marshal Division.

**Name of Program:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Zip Code

**Program Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Area of facility to be used:** \_\_\_\_\_

**Total Number of Participants:** \_\_\_\_\_

### Fire Inspection Results:

- Facility meets requirements of the fire code.
- Facility does not meet requirements of the fire code and cannot be occupied until orders are met.
- Facility does not meet requirements, but may temporarily be occupied until \_\_\_\_\_ (date), pending completion of orders.

Occupancy designation by Fire Inspector: \_\_\_\_\_

### Comments:

Signature of Fire Inspector: \_\_\_\_\_, Phone #: \_\_\_\_\_

Agency Name: \_\_\_\_\_, Date: \_\_\_\_\_

### When inspection is complete, mail or fax this form and any additional orders to:

Minnesota Department of Human Services, Division of Licensing  
P.O. Box 64242  
St. Paul, MN 55164-0242  
**Fax Number: 651- 297-1490**

DHS Use Only
Date: _____