

BARTOW FIRE DEPARTMENT FIRE PREVENTION/INSPECTION REPORT

Legal Address of Property <i>695 E. Summerlin St.</i>	Occ. Type <i>Welder School</i>	Inspector/Co. Officer <i>Byron Moore</i>	Date <i>5/2/17</i>
Building and/or Occupant Name <i>Bartow Ashram Acad.</i>	Phone Number <i>688-6504</i>	Occupant/Contact Person Receiving Report (Print Name) <i>Fran Phillips</i>	
Name of Building Owner <i>same</i>	Phone Number	Address of Building Owner	Phone Number

THIS FIRE SAFETY INSPECTION REVEALED THE FOLLOWING VIOLATIONS:

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| <p>GENERAL</p> <p>A-1 <input type="checkbox"/> Remove obstruction to fire lane and/or building access</p> <p>A-2 <input type="checkbox"/> Remove obstruction to fire hydrant(s)</p> <p>A-3 <input type="checkbox"/> Remove obstruction to fire department connection.</p> <p>A-4 <input type="checkbox"/> Provide/maintain/service manual/auto alarm system.</p> <p>A-5 <input type="checkbox"/> Repair or maintain sprinkler/standpipe system/FD connection/OSY or P.I. valves.</p> <p>A-6 <input type="checkbox"/> Remove obstruction/storage from sprinkler control valves.</p> <p>A-7 <input type="checkbox"/> Remove/replace painted/aged/corroded sprinkler heads.</p> <p>STRUCTURAL</p> <p>B-1 <input type="checkbox"/> Provide/maintain required fire/smoke separations.</p> <p>B-2 <input type="checkbox"/> Provide/maintain proper fire rated door operation.</p> <p>B-3 <input type="checkbox"/> Provide/maintain required maximum occupancy load sign.</p> <p>VENT/EXHAUST SYSTEMS</p> <p>C-1 <input type="checkbox"/> Provide/service/maintain required duct extinguishing system.</p> <p>C-2 <input type="checkbox"/> Provide/service/clean ducts or filters.</p> <p>C-3 <input type="checkbox"/> Provide/maintain proper duct/vent clearance from combustibles.</p> <p>HOUSEKEEPING</p> <p>D-1 <input type="checkbox"/> Remove excessive accumulations of waste/combustibles/dust.</p> <p>D-2 <input type="checkbox"/> Are "No Smoking" signs posted in required areas? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>D-3 <input type="checkbox"/> Are required I. D. signs posted on mechanical/ electric room doors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>EXIT WAYS</p> <p>E-1 <input type="checkbox"/> Remove storage/equipment from or too near exit ways.</p> <p>E-2 <input type="checkbox"/> Insufficient exits/two means of egress required.</p> <p>E-3 <input type="checkbox"/> Provide/maintain approved aisles or corridors.</p> <p>E-4 <input type="checkbox"/> Remove obstruction/blockage of exit ways/doors.</p> <p>E-5 <input type="checkbox"/> Remove unapproved locks from required exit doors.</p> <p>E-6 <input type="checkbox"/> Panic hardware on required exit doors not provided/inoperative.</p> <p>E-7 <input type="checkbox"/> Provide/maintain required self-closing doors.</p> <p>E-8 <input type="checkbox"/> Eliminate overcrowding/insufficient exits.</p> <p>EXIT & EMERGENCY LIGHTS</p> <p>F-1 <input type="checkbox"/> Provide/maintain/service required exit lights.</p> <p>F-2 <input type="checkbox"/> Provide/maintain/service exit egress directional signs.</p> <p>F-3 <input type="checkbox"/> Provide/maintain/service required emergency exit lights.</p> <p>F-4 <input type="checkbox"/> Provide/maintain/service required independent power source for exit/emergency lights.</p> <p>FIRE EXTINGUISHERS</p> <p>G-1 <input type="checkbox"/> Provide/service portable fire extinguishers in place of business. (See Remarks)</p> <p>G-2 <input type="checkbox"/> Insufficient numbers.</p> <p>G-3 <input type="checkbox"/> Unapproved type or size for usage classification.</p> <p>G-4 <input type="checkbox"/> Improperly mounted/located.</p> <p>G-5 <input type="checkbox"/> Improperly tagged.</p> | <p>ELECTRICAL</p> <p>H-1 <input type="checkbox"/> Remove Blockage/maintain access to electric panels.</p> <p>H-2 <input type="checkbox"/> Provide/maintain fire stopping for pipe/conduit passage through walls/floors.</p> <p>H-3 <input type="checkbox"/> Provide labeling for circuits.</p> <p>FLAMMABLE LIQUIDS/GASES OR COMBUSTIBLES</p> <p>I-1 <input type="checkbox"/> Discontinue improper use</p> <p>I-2 <input type="checkbox"/> Separate/label/store flammable materials in approved containers or manner.</p> <p>I-3 <input type="checkbox"/> Remove excessive storage of Class I/ Class II flammable liquids.</p> <p>I-4 <input type="checkbox"/> Provide proper storage containers for flammable/combustible liquids.</p> <p>I-5 <input type="checkbox"/> Provide/label/service approved cylinder or pressure vessels.</p> <p>I-6 <input type="checkbox"/> Provide/maintain proper safety measures of cylinder storage.</p> <p>I-7 <input type="checkbox"/> Provide/maintain "Manual Emergency Shutoff" for pump-dispensing devices.</p> <p>OTHERS</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> |
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INSPECTOR'S REMARKS

Yearly Inspection Approved No Noted Violations

THIS INSPECTION IS REQUIRED BY THE FLORIDA FIRE PREVENTION CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY AND ADVISES YOU OF ANY FIRE AND/OR SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARDS INDICATED IS A VIOLATION OF THE FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CALL 534-5044 TO SPEAK WITH THE INSPECTOR.

You have _____ business days to correct any violations before the re-inspection.

INSPECTION	TIME ON/OFF	Inspector/Co. Officer	Signature of Recipient
Date: <i>5/2/17</i>	On <i>830</i> Off <i>850</i>	Cert. # <i>90021</i>	<i>*Fran Phillips</i>
RE-INSPECTION	TIME ON/OFF	Inspector/Co. Officer	Signature of Recipient
Date:	On Off	Cert. #	