

Fire Safety Checklist Confirmation

- *Childminder
- *Care home
- *Secure care
- *School care accommodation
- *Daycare of children
- *Premises-based support service adults

Name of applicant

Address of applicant

Name of care service

Address of care service

Type of care service *

Application case number (if known)

I hereby confirm that:

As part of the Care Inspectorate registration process I have completed the fire safety checklist and forwarded it to my local Fire and Rescue Service for their action.

Name of applicant

Signature of applicant

Date

 / /

Please return this form to the Care Inspectorate with your application.