ARIZONA DEPARTMENT OF CHILD SAFETY LIFE-SAFETY INSPECTION REQUEST



Submit requests to OLR at least 30 days before the inspection is needed.

Our goal is to conduct each inspection within 30 days, but insufficient or inaccurate information may cause delay. *Submit requests to E-Mail:* LSIQuestions@azdcs.gov

This section is completed by the a	agency or individual	requesting th	e insp	ection.			
Scheduling preferences or limitations						Date	
Name of Applicant/Service Provider	Quick	Connect (QC) ID No.					
Primary Phone (Include Area Code) Alternate Ph	To the last A was Co. Last	ail Address of Applican	/C	D: 1		<u></u>	
Primary Phone (include Area Code) Atternate Pho	one (Include Area Code) Em	au Aaaress oj Appucan	it/Service I	roviaer			
Street Address of Setting to be inspected		- City		te ZIP Major Cross Streets (Please provide)			
Mailing Address (if different from above)	City		State	\overline{ZIP}	•		
Type of Setting or Service to be I	nspected ~ (Check all the	at apply)					
	Respite (FHL)	. 1 . 10					
Family Foster Home (FHL)	If Respite, is overnight care	e provided?	• • • • • •			Yes	No.
Type of Inspection Requested							
Special Request: New Pool or Sp	_	ing Consultation		Re-Ins _J	pection		
Remodel/New		2					
Group Home/Shelter Requests Only (FHL in	Specify Work (-					
Initial	Renewal	Relocation					
		\overline{Pric}	or Address				
Have you given the Applicant/Service Provide	der a copy of Life Safety Ins	spections: Prepara	tion Gu	ide?		Yes	No
Will an interpreter be needed to schedule an	d conduct this inspection?	Yo	es 1	No			
				If yes,	what language?		
Can you assist with interpreting?						Yes	No
Agency Name		1			Agency Phone		
Agency Contact Person		${Agency Contact}$	Email				
Agency Contact Ferson		Agenty Contuct	Emaii	1			
Agency Mailing Address				${State} \mid {ZII}$	0		
This section to be completed by t	the OLR Scheduler		1				
				1 100			
Target Inspection Date Yes No N/A (already ser			Schedu	led Time for I	nspection		



Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.