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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

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 Inspector(s) Signature

Manitoba Office of the Fire Commissioner 2011-01-13