



FIRE INSPECTION CERTIFICATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEVELOPMENTAL DISABILITIES
SFN 223 (2-2023)

Facility Name		Service Inspected		Maximum Occupancy
Facility Address		City	State	ZIP Code
Date Inspected	Inspecting Agency			

I inspected the above facility for compliance with the requirements of the Life Safety Code of the National Fire Protection Association as specified in Section 75-04-01-23 of the North Dakota Administrative Code. I certify the above facility for the maximum occupancy of individuals with intellectual or developmental disabilities as stated above.

A typed signature is legally binding and equivalent to a handwritten signature.

Signature	Title	Date
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Maximum Occupancy After Deficiencies Completion

I certify the above facility for the maximum occupancy of individuals with intellectual or developmental disabilities as stated above when the deficiencies cited below have been completed within the indicated time.

DEFICIENCY	COMPLETION DATE	AGENCY CONFIRMATION

A typed signature is legal binding and equivalent to a handwritten signature

Signature	Title	Date
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