SAFETY FIRE DIVISION
Suite 918 West Floyd Building
2 Martin Luther King Jr. Drive
Atlanta, Georgia 30334

If changes occur, please check appropriate box:

Fax No. 845-6811-820
☐ Name of Facility: WEST CHATHAM MIDDLE SCHOOL
☐ Address: 800 PINE BARREN ROAD
☐ City: POOLER State: GA Zip: 31322
☐ Physical Location: SAME
☐ Facility Phone #: 912-748-1223

☐ Name of Building: POOL-MAIN
Motel/Hotel/Inn Bond No.: N/A
☐ Company Name: CHATHAM CO. BOARD OF EDUCATION
☐ Owner: MRS. VIRGINIA EDWARDS, SUPT.
☐ Address: 208 BULL ST.
☐ City: SAVANNAH State: GA Zip: 31401
☐ Owner Phone #: 912-651-7156

Type of Inspection:
☐ 90-Day ☐ 100%
☐ Annual ☐ 6 Mo. Annual
☐ Follow-up ____ Fee: N/A
☐ Special Request ☐ Verbal ☐ Written
☐ Consultation ☐ Complaint

Standard Used:
☐ Pre 1968
☐ 1968 BOCA
☐ 1991 LSCH
☐ NFPA 101
☐ Other: LSCH 1991

Authority Under: C.F. No. 110 845
CO No. NONE Date Issued: 9-31-96
# of Current Violations: ____
Last Inspected by: JEFF WILLIAMS
Violations Not Improved: 2
Date last inspected: 10-23-98

Description of Facility:
Type Occupancy: EDU E2
Occupant Load: 135
Sq. Ft. Area: 124,348
# of beds: ____ # of rooms: 1

Use Condition:
☐ I ☐ II ☐ III ☐ IV ☐ V

Construction Type:
☐ I 443 ☐ I 332 ☐ II 222 ☐ I 111 ☐ I 000 ☐ II 111 ☐ II 000 ☐ III 211 ☐ III 200 ☐ IV 2HH ☐ V 111 ☐ V 000

Sprinklers: ☐ None ☐ Partial ☐ Total
Basement: ☐ Yes ☐ No

Deficiency Type	Compliance Y	N	NA	Deficiency Type	Compliance Y	N	NA
1. Number of exits	✓			8. Detection, fire communication systems	✓		
2. Means of egress of required type	✓			9. Extinguishment systems	✓		
3. Travel distance to exits	✓			10. Construction type requirements	✓		
4. Exit signs	✓			11. Compartmentation requirements	✓		
5. Emergency lighting	✓			12. Exposed interior finishes	✓		
6. Vertical opening protection	✓			13. HVAC systems	✓		
7. Interior finish	✓			14. Other	✓		

Accompanied by:
This acknowledges the ownership of this facility is as shown above, and the acknowledged that as and interpretive was given, that I understand the terms and conditions of the NOTICE below and that I have/have not received a copy of the report.
Delano Van — Inspector — Delano Van — 5/19/99
First Name — Title — Signature — Date

This acknowledges that I accompanied the Fire Safety Compliance Officer during the report.
Delano Van — Inspector — Delano Van — 5/19/99
First Name — Title — Signature — Date

NOTICE: All deficiencies and/or violations noted above and on the attached pages shall be corrected immediately in order for the facility to comply with O.C.G.A. Title 25, Chapter 2. This report shall be returned to the Safety Fire Division office within 30 days indicating the deficiencies and/or violations noted have been corrected by initialing and dating each item. If all items are not corrected, a plan of correction shall be attached and submitted to the office within 30 days. Failure to correct the noted deficiencies and/or violations is a violation of the Georgia Safety Fire Law. Follow-up inspection fees of $100 or $150 will be charged and due payable in advance for second, third and subsequent inspections as specified by Code Section 25-2-4.

☐ No repeat violations from report.
☐ Recommend issuance of Certificate of Occupancy
Mt. A follow-up inspection is scheduled to be conducted in approximately Mt. days.
Copy of report left: ☐ Yes ☐ No

5-19-99