

LIFE-SAFETY INSPECTION REQUEST

Submit to OLCR at least 30 days before the inspection is needed. Our goal is to conduct each inspection within 30 days but insufficient or inaccurate information may cause delay. Special Inspection requests and Child Developmental Certified Home inspection requests must be requested via email, regular mail or fax.

Email: olcrinspect@azdes.gov, **Fax:** (602) 257-7045, **Mail:** P.O. Box 6123 Mail Drop 2HF1 Phoenix AZ 85005-6123.

All other inspection requests must be submitted through Quick Connect or the OLCR Tracking Application in Focus.

THIS SECTION IS COMPLETED BY THE AGENCY OR INDIVIDUAL REQUESTING THE INSPECTION.

Today's Date _____ Scheduling Preferences or Limitations _____

Name of Applicant/Service Provider _____

Primary Phone No. _____ Alternate Phone No. _____

Street Address of Setting to be Inspected (No., Street) _____

City _____ State _____ ZIP Code _____

Mailing Address (No., Street) (If different than street address) _____

City _____ State _____ ZIP Code _____

E-Mail Address of Applicant/Service Provider _____

Major Cross Streets _____

Type of Setting to be Inspected (Check all that apply)

- Day Program Developmental Home Therapy Service Site Employment Service Site
- Child Developmental Certified Home Respite Home

If Respite, is overnight care provided? Yes No

Type of Inspection Requested

Initial Inspection Relocation Inspection Prior Address: _____

Special Request: New Pool or Spa New Construction, Rewiring, Plumbing

Other (Specify): _____

Renewal Inspection (Developmental Homes and Child Developmental Certified Homes must be inspected annually. HCBS service sites must be inspected every two years.)

Last Inspection Date: _____

Have you given the Applicant/Service Provider a copy of The Rules for Life Safety Inspections (LCR-1036A)?

Yes No

Will an interpreter be needed to schedule and conduct this inspection? Yes No

If yes, specify language: _____ Can you assist with interpreting? Yes No

Agency Name _____ Agency Contact Person _____

Phone No. _____ Agency Contact Person's E-Mail Address _____

Agency Mailing Address (No., Street) (If different than street address) _____

City _____ State _____ ZIP Code _____