



FIRE LIFE SAFETY INSPECTION REPORT

Occupancy/ FD #: 002-040-0001 Map #: 17-18-10030-0006 Inspection Date: 2-3-14

Business Name: Damman School - main building Business phone number: 962-9076

Address: 41 Manastash Rd. Ellensburg, WA 98926 Mailing Address: 41 Manastash Rd. Ellensburg, WA 98926

Type of Business: School Business contact person: Marsha Smith

Occ Group: E Sq. Ft: 2500 Const. Type: V-B Sprinklers: no Alarms: yes Fixed: no

Permits: _____ Special Notes: _____

A fire inspection has been conducted on your property. During this inspection conditions affecting fire safety were noted. *In accordance with the International Building Code and International Fire Code, it is necessary that the items listed below be given your prompt attention.*

A. Exterior Assessment	E. Fire Alarm System	I. Kitchen Suppression	
1 - Building number not posted	1 - Annual Service needed	1 - Cleaning of hood and duct	<input checked="" type="checkbox"/>
2 - Obstructed FDC	2 - Devices obstructed	2 - Illegal cooking operation	<input type="checkbox"/>
3 - Obstructed fire hydrant	3 - Alarm Maintenance	3 - Six month service needed	<input type="checkbox"/>
4 - Gas meter protection	F. Flammable/Combustible Liquids	J. Automatic Sprinkler	
5 - Storage proximity	1 - Storage cabinet	1 - Annual service needed	<input type="checkbox"/>
6 - Storage under eaves	2 - Improper housekeeping	2 - FDC cap needed	<input type="checkbox"/>
B. Exits	3 - No storage area	3 - Hanging material	<input type="checkbox"/>
1 - Exit travel	4 - Close to heating appliance	4 - Sprinkler clearance	<input type="checkbox"/>
2 - Exits obstructed	5 - Fueled equipment	5 - Provide sprinkler protection	<input type="checkbox"/>
3 - Panic hardware	6 - Oily rags	6 - Damaged/Painted heads	<input type="checkbox"/>
4 - Number of exits	7 - Compressed gas tanks	7 - Spare heads and/or wrench	<input type="checkbox"/>
5 - Unapproved locking devices	8 - Equipment rooms	K. Fuel Dispensing	
6 - Openable without tight grasping or twisting	9 - Secondary Containment	1 - Fire extinguisher	<input type="checkbox"/>
7-Remove Bolt Locks or Dead Bolts		2 - Emergency shutoff	<input type="checkbox"/>
C. Exit Lighting and Signs	G. Electrical	3 - Provide signage	<input type="checkbox"/>
1 - Exit signs battery backup	1 - Extension cord usage	4 - Replace hoses	<input type="checkbox"/>
2 - Exit signs required	2 - Electrical panel labeling	L. Compressed Gas	
3 - Emergency lighting	3 - Portable heaters	1-Cylinders shall be secured	<input type="checkbox"/>
4 - Exit sign burnt out	4 - Improper power strip usage	2 - Protective caps shall be in place when not in use.	<input type="checkbox"/>
5 - "This door to remain unlocked" sign	5 - Power Panel obstructed	M. Storage	
D. Extinguishers	6 - No cover plate	1-Ceiling Clearance	<input type="checkbox"/>
1 - Class K extinguisher	7 - Multi-plug adapter	2- Equipment rooms	<input type="checkbox"/>
2 - Number of extinguishers		3- Storage under stairs or in attic	<input type="checkbox"/>
3 - Extinguisher placement	H. Fire Walls and Doors	N. Other corrections required	
4 - Extinguisher obstructed	1 - Restrained fire door	1-See detailed report	<input type="checkbox"/>
5 - Extinguisher maintenance	2 - Breached wall or ceiling	X. No apparent Violations Noted	
6 - Signs indicating location	3 - Fire assembly needs repair	1 - No apparent Violations	<input checked="" type="checkbox"/>
7- Minimum size 2A-10BC			

Remarks:

Please provide a copy of the fire alarm confidence test report when completed. Thank you

This Fire Inspection report also serves as your invoice. Please remit payment in the amount of \$100.00 within 30 days.

Inspector's Name: Bill Steele Inspector's Phone #: 509-962-7657

Received by e-mail E-mail address: hats2many@aol.com

- Compliance with the preceding requirements shall be effective immediately.**
A re-inspection shall be conducted on/or after _____ days to verify full compliance.
- You are hereby notified to remedy the conditions as stated above immediately.**
After the conditions have been abated, mail a copy of the notice within _____ days including a signature certifying completion.

I CERTIFY THAT THE VIOLATIONS SPECIFIED ABOVE HAVE BEEN CORRECTED.

SIGNATURE _____ PRINT NAME _____ DATE _____