

EC-77

FIRE SAFETY INSPECTION RECORD

LOCATION: 355 East Ave
Filgers East End Ave

- LICENSE
- PERMIT
- COMPLAINT/REFERRAL

- EAST
 - WEST
 - SPECIAL
- miles*

PERSON CONTACTED:

P.I.C. #
3/23/15

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#:	OWNER NAME:	OWNER ADDRESS:	OWNER PHONE:	OK TO FILE	INSPECTOR
DATE								NOTES					
3/12/15			✓										
3/20/15						✓							<i>[Signature]</i>

- Sprinkler System
- Alarm Permit
- Cooking Hood
- Fire Alarm System
- Standpipe System
- Cooking System
- Bars/Wires on Windows
- Lock Box
- NFPA 901 Type
- Building Const Type
- Number of Stories
- Posted Occupancy

	Y	N
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	✓	
	163	
	3	
	4	

Permit#: _____

Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

Allen Miles

Fire Marshal

REPORT OF INSPECTION - WET AND DRY AUTOMATIC FIRE SPRINKLER SYSTEMS

COLONIAL FIRE PROTECTION SYSTEMS, INC.

937 W. Linden Ave. East Rochester, NY 14445

P: (585) 381-7362 F: (585) 381-8263

Report No: 11

Inspector: J. Guider

Date: 12/30/14

Property Name: Mac Greger's (Filger's) Property Address: 355 East Ave Rochester 14604

Notes:

- 1) This form covers the minimum requirements of NFPA-25 2008 for wet and dry pipe fire sprinkler systems.
- 2) All questions are to be answered Yes, No, or Not Applicable. All "No" answers are to be explained in section 12 of this form.

1. GENERAL:

- a. Is the building occupied? Yes No N/A
- b. Are all fire sprinkler system(s) in service? Yes No N/A
- c. Has the occupancy and hazard contents remained the same since the last inspection? Yes No N/A
- d. Has the fire sprinkler system(s) remained in service without modification since the last inspection? Yes No N/A
- e. Is the hazard completely sprinklered? Yes No N/A
- f. Are all new additions and building changes properly protected? Yes No N/A
- g. Is all stock or storage properly located below sprinkler piping? Yes No N/A
- h. In areas protected by wet system(s), does building appear to be properly heated? (40°F or higher) Yes No N/A
- i. Are gauges less than 5 years old? Yes No N/A
Date of Gauges 1926
- j. Is Hydraulic Nameplate (calculated systems) securely attached to riser and legible? Yes No N/A
- k. Signage / Identification signs in place? Yes No N/A

2. SPRINKLERS:

- a. Proper number (at least 6) and type of heads in spare head cabinet? Yes No N/A
- b. Head wrench in spare head cabinet? Yes No N/A
- c. Visible Sprinklers:
 - 1. Proper position? Yes No N/A
 - 2. Proper temperature? Yes No N/A
 - 3. Free of corrosion and physical damage? Yes No N/A
 - 4. Free of foreign materials and paint? Yes No N/A
 - 4. Liquid in all glass bulb sprinklers? Yes No N/A
- d. Standard response heads less than 50 years old? Yes No N/A
Date of Sprinkler 2000
- e. Quick response heads less than 20 years old? Yes No N/A
Date of Sprinkler _____
- f. Dry-Type heads less than 10 years old? Yes No N/A
Date of Sprinkler _____
- g. Residential heads less than 20 years old? Yes No N/A
Date of Sprinkler _____
- h. Sprinklers prior to 1920 replaced? Yes No N/A

3. ALARMS:

- a. Water motor and gong tests satisfactory? Yes No N/A
- b. Electric water flow alarm test satisfactory? Yes No N/A
- c. Low air pressure alarm test satisfactory? Yes No N/A
- d. Tamper switch alarm test satisfactory? Yes No N/A

4. FIRE DEPARTMENT CONNECTION (FDC):

- a. Caps or plugs in place? Yes No N/A
- b. Swivels rotate freely? Yes No N/A
- c. Gaskets in place and in good condition? Yes No N/A
- d. Visible and accessible? Yes No N/A
- e. Identification sign/plate in place? Yes No N/A
- g. Ball drip valve in place and operational? Yes No N/A

5. FIRE PUMP:

- a. Fire pump being tested at this time? Yes No N/A
(If yes, attach fire pump test report)

6. CONTROL VALVES & BACKFLOW PREVENTERS:

- a. Accessible and free from external leaks? Yes No N/A
- b. In correct (open or closed) position? Yes No N/A
- c. Sealed, locked or supervised? Yes No N/A
- d. Appropriate wrenches provided? Yes No N/A
- e. Relief port on RPZ not discharging? Yes No N/A
- f. Operating stems of OS&Y valves lubricated? Yes No N/A
- g. PIVs opened until spring or torsion felt in rod? Yes No N/A
- h. PIVs and OS&Ys 1/4 turn from full open? Yes No N/A
- i. Control valves completely closed and reopened? Yes No N/A

7. PIPING:

- a. Visible pipe & hangers:
 - 1. In good condition, no external corrosion? Yes No N/A
 - 2. No mechanical damage or leaks? Yes No N/A
 - 3. Properly aligned and no external loads? Yes No N/A
 - 4. Hangers and seismic braces not damaged, loose or missing? Yes No N/A

8. WET SYSTEMS:

- a. Gauges appear to be in good condition? Yes No N/A
- b. Normal supply water pressure? Yes No N/A
Supply psi 49 System psi 49
- c. Alarm valve free of physical damage? Yes No N/A
- d. Alarm valve trim valves are in appropriate open or closed position? Yes No N/A
- e. Retarding chamber or alarm drain not leaking? Yes No N/A
- f. Antifreeze solution checked prior to freezing conditions? Yes No N/A
Freeze point? _____ °F
- g. Main drain test conducted? (Record results in section 11)

9. DRY SYSTEMS:

- a. Gauges appear to be in good condition? Yes No N/A
- b. Normal supply air/water pressure? Yes No N/A
Air psi _____ Accelerator psi _____ Water psi _____
- c. Dry valve free of physical damage? Yes No N/A
- d. Dry valve trim valves are in appropriate open or closed position? Yes No N/A
- e. No leakage from intermediate chamber? Yes No N/A
- f. Main drain test conducted? (Record results in section 11) Yes No N/A
- g. Dry pipe valve in good condition internally? (check at trip test) Yes No N/A
- h. Dry pipe valve full trip test within last three years? Yes No N/A
Date of last full trip test? _____
If full trip test to be done during this inspection, please attach dry pipe valve test report.
- i. Dry pipe valve partial trip test? Yes No N/A
(Unless full trip test done) Initial air psi _____ and water psi _____
When valve tripped, air psi _____ and time _____ sec

City of Rochester

City Code License - Entertainment Center

For Application#: 77

Current Status/Date: **02/18/2015 V - Wait CZC**

Applic. Date: **02/18/2015** Issue Date: Start Date: **02/01/2015** Expiration Date: **01/31/2016**

General Comments:

License Fee: **\$425.00** ***** NEW LICENSE ***** Last Chgd: **02/19/2015 Cioppag**

Applicant: KATHLEEN SLOCUM Residence: **1420 CLARKSON PARMA TL RD**
 DOB: **06/03/1961** Home Phone: **(585) 489-4229** City, State, Zip: **BROCKPORT NY 14420**

Business Name: FILGERS EAST END INC Business Phone **(585) 413-3744**

Business Name:

Activity: **BAR/TAVERN /RESTAURANT**

City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**

NON City Address: City, State, Zip: **ROCHESTER NY 14604**

Owner Property: 339 EAST AVENUE LLC Residence: **620 PARK AVENUE #304**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER NY 14607**

Documents Presented:	Health Permit:	No	Ins Appr:	No	Bond Appr:	No	Agnt Dsgn:	No
Downtown Vendor:	No	Vend Heated Items:	No	# Worker Badges:	0			
# of Game Tags:	0	Starting Tag #:	0	Ending Tag #:	0	# of Bowling Lanes:	0	
S.O.B License Type:	0	Dancing Allowed:	Yes					

Zoning Approval CZC#: Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 02/18/2015** Reviewer:
 3 Game Limit? **Yes** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date:
 Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No /**
 Crimal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**
 Status / Date: **W / 02/18/2015** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **P / 02/19/2015** Reviewer: *tambet milesa*
 Occupancy: **0** Cart Inspection Date: Approved: *amw 3/20/15* **No**
 Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 02/18/2015** Reviewer:
 Comments:

FIRE SAFETY INSPECTION RECORD

LOCATION: 355 EAST AV
MACGREGOR'S GRILL & TAP ROOM

- LICENSE
- PERMIT
- COMPLAINT/REFERRAL
- EAST
- WEST
- SPECIAL



PERSON CONTACTED:

DATE RECEIVED IN FIRE SAFETY	TIME OF INSPECTION	NO ENTRY	# ORDERS ISSUED	# REFERRALS ISSUED	NO WORK DONE	# VIOLATIONS CORRECTED	NO VIOLATIONS NOTED	TELEPHONE#: OWNER NAME: _____ OWNER ADDRESS: _____ OWNER PHONE: _____	OK TO FILE	INSPECTOR
DATE								NOTES		
6/5/14			✓							
7/25/14						✓			✓	<i>Allen</i>

	Y	N
Sprinkler System	/	
Alarm Permit	/	
Cooking Hood	/	
Fire Alarm System	/	
Standpipe System		/
Cooking System	/	
Bars/Wires on Windows	/	
Lock Box		/
NFPA 901 Type	163	
Building Const Type	3	
Number of Stories	4	
Posted Occupancy		

Permit#: _____
Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION
Allen Miller

Fire Marshal

City of Rochester

City Code License - Amusement Center

For Application#: 22

Current Status/Date: **01/21/2014 P - Pending**

Applic. Date: **01/21/2014** Issue Date: Start Date: **02/01/2014** Expiration Date: **01/31/2015**

General Comments:

License Fee: **\$325.00** ***** RENEWAL LICENSE ***** Last Chgd: **01/23/2014 cioppag**

Applicant: **Richard Carvotta** Residence: **195 GARNSEY Rd**
 DOB: **08/21/1959** Home Phone: **(585) 387-0864** City, State, Zip: **Pittsford, NY 14534**

Business Name: **MACGREGORS GRILL & TAP ROOM** Business Phone **(585) 413-3744**
 Business Name:
 Activity: **BAR/RESTAURANT**
 City Address: **355 East Av** Sector: **5** Quad: **SE** NET: **D** Zip: **14604**
 NON City Address: City, State, Zip:

Owner Property: **339 EAST AVENUE LLC** Residence: **620 PARK AVENUE #304**
 DOB: Home Phone: **(585) 235-0046** City, State, Zip: **ROCHESTER NY 14607**

Documents Presented: Health Permit: **No** Ins Appr: **No** Bond Appr: **No** Agnt Dsgn: **No**
 Downtown Vendor: **No** Vend Heated Items: **No** # Worker Badges: **0**
 # of Game Tags: **0** Starting Tag #: **0** Ending Tag #: **0** # of Bowling Lanes: **0**
 S.O.B License Type: **0** Dancing Allowed: **Yes**

Zoning Approval CZC#: **1110294** Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **W / 01/21/2014** Reviewer:
 3 Game Limit? **No** Over 2400 sq ft? **No**
 CZC not Extendable for NEXT License Renewal: CZC Status Date:
 Comments:

Police Approval CR#: Applicant Contact/Date: In Person **No** By Phone **No /**
 Criminal Check: Records- **No** MCVB- **No** Cart Inspection Date: Approved: **No**
 Status / Date: **W / 01/21/2014** Reviewer:
 Activity Code:
 Comments:

Fire Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **P / 01/23/2014** Reviewer: **milesa**
 Occupancy: **211** Cart Inspection Date: Approved: **No**
 Comments:

Building Approval Applicant Contact/Date: In Person **No** By Phone **No /**
 Status / Date: **/** Reviewer:
 Comments: