



DEPARTMENT OF PUBLIC SAFETY
MISSOURI DIVISION OF FIRE SAFETY
ANNUAL FIRE DEPARTMENT CONSULTATION

**PRINT ALL
 INFORMATION**

FACILITY NAME		FACILITY NUMBER
ADDRESS		PHONE
CITY, STATE, ZIP		COUNTY
CONTACT NAME		PHONE
OWNER	E-MAIL ADDRESS	ADMINISTRATOR/MANAGER

<i>This is to confirm that I, the undersigned, have consulted with the Administrator/Manager of the above-named facility and find that this facility is in substantial compliance with applicable city/county fire prevention codes</i>	yes	no
	1. Has the Fire Department reviewed the facilities evacuation plan?	
2. Did the facility receive any life safety training by the Fire Department?		
3. Did the facility discuss emergency relocation of the residents with the Fire Department?		
4. Has Fire Department conducted any preplanning in the event of a fire?		
5. Did the facility perform a Fire Department witnessed emergency relocation or evacuation drill?		
6. Is the Fire Department aware of special needs resident?		
7. Was the Fire Department sprinkler connection(s) identified?		

Any negative answer shall not be construed as a negative consultation

Comments:

(Large empty box for handwritten or typed comments)

Fire Department Representative

PRINT NAME:

Telephone number

SIGNATURE:

FIRE DEPARTMENT NAME , ADDRESS (STREET, CITY, ZIP CODE)

DATE COMPLETED