

HCS Program Provider Request for Life Safety Inspection

Date: _____

<p>Program Provider</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p>	<p>Provider Contact</p> <p>Name: _____</p> <p>Telephone Number: _____</p> <p>Cellphone Number: _____</p>
<p>Residence to Be Inspected</p> <p>Street Address: _____</p> <p>City: _____</p> <p>ZIP Code: _____</p> <p>Location Code: _____</p>	<p>Type of Inspection Requested</p> <p><input type="checkbox"/> Initial</p> <p style="padding-left: 20px;"><input type="checkbox"/> Conversion (3- to 4-bed, or dwelling to 4-bed)</p> <p style="padding-left: 20px;"><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Annual</p> <p><input type="checkbox"/> Reinspection (after a failed initial or annual inspection)</p>
<p>Level of Evacuation Capability</p> <p><input type="checkbox"/> Prompt</p> <p><input type="checkbox"/> Slow</p> <p><input type="checkbox"/> Impractical</p>	<p>Fire Protection System Status</p> <p><input type="checkbox"/> Home is equipped with fire sprinklers</p> <p><input type="checkbox"/> Home is not equipped with fire sprinklers</p>
<p>Attachments</p> <p><input type="checkbox"/> Local fire safety authority refusal to inspect home</p> <p><input type="checkbox"/> State Fire Marshal's Office refusal to inspect home</p>	

Mail to:
Texas Health and Human Services Commission
HCS Life Safety Inspection
Survey Operations Architectural Unit (E-250)
P.O. Box 149030
Austin, TX 78714-9030

OR

Fax to:
512-438-4623

OR

Email to:
DADS.HCS.LifeSafetyInspection@dads.state.tx.us