

## Boston Fire Department Recreational Camp Inspection Request

**NO INSPECTION WILL BE SCHEDULED UNTIL ALL REQUIRED DOCUMENTATION IS SUBMITTED**

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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 \_\_\_\_\_

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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

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**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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	PRESENT	INSPECTION REPORT ATTACHED
Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Hood Suppression System	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>

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**Boston Fire Department Use Only**

Inspection Date: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Inspector: \_\_\_\_\_

Comments: \_\_\_\_\_