



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street • Boston • Massachusetts • 02118**

FIRE INSPECTION REPORT

Please submit this form to the Fire Inspector in your city/town, and return to:

Massachusetts Division of Professional Licensure
Office of Private Occupational School Education
1000 Washington Street, Suite 710
Boston, MA 02118-6100

The Regulations, 603 CMR 3.03(6), for M.G.L. c. 112, s. 263 require inspection. Please arrange to inspect the school listed below and state below whether all locations serving students meet all standards for the fire code. Alternatively, record of inspection may be documented on a form provided by the city/town.

Name of School/Facility _____

Address _____

City/State/Zip _____

Inspector Remarks _____

Required frequency of inspections (e.g., monthly, quarterly, yearly): _____

Is this facility in compliance with applicable fire and safety codes/regulations?

Yes No

Date of Inspection _____

Next Inspection Date _____

Name of Inspector _____

(This inspection is only valid for one year from inspection date.)

Signature of Inspector _____

Address _____ **Phone #** _____

Please return the completed form to the school that was inspected. The school will forward the completed form to the Division of Professional Licensure, Office of Private Occupational School Education.

