



FREDERICK COUNTY DIVISION OF
FIRE AND RESCUE SERVICES
OFFICE OF THE FIRE MARSHAL

www.frederickcountymd.gov/fm



FOSTER CARE / ADOPTIVE HOME SURVEY REQUEST

REQUESTOR NAME:		DATE OF REQUEST:	
REQUESTING AGENCY:			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:		EMAIL ADDRESS:	
LICENSING AGENCY (Check one):			
<input type="checkbox"/>	Department of Health and Mental Hygiene	<input type="checkbox"/>	Department of Juvenile Services
<input type="checkbox"/>	Department of Human Resources	<input type="checkbox"/>	Other (Specify):
In order to comply with licensing regulations for FOSTER CARE / ADOPTION HOMES, we are requesting a fire safety survey for the residence listed below:			
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP CODE:
HOME PHONE:		CELLULAR PHONE:	
SPECIAL INSTRUCTIONS OR DIRECTIONS:			
<input type="checkbox"/>	INITIAL SURVEY	DUE DATE:	<input type="checkbox"/>
<input type="checkbox"/>	RENEWAL SURVEY	NOTE: The Office of the Fire Marshal will establish an appointment for the survey.	
FOR OFFICE OF THE FIRE MARSHAL USE ONLY:			
<input type="checkbox"/>	NO VIOLATIONS NOTED AT TIME OF SURVEY	<input type="checkbox"/>	VIOLATIONS NOTED ON ATTACHED SURVEY SHEET
DATE OF SURVEY:			
PRINTED NAME OF INSPECTOR		SIGNATURE OF INSPECTOR	
I CERTIFY THAT THE VIOLATIONS NOTED ON THE ATTACHED SURVEY SHEET HAVE BEEN CORRECTED:			DATE:
PRINTED NAME OF CASE WORKER		SIGNATURE OF CASE WORKER:	