

Illinois State Fire Marshal



Fire Prevention Request

Updated 09/17/2018

Fire Prevention Request System Overview

This Training Manual provides instructions for using the basic features of the Fire Prevention Request System screens. All data is for illustrative purposes only and do not reflect real data.

The Fire Prevention Request system allows agencies to submit Fire Prevention inspection requests to the Office of the Illinois State Fire Marshal (OSFM) via a convenient website.

The OSFM Division of Fire Prevention conducts inspections of buildings for compliance with the Life Safety Code. “While concentrating efforts on state licensed day care, health care, and educational occupancies, OSFM fire prevention inspectors also help ensure safety through the inspection of above ground tanks and LP Gas installations and provide assistance to fire departments in local communities with little or no inspection capability.” The Division of Fire Prevention also inspects buildings and exhibits at the state fairs in Springfield and DuQuoin.

Fire Prevention Request Screen Overview

You can access the Fire Prevention Request system through a web browser at <http://webapps.sfm.illinois.gov/fprequest>. Once you have accessed the site, the following screen will be displayed:



Request for Fire Inspection

Reminder Regarding "Licensing Follow-up" Inspection Reason

RECENT CHANGES as of May 2018

In the "Reason for Request" drop down menu – the "Licensing Follow-up Inspection" choice is only to be used when an original inspection has already been conducted by Office of the State Fire Marshal and corrections were needed. This request will only be used once the provider has notified the licensing representative that all violations have been corrected. Providers have been instructed to contact their licensing agency representative once all corrections are made and the licensing agency representative will then request this follow up inspection.

Also, when choosing "Other Type" from the Occupancy Type drop down list, A description field appears and a description must be entered. Previously, this was not a required field but the validation has been changed to require an entry in this field now.

Continue


Enter your e-mail address

Continue

If information is unknown for a required field please enter "n/a" or "unknown"
Fields marked with * are required

Date of Request: *

Reason for Request: *

License Expiration Date: * 

SFM Regional Office: *

Licensing Representative

Licensing Agency: *

Name: *


Address: *

Business Phone: * *include Area Code*

Business Cell Phone: *include Area Code*

Email: * *x1000@100.100.100*

Facility Occupancy Information

Date Occupancy Established *  *Enter MM/DD/Year or 01/01/1900 if unknown*

How many clients/occupants is facility licensed for? *

Type of Occupancy: *

Evacuation Capability: *

Age of clients/occupants: *

Areas & floor levels to be used: *

Specific Information:

Facility Information

Facility Location

Facility Name: *

Facility Owner: *

Facility Address: *

City: *

Zip Code: * 9999 or 99999-9999

County: *

Facility Contact

Name: *

Title or Role: *

Phone: * include Area Code

Cell Phone: include Area Code

Email: xxxxx@xxxxx.xxx

Additional contact to receive email copies of reports

Name:

Title or Role:

Phone: include Area Code

Cell Phone: include Area Code

Email: xxxxx@xxxxx.xxx

Fill in the fields and click the **Save** button to submit the request. Some of the fields are required, some are optional. You will be alerted if required fields have been left blank.

After the request has been successfully submitted it will remain on the screen. The following message will be displayed at the top of the form:

Request for Fire Inspection Help

Request for Fire Inspection

Your request has been successfully submitted to the OSFM office in Chicago. [Add New Request for Fire Inspection](#)

You may click the **Print this Request** button to print a copy of the request, or click the **Add New Request for Fire Inspection** link to clear the screen and enter a new request.

Note: Once you clear the screen, or close the browser, you will no longer be able to retrieve or view the contents of this request!

Details about the Fields

Reminder Screen: Please read then select **Continue**

Enter your e-mail Address: Please use your [State of Illinois](#) email address, this address will automatically populate to the email field in the Licensing Representative Section.

Date of Request: -- Date will auto populate.

***NOTE:** A new inspection type has been added to the “Reason for Request” drop down list. It is “Licensing Follow-up Inspection”. This is to be used by the requestor for an occupancy previously inspected by the Office of the State Fire Marshal and corrections were needed. The Providers are being instructed to contact their Agency Representative once ALL corrections are completed, and the licensing agency representative will then request this Follow-up Inspection.

Reason for Request: – select the appropriate option. This is **REQUIRED**.

- Change in License Status or Classification – adding or removing clients or renovations
- Change of Name and/or Ownership
- Complaint
- Inspection for New License – required for fire clearance
- License Exempt
- License Renewal
- *Licensing Follow-Up Inspection
- New Addition - renovation
- Other
- Relocation of an Existing Facility – when a licensed program moves to a new location.

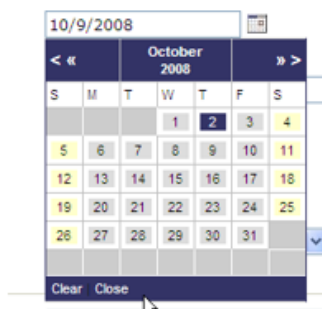
** If you select “Other” a drop down box titled “Reason Description” will appear for additional information. This is **REQUIRED**

NOTE: When a provider is asking for an advisory inspection i.e. an inspection of a proposed daycare this is something the OSFM no longer provides unless there are extenuating circumstances such as an existing day care that had to relocate because of an emergency situation. The providers need to do their own evaluation of these proposed locations or hire an architect or other consultant to do these evaluations.

The empty textboxes beneath the “Reason for Request”; “Licensing Agency”, and “Type of Occupancy” are for entering detail information if your drop down selection is “Other”.

License Expiration Date: -- the date your license expires. This is **REQUIRED** unless this is a request for a New License (field is hidden when “Inspection for a New License” is selected)

Note: “Date of Request” and “License Expiration Date” fields have a calendar control that allows you to select the date using the calendar. You can also type in the date if you prefer.



SFM Regional Office: – select the appropriate office. This is **REQUIRED**.

Chicago
Springfield/Marion

LICENSING REPRESENTATIVE SECTION

Licensing Agency: – select the appropriate option. This is **REQUIRED**.

DCFS – Dept. of Children and Family Services
IBHE – IL Board of Higher Education
IDHS – IL Dept. of Human Services
IDOA – IL Dept. on Aging
IDOC – IL Dept. of Corrections
IDPH – IL Dept. of Public Health
ISBE – IL State Board of Education
Other Agency – if you choose “Other Agency” fill in the agency information in the textbox directly below the drop down.

Name: This is **REQUIRED**.

Address: This is **REQUIRED**.

Business Phone: This is **REQUIRED**.

Business Cell Phone:

Email: This is **REQUIRED**.

FACILITY OCCUPANCY INFORMATION SECTION

Date Occupancy was established: - The date the occupancy was established. This is **REQUIRED** – *if you do not know enter 01/01/1900*

How many clients/occupants is Facility Licensed for? – list the count. This is **REQUIRED**

Type of Occupancy: – select the appropriate option. This is **REQUIRED**

Adult Education
Child Care Institution
CILA – Agency Controlled
CILA – Independent Controlled
Corrections
Day Care Center
Day Care Home
DT (Developmental Training)
Foster Home
Group Day Care Home
Group Home
HIP/SPICE
Medicaid Mental Health
Other Type – use the text box below to specify the detail

Evacuation Capability: – select the appropriate option. This is **REQUIRED**

Impractical
Prompt
Slow

Age of clients/occupants: – list the ages. This is **REQUIRED**

Areas & Floor levels to be used: – what part of the building is being used for the business. This is **REQUIRED**

Specific Information: – list any specific information applicable

FACILITY INFORMATION SECTION

Facility Location

Facility Name: This is **REQUIRED**.

Facility Owner: This is **REQUIRED**.

Facility Address: This is **REQUIRED**.

City: This is **REQUIRED**.

Zip Code: This is **REQUIRED**.

County: – select the facility county. This is **REQUIRED**.

Facility Contact

Name: This is **REQUIRED**.

Title or Role: This is **REQUIRED**.

Phone: This is **REQUIRED**.

Cell Phone:

E-mail: - **Required field if they are to receive an emailed copy of the report**

ADDITIONAL CONTACT TO RECEIVE EMAIL COPIES OF REPORT SECTION

Name: - **Required field in order for additional contacts to receive an emailed copy of the report**

Title or Role:

Phone: - **Required field in order for additional contacts to receive an emailed copy of the report**

Cell Phone:

Email: - **Required field in order for additional contacts to receive an emailed copy of the report**

- [This section MUST be used by IDHS to enter their BALC email address](#)