

Trailer - wiring @ sidewalk?  
1 emer light mop.

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 \_\_\_\_\_ days to complete specified repairs or improvements.

Bus. Phone \_\_\_\_\_ <sup>Owner</sup> \_\_\_\_\_ Occupant Load \_\_\_\_\_

Name of facility/Address Dartland Island facility

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

- |                                       |  |  |   |                           |           |
|---------------------------------------|--|--|---|---------------------------|-----------|
| 1. Number of Exit Doors               | <u>DK</u>                                  |  |   |                           |           |
| 2. Blocked                            | Locked <input checked="" type="checkbox"/> | OK <input type="checkbox"/>              |   |                           | 101-SEC 5 |
| 3. Exit Sign                          | Good <input checked="" type="checkbox"/>   | Unsatisfactory <input type="checkbox"/>  | NA <input type="checkbox"/>             |                           | 101-SEC 5 |
| 4. Emergency Lights                   | Good <input checked="" type="checkbox"/>   | Unsatisfactory <input type="checkbox"/>  | NA <input type="checkbox"/>             |                           | 101-SEC 5 |
| 5. Panic Hardware                     | Good <input checked="" type="checkbox"/>   | Unsatisfactory <input type="checkbox"/>  | NA <input type="checkbox"/>             |                           | 101-SEC 5 |
| 6. Self-Closing Device                | Good <input checked="" type="checkbox"/>   | Unsatisfactory <input type="checkbox"/>  | NA <input type="checkbox"/>             |                           |           |
| 7. Fire Alarm                         | Yes <input checked="" type="checkbox"/>    | No <input type="checkbox"/>              | NA <input type="checkbox"/>             |                           | NFPA 72   |
| 8. Smoke/Heat Detectors               | Yes <input checked="" type="checkbox"/>    | No <input type="checkbox"/>              | NA <input type="checkbox"/>             |                           | NFPA 73   |
| 9. Sprinkler System                   | Yes <input type="checkbox"/>               | No <input type="checkbox"/>              | NA <input checked="" type="checkbox"/>  |                           | NFPA 13   |
| 10. Standpipe                         | Yes <input type="checkbox"/>               | No <input type="checkbox"/>              | NA <input type="checkbox"/>             |                           | NFPA 13   |
| 11. Number of Fire Extinguishers      | <u>OK</u>                                  |  |   |                           |           |
| Proper Type?                          | Yes <input checked="" type="checkbox"/>    | No <input type="checkbox"/>              | NA <input type="checkbox"/>             |                           | NFPA 10   |
| Inspected/Charged                     | Yes <input checked="" type="checkbox"/>    | No <input type="checkbox"/>              | NA <input type="checkbox"/>             |                           | NFPA 10   |
| 12. Fixed Hood System                 | Yes <input type="checkbox"/>               | No <input type="checkbox"/>              | NA <input checked="" type="checkbox"/>  |                           | NFPA 98   |
| 13. Date of Last Service              |  |  |   | (REQUIRED EVERY 6 MONTHS) |           |
| 14. Electrical:                       | Good <input type="checkbox"/>              | Fair <input checked="" type="checkbox"/> | Unsatisfactory <input type="checkbox"/> |                           | NFPA 70   |
| 15. Overloaded sockets/outlets        | Yes <input type="checkbox"/>               | No <input checked="" type="checkbox"/>   |   |                           | NFPA 70   |
| 16. Missing electrical covers         | Yes <input checked="" type="checkbox"/>    | No <input type="checkbox"/>              |   |                           | NFPA 70   |
| 17. Other (explain)                   |  |  |   |                           |           |
| 18. Excessive Storage of Combustibles | Yes <input type="checkbox"/>               | No <input checked="" type="checkbox"/>   |   |                           | NFPA 30   |

List Details:

- (9) Replace keyed locks on exit doors vic. of meeting rooms with thumb latches
- (11) Fire extinguisher in boiler room is CO<sub>2</sub> + overdue. Replace with ABC (Min Rating of 2A:10BC)
- (16) Replace panel box cover (Boiler Rm) and outlet cover

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

[Signature]  
Owner/Occupant/Agent Signature

[Signature]  
Chatham County Fire Marshall