

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal



STATE OF CONNECTICUT
INSPECTION CERTIFICATE

(Complete a separate form for each location, including branches, classroom sites and student housing.)

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.**

(NOTE: Fire Marshal may substitute their own departmental form in favor of this form.)

Fire Marshal _____ Date _____

City or Town: _____