



City of DeLand Fire Department
 201 W Howry Avenue, DeLand, FL 32720
 (386) 626-7042 or (386) 626-7331 www.deland.org



Fire Safety Inspection Report

Business Name: <u>Richard Milbourn Academy</u>		Street Address: <u>913 E. New York Ave</u>	
Building Owner: <u>Church of the Nazarene</u>		Rm/Apt/Suite#: <u>Unit A+C</u>	
Phone: <u>Nazarene</u>		Business Owner/Occupant:	
Primary Responder		After Hours Contact:	
Phone:		Phone:	
Fire Alarm	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Sprinkler	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
		Knox Box	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
		Keys Included:	
Standpipe	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Fire Pump	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
		Light Weight Truss Signage	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Pass / Fail	Item Description	Comments
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Exit Signs	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Emergency Lights	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Fire Extinguisher (s)	
<input type="checkbox"/> P <input type="checkbox"/> F	Hood System	<u>N/A</u>
<input type="checkbox"/> P <input type="checkbox"/> F	Sprinkler System	<u>N/A</u>
<input type="checkbox"/> P <input type="checkbox"/> F	Standpipe System	<u>N/A</u>
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Electrical	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Extension Cords/Multi - Plug Adapters	
<input type="checkbox"/> P <input type="checkbox"/> F	Storage	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Fire Alarms	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Hazardous Products	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Housekeeping	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Trash/Debris/Vegetation	
<input checked="" type="checkbox"/> P <input type="checkbox"/> F	Numeric Street Number	
<input type="checkbox"/> P <input type="checkbox"/> F	Fire Separation	
<input type="checkbox"/> P <input type="checkbox"/> F	Egress	<u>Need floor plan with doors and egress</u>
<input type="checkbox"/> P <input type="checkbox"/> F	Other Hazards	
<input type="checkbox"/> P <input type="checkbox"/> F		

This Fire Safety Inspection has been performed by the City of DeLand Fire Department in an effort to prevent the loss of life and/or property. All fire and/or life safety hazards listed above require your immediate attention. You have _____ days to correct the violation(s) noted during this inspection. Failure to correct above said violations may result in additional fees and/or fines.

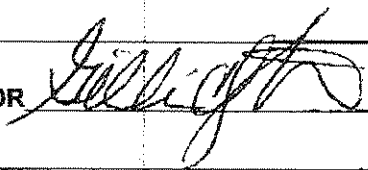
Property Representative: _____ Sign _____ Print _____ Date: _____

Inspector Name:	Scheduled Recheck Date:	FH Entry Initials:
Inspection Date:		
Company/Assigned Shift/Name:		
Assigned Date:		
1 st Reinspection Date:	Name:	FH Entry Initials:
2 nd Reinspection Date:	Name:	FH Entry Initials:

CITY OF DELAND FIRE DEPARTMENT
SUPPLEMENTAL INSPECTION REPORT SHEET

BUILDING/OCCUPANT NAME Richard Milburn Academy
ADDRESS 913 E. New York Ave. DATE 5-6-15

REMARKS:
Need seating chart of classrooms with desks
in it.
Need hallway measured for encroachment
of doors on clear width when open.
Classrooms shall be kept clear of debris
against outlets and electrical wiring
Show emergency exit routes for approval
have not received disaster plan for
approval

SIGNATURE OF INSPECTOR  DATE 5-6-15
RECEIVED BY _____ DATE _____