

DEPARTMENT OF BUILDING SAFETY AND REGULATORY SERVICES
 FIRE SAFETY INSPECTION DIVISION
 YEAR OF: 2004

DATE 8-3-04

APPROVED
 DISAPPROVED

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

Bus. Phone 898-3900 Owner _____ Occupant Load _____

Name of facility/Address Island Elementary 4595 Hwy 80 East

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

- | | | | | |
|---------------------------------------|---|--|-------------------------------------|-----------|
| 1. Number of Exit Doors | <u>29</u> | | | 101-SEC 5 |
| 2. Blocked | Locked | OK | <input checked="" type="checkbox"/> | 101-SEC 5 |
| 3. Exit Sign | Good <input checked="" type="checkbox"/> | Unsatisfactory | NA | 101-SEC 5 |
| 4. Emergency Lights | Good <input checked="" type="checkbox"/> | Unsatisfactory | NA | 101-SEC 5 |
| 5. Panic Hardware | Good <input checked="" type="checkbox"/> | Unsatisfactory | NA | 101-SEC 5 |
| 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 73 |
| 9. Sprinkler System | Yes <input checked="" type="checkbox"/> | No | NA | NFPA 13 |
| 10. Standpipe | Yes | No <input checked="" type="checkbox"/> | NA | 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 | NA | NFPA 98 |
| 13. Date of Last Service | <u>6-3-04</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) | <u>Sprinkler Systemes are due for inspection and test</u> | | | |
| 18. Excessive Storage of Combustibles | Yes | No <input checked="" type="checkbox"/> | | NFPA 30 |

List Details:

③ 1 exit light in affre to be replaced

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

Edward W. W. W.
 Owner/Occupant/Agent Signature

Myrick Hill
 Chatham County Fire Marshal