

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal



STATE OF CONNECTICUT

On *(date)* _____, the *(Town/City)* _____ Office of the Fire Marshal conducted an inspection of *(name of facility)* _____ located at *(address)* _____ in the City/Town of _____ to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a *(new/existing)* _____ *(occupancyclassification)* _____ as classified by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. *(See attached information)* **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. *(See attached information)* **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of inspection, this office is currently seeking an injunction from the court through out Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. *(See attached information)* **Certificate of approval NOT recommended.**

Fire Marshal

Date

City or Town: _____

