

BUILDING INSPECTION / COMPLAINT FORM



INCIDENT # _____ INSPECTION # 8 900249

ADDRESS 106 Huntington Pk. 2 Family

PROPERTY OWNER Connie Valk ADDRESS Same PHONE 423-0452

EMERGENCY CONTACT _____ ADDRESS _____ PHONE _____

COMPLAINANT Owner. ADDRESS _____ PHONE _____

Home Safety Inspection

NFPA 901 CODES _____ GENERAL PROPERTY USE SPECIFIC PROPERTY USE STRUCTURE TYPE STRUCTURE STATUS

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
= FLOOR

BUSINESS: NAME _____ PHONE _____
OWNER _____
ADDRESS _____ PHONE _____
EMERGENCY CONTACT _____ PHONE _____

DISPOSITION BY FIRE SAFETY:
NOT REQUIRED
CORRECTED
ORDERS ISSUED
REFERRED

DIRECTION, ROOM #, ETC.	NATURE of VIOLATION or COMPLAINT			
2 Bath	Remove Cord for Water Pik -			
2 Kitchen	Check wire size for appl. outlet (14 GA.)			
A Tenant Side	Clean Attic of all articles of no value			
1 Tenant side	Spare Room Large Amount of Storage This is a Fire Hazard. Storage Blocking Door from opening. Remove articles of no value.			
1 Den Tenant	Same condition. AS ABOVE			
1 Front Porch	Same condition. AS ABOVE			
C Tenant Side	Cellar needs cleaning as above.			
C Owner	"Remove Gas Cans to Garage"			
<u>Home Safety Inspection</u> <u>2 Family House file</u>				

OFFICER PREPARING REPORT: [Signature] COMPANY F.S. GROUP _____ DATE 3/28/89

BUS/PROP REPRESENTATIVE: _____ POSITION/TITLE _____ DATE _____

FIRE SAFETY INSPECTOR: _____ DATE _____