Follow-up Fire Safety Inspection Report / Extension of Compliance Date

Name of Occupant	Group	Division	Occupancy

Building Address	Town/Community	Follow-up Inspection Date

Name of Owner or Authorized Agent	Contact Person for Follow-up Inspection	

Address of Owner or Authorized Agent	Inspector(s)	Phone No.

- ❑ All corrective actions have been completed. _____ (Date).
- ❑ Deficiencies noted below require an extension of Compliance Date as indicated.
- ❑ Deficiencies noted below still require action.

Deficiency	Corrective Action	Compliance Date

_____
Inspector(s) Name

_____
Inspector(s) Signature

White - Office Copy **Canary - Owner's Copy**