

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF OPERATIONS SUPPORT
BUREAU OF HEALTH FACILITIES-LICENSING
129 Pleasant Street, Brown Building, Concord, NH 03301-3857
603-271-4592 FAX 603-271-4968 TDD Access: 1-800-735-2964

LIFE SAFETY REPORT FOR
ONE-TO-THREE PERSON PLACEMENT
COMMUNITY RESIDENCE

The Department of Health and Human Services, Office of Operations Support, Health Facilities has the responsibility for certifying residences for individuals with a developmental disability, acquired brain disorder, or mental illness. Prior to the initial certification of a home or before an increase in the number of clients is approved the Office of Operations Support requires inspection of the residence by the local fire authority to determine compliance with New Hampshire RSA 126-A:21.

NAME OF RESIDENCE: _____
ADDRESS OF RESIDENCE: _____
CONTACT PERSON: _____
PHONE # OF RESIDENCE: _____
Number of Beds for non-family members including individuals with Developmental Disabilities or Behavioral Health Issues: _____

This City/Town used the following fire code(s) for this inspection as specified in RSA 126-A:21; please check any or all options:

- NFPA 101, One & Two Family Dwelling Occupancy, Edition: _____
 NFPA 101, Existing Apartment Buildings, Edition: _____
 NFPA 101, New Apartment Buildings, Edition: _____

AT A MINIMUM YOU MUST REVIEW THIS OCCUPANCY UNDER THE CURRENTLY ADOPTED EDITION OF THE LIFE SAFETY CODE LISTED IN SAF-C 6000

-The above named residence was inspected on _____ and on that day found it to be in compliance with the State Fire Codes listed above.

- The above named residence was inspected on _____ and on that day found it to be non-compliant with the State Fire Codes listed above.

Items, which are non-compliant: (If more space needed, please attach comment sheet)

I certify that I re-inspected the above name residence on _____ and on that day found it to be in compliance with the State Fire Codes listed above.

Signature of Inspector: _____ Date: _____
Print Name: _____
Title/Department: _____
Additional Information: _____