






12/9/2016									
INSPECTION DATE									
INSPECTOR: LORENZO HILLMAN									
									
INSPECTOR SIGNATURE		SIGNATURE DATE							
TYPE OF INSPECTION		FACILITIES & CONSTRUCTION DEPARTMENT		3420 W. THARPE ST., TALLAHASSEE, FL 32303					
<input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION		COMPREHENSIVE SAFETY INSPECTION		FISCAL YEAR: 2016-2017					
Deficiency Description and Corrective Action Required				Aquiline Howell Building SCHOOL/FACILITY/CAMPUS 3955 West Pensacola Street Tallahassee, Florida 32304					
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
1	0000	0	O	Monthly Inspection of Fire Extinguishers Needs to Be Done, Tag Initialed, and Report Sent to the District.	0			Site-Wide	
2	0000	0	O	Per Leon County School's Policy, Space Heater Shall Not Be Left On, Unattended.	0			Site-Wide	
3	0000	0	O	Usage of Space Heater Shall Comply with Leon County School's Policy Regarding the Use of Space Heaters.	0			Site-Wide	
4	0000	0	M	It Appears That No Quarterly Inspections Have Been Done on Any Sprinkler System.	0			Site-Wide	
5	0001	0	M	Remove Vines Growing Up Side of Building.	0				
6	0001	0	M	Confirm Repairs Have Been Made That Were Noted From the Fire Alarm Inspection Done December 2016.	0			Building-Wide	
7	0001	0	M	Tamper Switches Need to Report to Leon County Schools' Monitor Center as Supervisory.	0				
8	0001	0	M	Send Confirmation to Code Enforcement That Deficiencies From Fire Alarm Inspection Done December 2016 Have Been Completed, Including Verification of All Required Signals Sent to Leon County Schools' Monitoring.	0				
9	0001	0	M	Confirm Main Entry Door Access Control is Tied to Fire Alarm for Releasing, If it is Not, It is Required By Code to Unload Upon Activation of Fire Alarm System.	0				
10	0001	102	M	Sprinkler Head is Hanging Out of Ceiling Tile.	0				
11	0001	102 C	O	No Access.	0				
12	0001	103	M	Door Leading Into Area Marked 01-103 is Missing F.I.S.H. Sign.	0				
13	0001	103	M	Confirm Exit Door Access Control is Tied Into Fire Alarm System.	0				
14	0001	103 F	M	Exit Door is Slamming Closed.	0				

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Deficiency Description and Corrective Action Required				F.I.S.H. NUMBER 037-9284-928					
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
15	0001	104	M	Exit Door is Slamming Closed.	0				
16	0001	105	O	Exit Door Cannot Be Blocked at Anytime (Down Spout).	0				
17	0001	107	M	Cover Missing From Dishwasher with Exposed Wire.	0				
18	0001	107	M	Repair Hole in Wooden Stand From Ice Machine (Access Panel).	0				
19	0001	110 A	M	Seal Penetrations With Material Listed From Commercial Use, Not Spray Foam.	0				
20	0001	110 A	M	Tags on Sprinkler System are Not Marked Correctly (Month is Not Punched Out on the Annual Tag).	0				
21	0001	110 A	M	Sprinkler System is Due for Annual Inspection.	0				
22	0001	111	M	Motion Sensor Missing Cover at the Exit Door.	0				
23	0001	111	M	Sprinkler Tag Not Punched Correctly (Month Not Punched).	0				
24	0001	111	M	Spare Heads Missing at Sprinkler Riser.	0				
25	0001	111	O	Gas Powered Equipment Needs to be Stored in the Proper Location.	0				
26	0001	112	O	Surge Protectors Must Plug into a Dedicated Outlet, No Piggy Backing.	0				
27	0001	113	O	Safety Features on Space Heater are Inoperable.	0				
28	0001	122 A	O	Maintain Access to Electrical Equipment at All Times.	0				
29	0001	127	M	Add "No Exit" Sign to Door.	0				
30	0001	131	M	Door Behind Stage Curtain Will Not Open Properly.	0				
31	0001	131	M	Add Yellow Caution Tape at Step From Stage Going to Exit Door.	0				
32	0001	131	M	On Exterior of Building, By 01-131, Junction Box Missing Cover (Camera Cables).	0				

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<input checked="" type="checkbox"/> FIRE <input checked="" type="checkbox"/> CASUALTY <input checked="" type="checkbox"/> SANITATION		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
Item #	Building Number	Room Number						
33	0001	131	M O C	Egress Door From stage Need to Have Path Cleared to Right of Way (Also From Exit at Stairs Leading to Same Area.	0			
34	0001	134	M	Emergency Light Inoperable.	0			
35	0001	137	M	Fire Alarm Initiation Device Not Installed, Per NFPA 72	0			NFPA 72
36	0001	137	M	Sprinkler Head Not Installed, Per NFPA 13 (Lower Head Could Be Cold Soldered From Head Above).	0			NFPA 13
37	0001	140 A	M	Junction Box Missing Cover with Exposed Wires.	0			
38	0001	140 A	M	Emergency Light Outside 01-140A Inoperable.	0			
39	0001	141	O	No Access.	0			
40	0001	142	M	Sprinkler Head is Hanging Out of Ceiling (Escution Ring).	0			
41	0001	142	O	Replace and Date Water Stained Ceiling Tiles.	0			
42	0001	143	M	Replace Exit Light with Exit/Emergency Light Combo Over the Exit Door to Maintain Illumination of Egress Requirements.	0			
43	0001	143 B	O	Remove Storage From Mechanical Room.	0			
44	0001	213 A	M	Insulation (Spray Foam Needs to Be Listed for Commercial Use).	0			
45	0001	213 A	M	Repair Holes in Insulation.	0			

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Item #	Building Number	Room Number		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 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/>							
Signature of facility administrator attesting to Fire Evacuation Drills and review of inspection report acknowledging awareness of discovered deficiencies:								Date of Acknowledgement: _____			
X <i>Lorenzo Hillman</i> 1/12/17 Leon County School/Site Administrator											