

BUILDING INSPECTION / COMPLAINT FORM



COMPANY E17 INSPECTION # 65350
 ADDRESS FROM / TO TAX ACCT #
BROAD ST E 200
 PROPERTY OWNER ADDRESS PHONE
 CITY STATE ZIP 000-0000
 MAILING NAME ADDRESS PHONE
 CITY STATE ZIP
 EMERGENCY CONTACT ADDRESS PHONE
 CITY STATE ZIP 000-0000

NFPA 901 CODES GENERAL PROPERTY USE 59 SPECIFIC PROPERTY USE 592 STRUCTURE TYPE 1 STRUCTURE STATUS 2

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

BUSINESS NAME CHASE LINCOLN FIRST BANK PHONE _____
 BUSINESS OWNER _____
 ADDRESS _____ PHONE _____
 BUSINESS EMERGENCY _____
 ADDRESS _____ PHONE _____

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DIRECTION ROOM #, ETC.

COMPLAINT

*Building NOT completed yet
UNDER CONSTRUCTION*

OFFICER PREPARING REPORT: <u>LT J TAILIE</u>	COMPANY <u>E-114</u>	DISTRICT	GROUP <u>7</u>	DATE <u>5-130-90</u>
BUS/PROP REPRESENTATIVE <u>D. Tannello</u>	POSITION / TITLE			DATE
FIRE SAFETY INSPECTOR:				DATE

HIGH-RISE INSPECTION

ADDRESS _____ BLDG NAME _____

CONST YEAR _____ # of STORIES _____ # of OCCUPANTS _____ AGE & ABILITY _____ [901-92]

OWNER _____ ADDRESS _____ PHONE _____
EMGY CONTACT _____ ADDRESS _____ PHONE _____

MANAGER _____ ADDRESS _____ PHONE _____
SAFETY DIR _____ ASST DIR _____
PHONE _____ PHONE _____

FIRE ALARM: Make _____ Type _____ Backup Power _____
Area[s] served _____

AUTOMATIC ALARM TRANSMISSION _____ [901-102]
Main Alarm Panel _____
Auxiliary Panel _____
P/A System _____
F D Connection _____

LOCATIONS of:
Alarm Backup Power _____
Annunciator Panel _____
Fire Pump _____
Connection Controls _____

EMERGENCY PLAN _____ EMERGENCY CONTROL CENTER Location: _____

EMERGENCY LIGHTING _____ Type _____ Area[s] served _____

ELEVATORS: Type _____ # _____ # w/ fire service control _____
Key[s] location _____

ESCAPE PLAN POSTED: Elevator lobbies _____ Rooms _____ Stairwells _____

EXIT DOORS in Stairwells _____ AUTOMATIC DOOR CLOSERS _____ DETECTORS: Smoke/Heat _____

SPRINKLER SYSTEM: Type _____ Coverage _____ [901-100]
STANDPIPE SYSTEM: Type _____ Coverage _____ [901-104]

EMERGENCY GENERATOR: Type _____ Tested regulary/recorded _____

SMOKE-VENTS: Type _____ Location[s] _____

FIRE ALARM MAINTENANCE TEST: Date _____ Service contract _____

FIRE DRILL: Date _____

INVALID LIST: Current _____ Availability _____

FLOOR WARDEN LIST: Current _____ Availability _____

REMARKS: _____

