

# BARTOW FIRE DEPARTMENT FIRE PREVENTION/INSPECTION REPORT

Legal Address of Property <i>695 E. Summerlin St.</i>		Occ. Type <i>Chart School</i>	Inspector/Co. Officer <i>Byron Moore</i>	Date <i>5/1/2020</i>
Building and/or Occupant Name <i>Achievement Academy</i>		Phone Number	Occupant/Contact Person Receiving Report (Print Name) <i>John Burton</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><b>GENERAL</b></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><b>STRUCTURAL</b></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><b>VENT/EXHAUST SYSTEMS</b></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><b>HOUSEKEEPING</b></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><b>EXIT WAYS</b></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><b>EXIT &amp; EMERGENCY LIGHTS</b></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><b>FIRE EXTINGUISHERS</b></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><b>ELECTRICAL</b></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><b>FLAMMABLE LIQUIDS/GASES OR COMBUSTIBLES</b></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><b>OTHERS</b></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>5/1/2020</i>	On <i>930</i> Off <i>545</i>	Cert. # <i>90026</i>	<i>[Signature]</i>
RE-INSPECTION	TIME ON/OFF	Inspector/Co. Officer	Signature of Recipient
Date:	On Off	Cert. #	