

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Developmental Disabilities
 Office of Licensing, Certification and Regulation (OLCR)
LIFE-SAFETY INSPECTION REQUEST

**Submit to OLCR 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 your request to:
 E-Mail: olcrinspect@azdes.gov, or U.S. Mail: Site Code 077F, P.O. Box 6123, Phoenix, AZ 85005, or Fax: (602) 257-7045**

This section is completed by the agency or individual requesting the inspection.

TODAY'S DATE	SCHEDULING PREFERENCES OR LIMITATIONS
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NAME OF APPLICANT/SERVICE PROVIDER

PRIMARY PHONE NO. (Include Area Code)	ALTERNATE PHONE NO. (Include Area Code)
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STREET ADDRESS OF SETTING TO BE INSPECTED (No., Street, City, State, ZIP)

MAILING ADDRESS (No., Street, City, State, ZIP) (If different than street address)

E-MAIL ADDRESS OF APPLICANT/SERVICE PROVIDER

MAJOR CROSS STREETS (Please provide)

TYPE OF SETTING OR SERVICE TO BE INSPECTED (Check all that apply)

<input type="checkbox"/> Day Program (DDD-HCBS)	<input type="checkbox"/> Developmental Home (FHL)
<input type="checkbox"/> Therapy Services (DDD-HCBS)	<input type="checkbox"/> Respite (DDD-HCBS or FHL)
<input type="checkbox"/> Group Home	If Respite, is overnight care provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

TYPE OF INSPECTION REQUESTED

<input type="checkbox"/> Initial Inspection	<input type="checkbox"/> Relocation Inspection
<input type="checkbox"/> Renewal Inspection (OLCR must inspect CWL sites every year; HCBS sites every two years; FHL sites every three years)	Prior address:
Last inspection date:	Special Request: <input type="checkbox"/> New pool or spa <input type="checkbox"/> New construction, rewiring, plumbing
	<input type="checkbox"/> Other (Specify):

Have you given the Applicant/Service Provider a copy of The Rules for Life Safety Inspections (LCR-1036A)? Yes No

Will an interpreter be needed to schedule and conduct this inspection? Yes No If yes, specify language:

Can you assist with interpreting? Yes No

AGENCY NAME	AGENCY CONTACT PERSON
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PHONE NO. (Include Area Code)	AGENCY CONTACT PERSON'S E-MAIL ADDRESS
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AGENCY MAILING ADDRESS (No., Street, City, State, ZIP)

The following section is completed by the OLCR Scheduler

TARGET INSPECTION DATE	SCHEDULED DATE FOR INSPECTION	SCHEDULED TIME FOR INSPECTION
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WAS THE LCR-1036AFORNA SENT TO THE APPLICANT/PROVIDER?	SCHEDULED INSPECTOR
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Yes No NA (already sent by agency)

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 DES services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DES está disponible a solicitud del cliente.