

**CHATHAM COUNTY DEPARTMENT OF BUILDING SAFETY AND REGULATORY SERVICES
FIRE SAFETY INSPECTION DIVISION**

YEAR OF: 2001

DATE 8/8/01

APPROVED
 DISAPPROVED

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 special repairs or improvements.

Bus. Phone _____ Owner _____ Occupant Load _____
Name of facility/Address Islands Elementary 495 Hwy 80 E

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

- | | | | | |
|---------------------------------------|--|--|--|-----------|
| 1. Number of Exit Doors | <u>0 R</u> | | | |
| 2. Blocked | Locked _____ | OK <input checked="" type="checkbox"/> | | 101-SEC 6 |
| 3. Exit Sign | Good <input checked="" type="checkbox"/> | Unsatisfactory _____ | NA _____ | 101-SEC 6 |
| 4. Emergency Lights | Good <input checked="" type="checkbox"/> | Unsatisfactory _____ | NA _____ | 101-SEC 6 |
| 5. Panic Hardware | Good <input checked="" type="checkbox"/> | Unsatisfactory _____ | NA _____ | 101-SEC 6 |
| 6. Self-Closing Device | Good <input checked="" type="checkbox"/> | Unsatisfactory _____ | NA _____ | |
| 7. Fire Alarm | Yes <input checked="" type="checkbox"/> | No _____ | NA _____ | NFPA 72 |
| 8. Smoke/Heat Detectors | Yes <input checked="" type="checkbox"/> | No _____ | NA _____ | NFPA 78 |
| 9. Sprinkler System | Yes <input checked="" type="checkbox"/> | No <u>Sept 00</u> | NA _____ | NFPA 13 |
| 10. Standpipe | Yes _____ | No _____ | NA <input checked="" type="checkbox"/> | NFPA 13 |
| 11. Number of Fire Extinguishers | | | | |
| Proper Type? | Yes <input checked="" type="checkbox"/> | No _____ | NA _____ | NFPA 10 |
| Inspected/Charged | Yes <input checked="" type="checkbox"/> | No _____ | NA _____ | NFPA 10 |
| 12. Fixed Hood System | Yes <input checked="" type="checkbox"/> | No <u>Oct 00</u> | NA _____ | NFPA 96 |
| 13. Date of Last Service | <u>June 01</u> (REQUIRED EVERY 6 MONTHS) | | | |
| 14. Electrical: | Good <input checked="" type="checkbox"/> | Fair _____ | Unsatisfactory _____ | NFPA 70 |
| 15. Overloaded sockets/outlets | Yes _____ | No <input checked="" type="checkbox"/> | | NFPA 70 |
| 16. Missing electrical covers | Yes _____ | No <input checked="" type="checkbox"/> | | NFPA 70 |
| 17. Other (explain): | | | | |
| 18. Excessive Storage of Combustibles | Yes _____ | No <input checked="" type="checkbox"/> | | NFPA 30 |

List Details:

- ⑩ Obtain a 40BC fire extinguisher for the kitchen
- ⑨ Fire sprinkler system due Sept 2001
- ⑪ The fire extinguishers due reinspection in Oct.

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

[Signature]
Owner/Occupant/Agent Signature

[Signature]
Chatham County Fire Marshall