



**EL DORADO COUNTY
FIRE PROTECTION DISTRICT**

P.O. Box 807/4040 Carson Road / Camino, CA 95709
(530) 644-9630 Fax (530) 644-9636

Self Correction Verification

Reference: Fire and Life Safety Inspection dated: _____

Occupancy Address: _____

Occupancy Name: _____

The noted hazardous conditions are self-correctable and not subject to a re-inspection by Fire District personnel, *providing* the conditions are corrected and this verification is received by the date indicated. After correction, sign and return this letter with proof of compliance such as:

- Receipts for fire extinguisher(s), sprinkler head(s), cover plate(s), fused multi-plug device(s), etc.
- Photographs showing compliance where appropriate.
- Maintenance contract (where required, ie: quarterly sprinkler maintenance).
- Copies of fire drill schedules, evacuation plans, etc.

Please correct the hazardous conditions immediately, date sign and return this verification within 15 days.

If our office does not receive this letter and supporting documentation, a representative from the El Dorado County Fire Protection District will make a re-inspection to determine if the necessary corrections have been made.

Approval as a result of this or any inspection shall not be construed to be an approval of a violation of the provisions of the applicable codes, ordinances and regulations by the El Dorado County Fire Protection District.

Inspector: _____ ID# _____ Shift _____ Station _____

Under penalty of perjury, I attest the hazardous conditions indicated on the fire inspection form have been corrected as required.

Signature: _____ Date: _____ Title: _____