


| 12/8/2016 | | | | LCS Administration Building | | | |
|--|-----------------|-------------|-------|--|--|--|-----------------------------------|
| INSPECTION DATE | | | | SCHOOL/FACILITY/CAMPUS | | | |
| INSPECTOR: LORENZO HILLMAN | | | | 2757 West Pensacola Street Tallahassee, Florida 32304 | | | |
| INSPECTOR SIGNATURE <i>Lorenzo Hillman</i> 1-11-17 | | | | FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2016-2017 | | | |
| TYPE OF INSPECTION | | | | F.I.S.H. NUMBER 037-9001-900 | | | |
| FIRE CASUALTY SANITATION | | | | | | | |
| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | | | REMARKS CODE REFERENCE |
| 1 | 0000 | 0 | M | Finger Printing Portable Threshold Needs Adjustment for Egress Requirements. | | | SREF 5(8)(2)(B). |
| 2 | 0001 | 0 | C | (ADA)/Egress Door Hardware Missing From Required Doors. | | | FBC-A 309.4, & SREF (5) 8(b)4. |
| 3 | 0001 | 4 | M | Closer Missing From Exterior Door. | | | |
| 4 | 0001 | 8 | M | Install Rated Access Panel in the Boiler Room. | | | |
| 5 | 0001 | 8 | M | No Current State Certification on the Boiler. | | | |
| 6 | 0001 | 8 | C | Boiler Room Shall Have Only Equipment Necessary for the Operation of the Boiler. | | | SREF 5 (13)(e). |
| 7 | 0001 | 8 | M | Receptacles Shall Be Identified on GFCIs. | | | |
| 8 | 0001 | 8 | M | Seal Penetrations With Listed Material for Commercial Use. | | | |
| 9 | 0001 | 8 | O | Remove Storage From Boiler Room. | | | |
| 10 | 0001 | 8 | M | Remove Spray Foam Sealant; Install Listed Sealant Materials. | | | |
| 11 | 0001 | 029 A | O | No Access. | | | |
| 12 | 0001 | 47 | O | Space Heater Safety Features Inoperable. | | | |
| 13 | 0001 | 60 | M | Outside 01-060, Remove Exit Sign From Door Going Into Room 01-054. | | | |
| 14 | 0002 | 0 | M | Threshold Does Not Meet (ADA)/Egress Requirements. | | | |
| 15 | 0003 | 0 | M | Flammable Storage Building Has No Fire Alarm Equipment Installed. | | | |
| 16 | 0004 | 0 | M | Install (ADA)/Egress Hardware on Required Doors. | | | Building- Wide |
| 17 | 0004 | 1 | M | Exterior Door Threshold Shall Be One-Half Inch (1/2") or Less in Height. | | | SREF 5(8)(5) |

| 12/8/2016 | | | | LCS Administration Building | | | | | |
|----------------------------|-----------------|--|-------|---|--|---------------------------------------|-------------------------------|--|--------------------------------|
| INSPECTION DATE | | | | SCHOOL FACILITY/CAMPUS | | | | | |
| INSPECTOR: LORENZO HILLMAN | | | | 2757 West Pensacola Street Tallahassee, Florida 32304 | | | | | |
| INSPECTOR SIGNATURE | | SIGNATURE DATE | | F.I.S.H. NUMBER 037-9001-900 | | | | | |
| TYPE OF INSPECTION | | FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2016-2017 | | | | | | | |
| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site Wide Building Wide Campus or Portable | REMARKS CODE REFERENCE |
| 18 | 0004 | 1 | C | (ADA)/(FBC) Door Hardware Shall Be Installed on All Required Doors. | 1 | | | | FBC-A 309.4, & SREF (5) 8(b)4. |
| 19 | 0004 | 3 | M | Install Fire Alarm Notification Device. | 0 | | | | SREF 5(1)(a). 69A-58.005. |
| 20 | 0004 | 003 A | M | Electrical Circuits Repeatedly Tripped (Overloaded). | 1 | | | | |
| 21 | 0004 | 4 | M | Visual Notification Device on Ceiling Not Listed For Ceiling Use. | 0 | | | | |
| 22 | 0004 | 8 | M | Fire Door Outside 04-008, Is Damaged and Peeling. | 0 | | | | |
| 23 | 0004 | 8 | M | Install Concealed Chase Over Wire in Room. | 0 | | | | |
| 24 | 0004 | 9 | M | Install Mag Holder at Fire Door Outside 04-009. | 0 | | | | |
| 25 | 0004 | 010 A | M | Visual Notification Device on Ceiling Not Listed For Ceiling Use. | 0 | | | | |
| 26 | 0004 | 010 B | M | Visual Notification Device on Ceiling Not Listed For Ceiling Use. | 0 | | | | |
| 27 | 0004 | 13 | M | Electrical Outlet Will Not Allow Standard Plug. | 0 | | | | |
| 28 | 0004 | 14 | O | Space Heater Safety Features Inoperable. | 0 | | | | |
| 29 | 0004 | 014 C | M | Install Phone Cable Properly or Remove. | 0 | | | | |
| 30 | 0004 | 014 C | M | Install Copper Tubing Properly or Remove. | 0 | | | | |
| 31 | 0004 | 024 A | M | Relocate Smoke Detector to the Proper Location. | 0 | | | | |
| 32 | 0004 | 30 | M | Outside 04-030 Replace Dual Receptacle with a Quad Receptacle. | 0 | | | | |
| 33 | 0051 | 0 | M | Conduit is Not Installed Properly. Conduit is Damaged with Exposed Conductors. Please Repair. | 1 | | | Portable | |
| 34 | 0051 | 61 | O | No Access. | 0 | | | Portable | |
| 35 | 0051 | 61 | M | Remove or Install Properly. Conduit is Striking Out of Ground with Exposed Wires. | 0 | | | Portable | |

| | | | | | | | | | | | | |
|--|-----------------|----------------------------|-------|--|--|--|--|--|---------------------------------------|-------------------------------|-------------------------------------|------------------------|
| 12/8/2016 | | | |  LEON COUNTY SCHOOLS | | | | LCS Administration Building SCHOOL/FACILITY/CAMPUS 2757 West Pensacola Street Tallahassee, Florida 32304 | | | | |
| INSPECTION DATE | | INSPECTOR: LORENZO HILLMAN | | | | | | | | | | |
| INSPECTOR SIGNATURE | | SIGNATURE DATE | | | | | | | | | | |
| TYPE OF INSPECTION <input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION | | | | FACILITIES & CONSTRUCTION DEPARTMENT 3420 W. THARPE ST., TALLAHASSEE, FL 32303 COMPREHENSIVE SAFETY INSPECTION FISCAL YEAR: 2016-2017 | | | | F.I.S.H. NUMBER 037-9001-900 | | | | |
| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | | | | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site Wide Building Wide or Portable | REMARKS CODE REFERENCE |
| 36 | 0051 | 61 | M | Repair Rotted and/or Splintered Wood. | | | | 1 | | | Portable | SREF 5 (2)(E) (8) |
| 37 | 0051 | 61 | M | Protruding Fasteners. | | | | 1 | | | Portable | SREF 5(6)(7)(f). |
| 38 | 0099 | 2 | M | Emergency Light Above 99-002G Inoperable. | | | | 0 | | | Portable | |
| 39 | 0099 | 002 F | M | Emergency Light Missing From Bathroom. | | | | 0 | | | Portable | |
| 40 | 0099 | 002 G | M | Emergency Light Missing From Bathroom. | | | | 0 | | | Portable | |
| 41 | 0099 | 8 | M | No Fire Alarm Equipment is Present in Portable. | | | | 1 | | | Portable | |
| 42 | 0099 | 8 | M | Repair Skirting (Wire) at Main Entry. | | | | 0 | | | Portable | |
| 43 | 0099 | 008 B | O | No Access. | | | | 0 | | | Portable | |
| 44 | 0099 | 12 | M | Ramp Does Not Meet (ADA)/Egress Requirements. | | | | 0 | | | Portable | |
| 45 | 0099 | 12 | M | Fire Alarm Equipment Missing From Portable. | | | | 0 | | | Portable | |
| 46 | 0099 | 12 | M | Emergency Light at secondary Exit is Damaged. | | | | 0 | | | Portable | |
| 47 | 0099 | 151 | M | Threshold at Ramp Does Not Meet (ADA)/Egress Requirements. | | | | 0 | | | Portable | |
| 48 | 0099 | 151 H | M | Emergency Light Missing From Area. | | | | 0 | | | Portable | |
| 49 | 0099 | 151 L | M | Exit Door Will Not Latch. | | | | 0 | | | Portable | |
| 50 | 0099 | 151 T | M | Emergency Light Inoperable. | | | | 0 | | | Portable | |
| 51 | 0099 | 151 W | M | Exit Door Outside 99-151 Will Not Close Properly. | | | | 0 | | | Portable | |
| 52 | 0099 | 151 X | M | Emergency Light Inoperable. | | | | 0 | | | Portable | |
| 53 | 0099 | 533 | M | Wooden Ramp Has Rotten Wood and Wheelchair Bollards Need to Be Repaired or Replaced. | | | | 0 | | | Portable | |

12/8/2016

INSPECTION DATE

INSPECTOR: LORENZO HILLMAN



LCS Administration Building
SCHOOL/FACILITY/CAMPUS
 2757 West Pensacola Street
 Tallahassee, Florida 32304

INSPECTOR SIGNATURE SIGNATURE DATE

TYPE OF INSPECTION

☒ FIRE ☒ CASUALTY ☒ SANITATION

FACILITIES & CONSTRUCTION DEPARTMENT
 3420 W. THARPE ST., TALLAHASSEE, FL 32303
 COMPREHENSIVE SAFETY INSPECTION
 FISCAL YEAR: 2016-2017

F.I.S.H. NUMBER
 037-9001-900

| Item # | Building Number | Room Number | M O C | Deficiency Description and Corrective Action Required | # of Times Deficiency Previously Cited | Schedule for Correction No Later Than | Re-Inspection Correction Date | Site Wide Building Wide or Portable | REMARKS CODE REFERENCE |
|--------------------------------------|-----------------|-------------|-------|---|--|---------------------------------------|-------------------------------|-------------------------------------|------------------------|
| 54 | 0099 | 533 | M | Repair Erosion Around Ramp Entry Causing Trip/Fall Hazard. | 0 | | | Portable | |
| 55 | 0099 | 533 | M | Exposed Pipe Outside Portable Needs to Be Installed Properly. | 0 | | | Portable | |
| 56 | 0099 | 533 | M | Remove Pipe Sticking Up Out of Ground Causing a Trip/Fall Hazard. | 0 | | | Portable | |
| 57 | 0099 | 533 | M | Emergency at Second Exit Inoperable. Relocate to Secondary Egress Door. | 0 | | | Portable | |
| 58 | 0099 | 533 F | O | Safety Features on Heater are Inoperable. | 0 | | | Portable | |
| END OF SREF INSPECTION REPORT | | | | | | | | | |

A re-inspection of the identified deficiencies will be performed approximately 60-90 days subsequent of inspection date.

Re-Inspection Date: _____

The principal shall hold at least one (1) fire drill during each month, with an additional drill being held within the first 30 days of school.

YES

N/A

NO

Signature of facility administrator attesting to Fire Evacuation Drills and review of inspection report acknowledging awareness of discovered deficiencies: _____ Date of Acknowledgement: _____

X *Carmie Starnell*
 Leon County
 School/Site Administrator