

OUTPATIENT FIRE CLEARANCE

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Return completed form to the address below:

Licensing and Certification Division
SUD Licensing and Certification Section
PO Box 997413, MS 2600
Sacramento, California 95899-7413
Email: LCDSUDApplication@dhcs.ca.gov

Dear Applicant:

As part of the State alcohol and drug certification process, a fire clearance is required from local authorities for the address at which substance abuse services are to be provided.

The Licensing and Certification Division (LCD) of the Department of Health Care Services (DHCS) has been made aware that it is often difficult for a provider to obtain a fire clearance due to a lack of understanding by local authorities regarding what information will satisfy these requirements and what form the approval should take (letter, form, etc.).

In an effort to assist providers in clarifying the requirements for local authorities, and provide a sample form on which local authorities can notify LCD that approval has been obtained, LCD is enclosing a sample of a fire clearance which you may provide to your local fire authority. Also enclosed is a transmittal letter which explains to your local fire authority what forms of notification are acceptable to LCD.

Please feel free to take or mail the fire clearance, and the transmittal letters to your local authority when you request the clearance.

The Department of Health Care Services hopes that this form will expedite your inspection/approval process. If you have any suggestions for improvements to the forms or have any questions, you may contact LCD at (916) 322-2911.

TO: LOCAL FIRE AUTHORITY

**FROM: DEPARTMENT OF HEALTH CARE SERVICES
LICENSING AND CERTIFICATION DIVISION
LICENSING BRANCH 1**

SUBJECT: FIRE CLEARANCE

The Department of Health Care Services (DHCS) licenses and certifies residential alcohol and/or other drug treatment programs and certifies outpatient programs. In an effort to promote program safety, these programs are required by state regulations and certification standards to obtain a fire clearance from local fire authorities.

The Department requires the State of California Std. 850 Fire Safety Inspection Request form for residential programs. However, for outpatient programs, any clearance issued on official stationary or fire department forms is acceptable. Attached is a sample format, which may also be used.

Thank you for your cooperation and assistance to DHCS in our efforts to keep our programs fire-safe. If you have any questions, please contact the Licensing Branch at (916) 322-2911.

Attachment

OUTPATIENT FIRE CLEARANCE

Fire Authority Name:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Name of program:

was inspected this date for compliance with local requirements, and is hereby granted a fire clearance to operate an outpatient alcohol and/or other drug treatment program at:

Street Address of program (please include suite numbers if applicable):

City:

State:

Zip Code:

Total Capacity:

Inspector's name:

Inspector's telephone number:

Signature of inspector granting clearance:

Rank of inspector granting clearance:

Inspection date:

Official seal here