



MISSOURI DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY (DFS)

LONG TERM CARE FACILITY FIRE INSPECTION REPORT

INTERNAL USE ONLY - EVENT ID

FACILITY NAME	<input type="checkbox"/> RCF <input type="checkbox"/> RCF* <input type="checkbox"/> ALF <input type="checkbox"/> ALF** <input type="checkbox"/> ICF <input type="checkbox"/> SNF
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ADMINISTRATOR/MANAGER	CITY	COUNTY
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DFS FIRE INSPECTION	FACILITY NUMBER	CAPACITY	RELATED EXCEPTIONS / WAIVERS <input type="checkbox"/> YES <input type="checkbox"/> NO
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CENSUS	EXIT DATE	REVISIT #1	REVISIT #2
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VIOLATION OF REGULATIONS			CENSUS		EXIT DATE			CENSUS		EXIT DATE				
YES	NO		Corrected	Not Corrected	No of Class			New Deficiency	Corrected	Not Corrected	No of Class			New Deficiency
					I	II	III				I	II	III	
		CONSTRUCTION												
		FIRE SAFETY												
		PHYSICAL PLANT												

FACILITY REPRESENTATIVE SIGNATURE/TITLE	FACILITY REPRESENTATIVE SIGNATURE/TITLE	FACILITY REPRESENTATIVE SIGNATURE/TITLE
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DATE	DATE	DATE
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INSPECTOR	INSPECTOR	INSPECTOR
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INSPECTOR	INSPECTOR	INSPECTOR
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DATE	DATE	DATE
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LIST COMPLAINT NUMBERS INVESTIGATED AND COMMENTS.