PASADENA FIRE DEPARTMENT
199 S. Los Robles, Suite 550
Pasadena, California 91101
(626) 744-4668 FAX (626) 585-9466

INSPECTION TIME
STARTED: _____
COMPLETED: _____

TO: _____
(Name and address of owner, manager or responsible person)
_____
_____

OCC. TYPE: _____
FMA: _____
M.L.I. #: _____

A FIRE AND LIFE SAFETY INSPECTION WAS MADE OF _____
(Address)

ON _____.

YOUR ATTENTION IS DIRECTED TO THE FOLLOWING ITEM(S) WHICH MUST BE CORRECTED IN ORDER TO MEET MINIMUM FIRE AND LIFE SAFETY REQUIREMENTS:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

YOU ARE HEREBY NOTIFIED TO CORRECT THESE CONDITIONS. A REINSPECTION WILL BE MADE ON OR ABOUT

_____
(Date)

OWNER/MANAGER _____ NO VIOLATION NOTED _____
(Signature)

INSPECTOR _____ Station_____ Shift_____ Phone (626) _____
(Signed)

White: To Violater Canary: Inspector's Suspense File Pink: FP Office Goldenrod: Station Copy

PFD2003 (Re. 2/05)