Boston Fire Department
Recreational Camp Inspection Request

NO INSPECTION WILL BE SCHEDULED UNTIL ALL REQUIRED DOCUMENTATION IS SUBMITTED

Name of Camp:_________________________________ Phone #:________________ Fax #

Address:_____________________________________

Camp Owner:__________________________________ Phone #:________________ Fax ___

Address:______________________________________ City/Town:________________ Zip:_____

Camp Director:________________________________ Phone:________________ Fax________

Capacity of Camp (number of occupants):________ Children ______ Staff_______ Total ______

Camp type: Residential (operates 24 hours)☐ Day (operates less than 24 hours)☐

Do you anticipate any overnights? Yes_______ No________

If yes, where?______________________________________________________________

Number of sessions per season:______________ Hours: ___________AM _______PM

The following types of Fire Protection Systems, if present, require that a copy of the last quarterly or most recent test report be attached to this application:
These test reports should be available from the owner/manager of the building, or from the company providing the testing.

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<table>
<thead>
<tr>
<th>System</th>
<th>PRESENT</th>
<th>INSPECTION REPORT ATTACHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Alarm</td>
<td></td>
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<tr>
<td>Sprinkler</td>
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<tr>
<td>Kitchen Hood Suppression System</td>
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<tr>
<td>Fire Extinguishers</td>
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</tbody>
</table>

Boston Fire Department Use Only

Inspection Date:______________________ Approved Disapproved

Inspector:____________________________

Comments:_____________________________________________________________________

05/31/05