\*\*\*\* Insert department letterhead here \*\*\*\*\*

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| **Fire Safety Inspection Follow-Up Report / Order to Remedy** | | | |
| **Name of Occupant** | **Group** | **Division** | **Occupancy** |
| **Building Address** | **Town/Community** | | **Initial Inspection Date** |
| **Name of Owner or Authorized Agent** | **Contact Person for Inspection** | | **Phone No.** |
| **Address of Owner or Authorized Agent** | **Follow-up Inspection Date** | | **Reporting No.** |

**All corrective actions have been completed.**      .

(Date)

**Deficiencies noted below require an extension of original Compliance Date as indicated.**

|  |  |  |  |
| --- | --- | --- | --- |
| **ID** | **MFC**  **Article No.** | **Deficiency**  **Corrective Action** | **Compliance Date** |

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* Additional information as required may be made on additional pages, and shall become part of this inspection report.

**Administrative Penalty:**

The required corrective actions(s) listed above are to be completed by the noted compliance date, or you may be subject to an Administrative Penalty, as provided for under section 15.1(1) of *The Fires Prevention and Emergency Response Act*.

|  |  |  |
| --- | --- | --- |
| **Date** |  | |
| **Inspector(s) Name** |  | |
| **Inspector(s) Signature** |  | |
| **Report provided to:** |  |  |