

FIRE SAFETY INSPECTION DIVISION

APPROVED
 DISAPPROVED

Complete

DATE 8/29/00

You are hereby notified that this is an Official Order of the County Fire Marshall, stating the defects found to exist in the referenced structure, and further requiring that you, as owner, agent or person in charge of structure shall have 30 days to complete specified repairs or improvements.

Bus. Phone _____ Owner _____ Occupant Load _____

Name of facility/Address Southwest Elementary School 6020 Oglesbee Rd

OCCUPANCY: Business Assembly Storage Educational Day Care
 Personal Care Home Mercantile Factory Residential Hazardous

- | | | |
|----------------------------------|--|-----------|
| 1. Number of Exit Doors | <u>OK</u> | 101-SEC 5 |
| 2. Blocked Locked | <u>OK</u> | 101-SEC 5 |
| 3. Exit Sign Good | <u>Unsatisfactory</u> NA | 101-SEC 5 |
| 4. Emergency Lights Good | <u>Unsatisfactory</u> NA | 101-SEC 5 |
| 5. Panic Hardware Good | <u>Unsatisfactory</u> NA | 101-SEC 5 |
| 6. Self-Closing Device Good | <u>Unsatisfactory</u> NA | |
| 7. Fire Alarm | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA | NFPA 72 |
| 8. Smoke/Heat Detectors | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA | NFPA 73 |
| 9. Sprinkler System | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA | NFPA 13 |
| 10. Standpipe | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA | NFPA 13 |
| 11. Number of Fire Extinguishers | <u>OK</u> | |
| Proper Type | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA | NFPA 10 |
| Inspected/Charged | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA | NFPA 10 |
| 12. Fixed Hood System | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA | NFPA 96 |
| 13. Date of Last Service | <u>Aug 00</u> REQUIRED EVERY 6 MONTHS | |
| 14. Electrical | Good <input checked="" type="checkbox"/> Fair <input checked="" type="checkbox"/> Unsatisfactory | NFPA 70 |
| 15. Overloaded sockets/outlets | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | NFPA 70 |
| 16. Missing electrical covers | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | NFPA 70 |
| 17. Other (explain) | | |

*10/5/00
3 Airtags*

18. Excessive Storage of Combustibles Yes No NFPA 30

List Details

OK (3) Two exit signs (@ 410 x in gym) battery back-up systems are operative.

Note: Fire Extinguishers are due Aug 00. Have them inspected + tagged.

Have an annual fire sprinkler system inspection conducted.

The signature below of Owner, Occupant, Agent, signifies inspection was made.

Anneli Poppell
 Owner/Occupant/Agent Signature

Maura T. Reynolds
 Chatham County Fire Marshall