



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

TO: Fire Authorities in the State of California

FROM: Centralized Applications Branch
Licensing and Certification Program
California Department of Public Health

RE: Fire Safety Inspection Request (Form STD 850)

The Licensing & Certification (L&C) Program requires health care providers seeking licensure as a primary care clinic to obtain verification by an initial fire clearance that the clinic is in compliance with the rules and regulations of the State Fire Marshal.

L&C requires health care providers to submit documentation that the clinic is in compliance with local fire authority requirements when submitting their application for licensure to the Centralized Applications Branch (CAB). For this reason, we are requesting that the following be completed by the local fire authority and returned to the health care provider in order for them to include this documentation in their application for licensure.

- Form STD 850, approved and signed by the fire authority, or
- Similar form which contains equivalent information, approved and signed by the fire authority.

Please Note: L&C will accept forms initiated by the health care provider and approved and signed by the fire authority.

If you have any questions regarding this process, please contact CAB at (916) 552-8632 or by email at CAB@cdph.ca.gov.

Thank you for your assistance.

Center for Health Care Quality, Licensing and Certification Program
Centralized Applications Branch MS 3207 • P.O. Box 997377
Sacramento, CA 95899-7377
CAB Mainline: (916) 552-8632 • Fax: (916) 322-7879
Internet Address: www.cdph.ca.gov

