

Fire Safety Inspections for Child Care Facilities

Request Process through the Office of the State Fire Marshal



The Office of Child Care (OCC) requires approval by a state or local fire marshal before a license will be issued. The Oregon Office of the State Fire Marshal (OSFM) requires all safety inspection requests to be submitted uniformly; this will allow for accurate data collection of requests submitted, reduce the risk of forms being sent to the incorrect jurisdiction, and alleviate delays in completing inspections in a timely manner.

To request a safety inspection from the OSFM, download and fill out the form "[Licensed Facilities Referral for Fire Safety Inspection for Oregon Office of State Fire Marshal](#)" from the [OSFM website](#).

Completing the Form

Child care facilities are required to complete the sections of the form that are **highlighted**.

Section 1: Licensing Agency Information

The licensing agency is [ELD-Office of Child Care](#). This section should be completed with OCC's information. Include the Licensing Specialist as the contact person.

Section 2: ELD

Include the Licensing Specialist's contact information in the email and phone sections.

Section 3: Facility/Site Information

Fill this section out with the program's general information; provide the physical address of the program, not the mailing address.

Section 4: Reason for Referral

Select from the drop down menu - New Facility, New License, or Renewal; if none of these apply, select "Other."

The Fire Department Name and Address can be found online; it is recommended to do a web search with the program's address + fire department to obtain the fire agency information needed.

Submitting the Form

Submit the completed form by email to OSFM.FireLifeSafety@osp.oregon.gov or mail to OSP/OSFM, Fire & Life Safety Services, 3565 Trelstad Ave SE, Salem OR 97317.

Following submission of the completed form, OSFM will document receipt of the form and refer it to the appropriate local fire department or Deputy State Fire Marshal. The local fire department or Deputy State Fire Marshal will schedule and conduct the inspection at the child care facility. Inspections are scheduled within 45 days of the license expiration date. If payment is required for your jurisdiction, **do not send it** with the fire safety inspection form. Payment should be made directly to the inspecting jurisdiction.

Questions? Please contact an OCC Licensing Specialist or the OCC's Central Office at 503-947-1400 or 1-800-556-6616. You may also call the Oregon OSFM at 503-934-8276.

Sources

Oregon State Legislature, Oregon Administrative Rules (OAR), Oregon Department of Education, Early Learning Division, Chapter 414, Division 300, [Certified Child Care Centers](#).

Licensed Facilities Referral for Fire Safety Inspection for Oregon Office of State Fire Marshal

Licensing agency information (all information must be completed for form to be processed)

Licensing contact name: _____ Date: _____
Licensing agency: _____ Dept Name: _____
Agency address: _____ City: _____ ZIP: _____

DHS Occupancy Type Other occupancy type (refer to last pages for definitions of occupancy type)
Choose one _____ Dept contact email: _____
capacity _____ check if change from previous Dept contact phone: _____

OHA _____ Dept contact email: _____
Choose One _____ Describe any area(s) of concern: _____ Dept contact phone: _____
 check if change from previous

ELD Occupancy Type Dept contact email: _____
Choose One _____
capacity _____ check if change from previous Dept contact phone: _____

Facility/site information

Provider/agency name: _____
Street address: _____ City: _____
ZIP: _____ County: _____ Nearest cross street (if known): _____
Provider/manager: _____ Phone: _____
License expiration date: _____ Facility contact email: _____

Reason for referral Fire Dept name: _____
Choose One Other (explain): _____ Fire Dept address: _____
Original approved Building Occupancy code: _____ Current approved Occupancy code: _____

To be completed by deputy/inspector
Name of Deputy/inspector: _____ Date of Certification or Recertification: _____
Inspecting agency: _____
Phone number: _____ Email: _____ Fire inspection number: _____
 Approved for occupancy (no deficiencies noted) Approved with corrections listed on inspection notice
 Not approved until all deficiencies are corrected (refer to fire inspection notice)
Deputy/inspector signature: _____
This area for DHS-ELD-OHA office use only

Completed form may be emailed: OSFM.FireLifeSafety@osp.oregon.gov
or mail to: OSP/OSFM, Fire & Life Safety Services, 3565 Trelstad Ave SE, Salem OR 97317 Revised 10-2020