

HAZARD/DEFICIENCY INSPECTION RECORD

SUSPENSE DATE

For use of this form, see AR 420-1, the proponent agency is ACSIM.

TO:	FROM: <i>(Fire Chief)</i>
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LOCATION OF FIRE SAFETY VIOLATION	DATE AND TIME OF VIOLATION
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HAZARDS/DEFICIENCIES NOTED	CORRECTIVE ACTION TAKEN <i>(Return to Fire Chief)</i>

DATE	REPORT DONE BY:
DATE	INSTALLATION FIRE CHIEF SIGNATURE:
DATE	INSTALLATION FIRE MARSHALL SIGNATURE:
DATE	ORGANIZATION OR ACTIVITY FIRE MARSHALL SIGNATURE

FOLLOW UP INSPECTION SATISFACTORY UNSATISFACTORY

DATE _____ INSPECTED BY: _____