Directions to complete Fire Marshal Inspection form MSC 210

Dear Provider,

A copy of a recent Fire Marshal inspection is required at the renewal of an Assisted Living and Residential Care facility license (OAR 411-055-0013 (2). Attached you will find a sample of the Fire Marshal Inspection form, MSC 210, to assist you in completing that form. See attached.

It is necessary to allow adequate time for inspections to be scheduled and completed before the license renewal date. The State Fire Marshal suggests that these forms be submitted a minimum of ninety (90) days prior to license expiration date.

Licensed Facilities Referral for Fire Safety Inspection forms MSC 210 (3/05) may be obtained from: Carolyn Ramus, carolyn.ramus@state.or.us, 503-945-5853.

Complete and mail the entire Licensed Facilities Referral For Fire Safety Inspection form MSC 210 (3/05) to:

Office of State Fire Marshal
ATTN: Sandi McClaughry
4760 Portland Road NE
Salem, OR 97305-1760

The forms are tracked and distributed from the Office of the State Fire Marshal. It is important to mail forms a minimum 90 days prior to the license expiration date. To obtain the phone number of your local Deputy or if you do not hear from the inspector in a reasonable amount of time, contact: Sandi McClaughry at 503-934-8256.

SALEM and EUGENE FACILITIES
Send the inspection forms to the Office of the State Fire Marshal WITHOUT payment. The forms will be sent to the local Fire Department who will in turn send their forms and fees to facility owners. The Office of the State Fire Marshal should receive only the forms. That office cannot track or forward checks.

Facility license renewal applications must include a copy of Fire Marshal Inspection form MSC 210 inspection completed in the last 12 months. Do not send MSC 210 separately from the license application.

OAR 411-055-0013 (2) Application for a license renewal must be made at least 45 days prior to the expiration date of the current license.
ALL INFORMATION MUST BE COMPLETED FOR FORM TO BE PROCESSED

Licensing Agency Information

Date: _______________________
Licensing Agency Name: _______________________
Agency Address: _______________________
City/Zip: _______________________

Residential Care (SR)  □
Assisted Living Facility (SR)  □
Health Care Facility (I-2)  □
Children's Residential Facility or Day Treatment Facility (L)  □

(Occupancy Type Defined on Reverse)

Check one □

Adult Foster Home (R-3): **
Date of Licensing Agency On-Site Inspection of Adult Foster Home**: **
**Describe the area(s) of concern**

***FOR CHILD CARE FACILITIES***
Day Care Center (E): □
Day Care Facility (I-4): □
Increase # of Occupants □
Original # of children □
# increased to □

Facility Information (To be completed by Owner/Manager)

Name of Facility: _______________________
Street Address: _______________________
City: _______________________
Zip: ________ County: __________
Nearest Cross St. (if known): N/A
Provider/Manager: _______________________
Phone #: ( )
License Expiration Date: __________
# Residents/Children / Capacity: __________
Reason for Referral:

□ New Facility/New License
□ Other (Explain): __________

Renewal of Licensed Facility

To Be Completed By DEPUTY/INSPECTOR

Name of Deputy/Inspector: _______________________
Inspecting Agency: _______________________
(Please Print) Inspection Date: _______________________
Phone #: ( ) Fire Inspection #: _______________________

□ APPROVED for occupancy (no deficiencies noted).
□ APPROVED with corrections listed on fire inspection notice.
□ NOT APPROVED until all deficiencies are corrected. Refer to fire inspection notice.

Deputy/Inspector Signature: _______________________

Distribution: White-Provider Yellow-OSFM, Salem Green-District Deputy/Local Inspector Pink-Licensing Agency

NOTE: All previous copies of this form are invalid.