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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fire Safety Inspection / Order to Remedy**  **Follow-Up** | | | | | | | |
| **Name of Occupant** | | **Group** | **Division** | | | **Occupancy** | |
| **Building Address** | **Town/Community** | | | **Report Number** | | | |
| **Name of Owner or Authorized Agent** | | **Contact Person for Follow-up Inspection** | | | | |
| **Address of Owner or Authorized Agent** | | **Inspector(s) and Municipal Code** | | | **Inspector Contact Number** | | |
| **Initial Inspection Date** | | **Follow-up Inspection Date** | | | | | |

**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** |
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Inspector(s) Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector(s) Signature

Manitoba Office of the Fire Commissioner 2011-01-13