



# OFFICE OF THE FIRE MARSHAL REFERRAL FORM

OFFICIAL, INTERDEPARTMENTAL USE ONLY

FAX TO: OCFM 410-289-8767

Dispatcher: \_\_\_\_\_ # \_\_\_\_\_

On Scene Personnel Making Referral: \_\_\_\_\_ # \_\_\_\_\_

Day: S M T W TH F Sa Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Building Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Address: \_\_\_\_\_

Building Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sprinkler system out of service. | <input type="checkbox"/> Smoke detectors inoperative.                                  | <input type="checkbox"/> Fire lanes blocked/obstructed.     |
| <input type="checkbox"/> Sprinkler system deficiencies.   | <input type="checkbox"/> Electrical panel/boxes open.                                  | <input type="checkbox"/> Fire hydrants blocked/obstructed.  |
| <input type="checkbox"/> Standpipe system deficiencies.   | <input type="checkbox"/> Outlet/switch lacking cover.                                  | <input type="checkbox"/> Exit/s blocked.                    |
| <input type="checkbox"/> Fire alarm out of service.       | <input type="checkbox"/> Improper storage and accumulation of flammable liquids/brush. | <input type="checkbox"/> Lack of emergency contact numbers. |
| <input type="checkbox"/> Fire alarm deficiencies.         |  | <input type="checkbox"/> Posted building name and address.  |
| <input type="checkbox"/> Fire pump deficiencies.          | <input type="checkbox"/> Fire Department connection blocked or obstructed.             | <input type="checkbox"/> Other                              |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~FIRE MARSHALS OFFICE USE ONLY~~~~~

Inspector Assigned: \_\_\_\_\_ # \_\_\_\_\_ Date Assigned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Corrected: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_