



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
OFFICE OF STATE FIRE MARSHAL

Policy Directive # 3, Addendum #1
Replaces: Directive # 3, Addendum # 1 dated 11/85
Administered by: OSFM

Date: July 1, 2001
Duration: Until Revised
Authority: Deputy State Fire Marshal

SUBJECT: ABATEMENT PROCEDURES – Inspection Report Form

PURPOSE:

To provide a standardized format for the documentation of violations relative to fire and/or life safety hazards that are found to exist at a specific address.

DISCUSSION:

This Office has taken steps to standardize the abatement proceedings and/or enforcement actions for non-compliance with the statutes relating to fire prevention or safety, or any regulation made pursuant thereto as outlined in Policy Directive #3, dated July 1, 2001.

The Inspection Report is a component of this standardization and is intended to provide uniformity that presently does not exist due to the wide ranging differences in inspection report forms in use throughout the various jurisdictions.

The use of this form is required and its purpose is for the identification of actual violations *only*. Its usage does not prevent the existing practice of the issuing non-violation recommendations made in the interest of life safety, so long as this is accomplished via a means other than the Inspection Report.

PROCEDURE:

Initial Inspection: An inspection report will be completed for the first inspection of each calendar year.

Subsequent Inspections: A separate form may be used for each follow-up inspection, or a copy of the initial report may be used to note the progress or lack thereof relative to corrective action. This is accomplished by using the "Date Violation Corrected" and "Comments" sections of the form.

Form fields are as follows:

Case No. – Self-explanatory (for municipality use as a tracking guide)

Inspection Date – Initial inspection – use the appropriate date. If using a copy of the initial report for follow-up purposes, note the date the follow-up was conducted in the comment section next to the appropriate violation.

Owner/Occupant – List the person having legal responsibility for correcting the violations.

Address – Self explanatory

Violations – Sequentially numbered

Referenced Regulation – e.g. CT State Fire Safety Code, CT Flammable and Combustible Liquids Code, CT Oil Burning Equipment Code, etc.

Referenced Standard – e.g. NFPA 13 1999 edition as referenced by the CSFSC, NFPA 31 as referenced by the CT Oil Burning Equipment Code, etc.

Violation Location – e.g. Linen storage room third floor, outdoor fuel oil storage tank, etc.

Description of Violation – e.g. Gap at the threshold of door measures 2 inches – must be no more than $\frac{3}{4}$ inch, the outdoor fuel oil storage tank is 23" from the building where a 5' minimum distance is required.

Specific Time for Compliance – To be used for those violations that necessitate correction before the thirty (30) day period given on the notice. e.g. Exit storage, smoke detectors, etc.

Date Violation Corrected – Use for re-inspection.

Comments – At time of re-inspection, note progress or indicate if an extension of time or modification has been granted.

Inspected By – Self-explanatory

Approved By – Self-explanatory

Building Information – Self-explanatory

Building Information

Reference No. _____

Building Name: _____

Building Address: _____
Number Street City State Zip

Building Owner: _____ Telephone: _____

Owner's Address: _____
Number Street City State Zip

Contact Person: _____ Telephone: _____

Contact's Address: _____
Number Street City State Zip

Date of Construction: _____ Date of Occupancy for Present Use: _____

Number of Stories (Above grade) _____ Square Feet Per Floor: _____

Construction Type per NFPA 220: TYPE _____, Fire resistive rating of elements: _____ (I.E. Type I (443))

Attic: Full Partial None

Basement – # of Levels: _____ Full Partial None

Finished Storage Crawl Space

Modifications for this Building: Unknown No Yes, Modification Numbers: _____

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Type of Occupancy (Check all that apply) **New** **Existing** **Addition** **Renovation of building**

Change of Occupancy: From _____ to _____

Assembly **Detention** **Residential Board** **Hotel/Motel/Dorm**

Occupant Load: _____ persons with locking II Large Small **Lodging/Rooming**

Educational with locking III Prompt **Bed & Breakfast**

Business with locking IV Slow **1 & 2 Family**

Single Tenant with locking V Impractical **Industrial**

Multiple Tenant **Apartment** **Storage**

Mercantile No. of Units: _____ **Health Care** **High Rise**

Class A **Day Care** Hospital **Underground**

Class B Adult Nursing Home **Windowless**

Class C Family Ambulatory **Other:** _____

Covered Mall Group Limited

Approved Systems Provided (Check all that apply):

Automatic Sprinklers

NFPA 13 Throughout the Building

NFPA 13R Partial: Location _____

NFPA 13D Electrically Supervised

CSFSC 7-7.1.2 Isolated Hazardous Area System

Location: _____

Fire Alarm

Manual Activation Occupant Notification

Automatic Activation General Zoned

Throughout the Building Voice Evac.

Partial Location: _____

Water Flow Special System: _____

Other Activation Means: _____

Emergency Lighting **NFPA 96 Hood System**

Smoke Control **Standpipe;** Wet Dry Other Systems: _____

Automatic Supplemented

INSPECTION REPORT

Case No. _____ **Inspection Date:** _____ **Owner/Occupant:** _____ **Address:** _____

Violation No.	Regulation / Referenced Standard	Section No. of Referenced Standard	Violation Location	<u>Description of Violation</u>	* Specific Time for Compliance	Date Violation Corrected	Comments:

Inspected By: _____ Date: _____ Approved By: _____ Date: _____

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* As noted in the accompanying Abatement Order of Fire/Life Safety Hazards, all violations must be corrected within the (30) thirty day period except for those that are identified in this column.