



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 #: _____

Sprinkler system out of service. Smoke detectors inoperative. Fire lanes blocked/obstructed.

Sprinkler system deficiencies. Electrical panel/boxes open. Fire hydrants blocked/obstructed.

Standpipe system deficiencies. Outlet/switch lacking cover. Exit/s blocked.

Fire alarm out of service. Improper storage and accumulation of flammable liquids/brush. Lack of emergency contact numbers.

Fire alarm deficiencies. Posted building name and address.

Fire pump deficiencies. Fire Department connection blocked or obstructed. Other

Comments: _____


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

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

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

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

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