



H-3

*innovation in creating student success
through cooperative services*



MEMO

TO: Todd VanHouten
FROM: Tim Gilbert
DATE: 11/23/16

RE: Fire Inspection Reports

Attached please find the Elmira Heights School District fire inspection reports for the 2016/2017 year

It is important to mention that this annual fire inspection is the direct result of your proactive approach in assuring that your buildings comply with the SED and NYS code standards. This ensures the safety of the students and staff and your efforts are appreciated and did not go unnoticed.

Please extend my thanks to your staff for their immediate help in resolving the issues found and for their pride and dedication to the maintenance of the EHSD properties.

I especially appreciated:

- your having all the necessary documentation readily available prior to the start of the inspection;
- assuring that the teaching/administration staff were provided with educational documentation regarding the do s' and don't s' for fire safety;

Although not related to the inspection, please address the following items at your earliest convenience: NONE

*No re-inspection is necessary for the Elmira Heights School District's 2016/2017 annual fire inspection.

Thank you for the opportunity to work with the Elmira Heights School District. Feel free to contact me if you have questions; I can be reached at 739-3581, X1404.



MEMO

TO: Todd VanHouten
CC:
FROM: Tim Gilbert
DATE: 11/23/16

RE: 2016/2017 Fire Inspection Punch List by Building

Edison High School

- Play storage room, remove/arrange storage on top shelf- 2ft rule **9D1C**
- Gym storage room, remove/arrange storage on top shelf- 2ft rule **9D1C**

Cohen Elementary/Middle School

- Elementary cafeteria exit light out **23A1** ✓
- Room 220 remove flower pattern carpet **15D2** ✓
- Room 205 remove all storage within 24" from ceiling- 2ft rule **9D1C**

Please note that many of the non-conformances noted above have already been resolved by the Director of Facilities and the maintenance staff. Please feel free to contact me if you have any questions.

142870 S9 F5

Part II-A School Fire Safety Non-Conformance Report Form

School District ELMIRA HEIGHTS
 Facility # 07090706000007

Building Name Dr. Nathan Cohen Elem/Middle School

Part II-A (to be completed for public schools only - Section 136.2)					Part II-B					Part II-C					Part II-D				
Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected	
01A-2										12D-2					19D-1				
01B-1										13A-2					19E-1				
01C-1										13B-2					19F-1				
01D-1										14A-2					19G-1				
01E-1										14B-2					19H-2				
02A-2					08A-2					14C-2					20A-1				
02B-1					08B-2					14D-1					20B-1				
02C-3					08C-1					14E-1					20C-1				
02D-1					08D-1	✓				15A-2					21A-3				
02E-2					08E-2					15B-1					22A-3				
02F-3					08G-2					15C-2					22B-3				
02G-2					10A-2					16D-2	✓				22C-3				
03A-3					10B-2					16A-2					23A-1				
03B-1					10C-1					16B-2					23B-1				
04A-2					10D-1					16C-2					23C-1				
04B-2					11A-2					17A-3					23D-2				
04C-1					11B-1					17B-2					24A-3				
05A-3					11C-2					17C-2					25A-3				
05B-2					11D-2					17D-2					If any additional non-conformances are observed, check item 25A-3 and list the Code section below.				
05C-2					11E-1					17E-1									
06A-1					12A-1					17F-3					Inspector The inspector has been provided with a copy of the previous year's school fire safety report: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
06B-1					12B-3					17G-1									
06C-1					12C-2					17H-2									
06D-2					12D-2					17I-2									
06E-3					12E-1					17J-1									
06F-1					12F-1					17K-1									
06G-1					12G-1					17L-1									
06H-2					12H-1					18A-2									
07A-3					12I-1					18B-2									
07B-2					12J-1					18C-2									
07C-2					12K-1					19D-2									
					12L-1					19A-3									
					12M-1					19B-2									
					12N-1					19C-1									

All schools complete Section 136.2 only if the building has electrically-operated folding partitions.

Initial Inspection:
 Fire Safety Inspector: Name TIMOTHY C GILBERT

Date 11/23/16

Registry# NY0021042 (28E-4)

Final Inspection (if required):
 Fire Safety Inspector: Name TIMOTHY C GILBERT

Date _____

Registry# NY0021042 (28F-4)

Part I - Public Schools Only (Do Not Complete for Public Schools Only - Section 265-3)

School District ELMIRA HEIGHTS
 Facility # 070902060007012

Building Name FIELD HOUSE/CONCESSION

Part I-A				Part I-B				Part I-C				Part I-D					
Item #	Non-Conformance	Date Corrected	Date Reinspected	Item #	Non-Conformance	Date Corrected	Date Reinspected	Item #	Non-Conformance	Date Corrected	Date Reinspected	Item #	Non-Conformance	Date Corrected	Date Reinspected		
01A-2				01A-2				120-2				19D-1					
01B-1				01B-1				13A-2				19E-1					
01C-1				01C-1				13B-2				19F-1					
01D-1				01D-1				14A-2				19G-1					
01E-1				01E-1				14B-2				19H-2					
02A-2				02A-2				14C-2				20A-1					
02B-1				02B-2				14D-1				20B-1					
02C-3				02C-1				14E-1				20C-1					
02D-1				02D-1				15A-2				21A-3					
02E-2				02E-2				15B-1				22A-3					
02F-3				02F-2				16C-2				22B-3					
02G-2				02G-2				16D-2				22C-3					
03A-3				10A-2				16A-2				23A-1					
03B-1				10B-2				16B-2				23B-1					
04A-2				10C-1				16C-2				23C-1					
04B-2				10D-1				17A-3				23D-2					
04C-1				11A-2				17B-2				24A-3					
05A-3				11B-1				17C-2				25A-3					
05B-2				11C-2				17D-2				If any additional non-conformances are observed, check item 25A-3 and list the Code section below. Inspector The Inspector has been provided with a copy of the previous year's school fire safety report. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
05C-2				11D-2				17E-1									
06A-1				11E-1				17F-3									
06B-1				12A-1				17G-1									
06C-1				12B-3				17H-2									
06D-2				12C-2				17I-2									
06E-3				12D-2				17J-1									
06F-1				12E-1				17K-1									
06G-1				12F-1				17L-1									
06H-2				12G-1				18A-2									
07A-3				12H-1				18B-2									
07B-2				12I-1				18C-2									
07C-2				12J-1				18D-2									
				12K-1				19A-3									
				12L-1				19B-2									
				12M-1				19C-1									
				12N-1													

All schools complete Section 2 only if the building has electrically operated folding partitions.

Initial Inspection:
 Fire Safety Inspector:

Name TIMOTHY C GILBERT

Date 11/23/16

Registry # NY0021042 (26E-4)

Final Inspection (if required):
 Fire Safety Inspector:

Name TIMOTHY C GILBERT

Date _____

Registry # NY0021042 (26F-4)

Part III: Public School Certifications

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: TIM GILBERT 

Telephone #: (607) 731-0119

Title: FIRE INSPECTOR

Registry #: NY0021042
(as designated by the NYS Secretary of State)

Section III-B. Building Administrator or Designee

The individual noted below certifies that this building was inspected on _____ (date) as indicated in Section III-A above.

Name: _____

Telephone #: () _____

Title: _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. For any uncorrected nonconformances that appear on this report, the Board of Education or Board of Trustees, at the meeting held pursuant to Section 807-a of the State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public scrutiny.

Name: _____

Telephone #: () _____

Title: _____

Electronic Signature (via NYSED Portal)



Part II - Public School Certifications

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: TIM GILBERT 

Telephone #: (607) 731-0119

Title: FIRE INSPECTOR

Registry # NY0021042
(as designated by the NYS Secretary of State)

Section III-B. Building Administrator or Designee

The individual noted below certifies that this building was inspected on _____ (date) as indicated in Section III-A above.

Name: _____

Telephone #: () _____

Title: _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. For any uncorrected nonconformances that appear on this report, the Board of Education or Board of Trustees, at the meeting held pursuant to Section 807-a of the State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public scrutiny.

Name: _____

Telephone #: () _____

Title: _____

Electronic Signature (via NYSED Portal)

Part I - Fire Safety Inspection Report - Non-Conformance Report Sheet

School District ELMIRA HEIGHTS
 Facility # 0709020600007013

Building Name PRESS BOX

Part I A <small>(to be completed for public schools only - Section 2015.3)</small>				Part I B				Part I C				Part I D			
Item #	Non-Conformance	Date Corrected	Date Reinspected	Item #	Non-Conformance	Date Corrected	Date Reinspected	Item #	Non-Conformance	Date Corrected	Date Reinspected	Item #	Non-Conformance	Date Corrected	Date Reinspected
01A-2								12C-2				19D-1			
01B-1								13A-2				19E-1			
01C-1								13B-2				19F-1			
01D-1								14A-2				19G-1			
01E-1								14B-2				19H-2			
02A-2				08A-2				14C-2				20A-1			
02B-1				08B-2				14D-1				20B-1			
02C-3				08C-1				14E-1				20C-1			
02D-1				08D-1				15A-2				21A-3			
02E-2				08E-2				15B-1				22A-3			
02F-3				08G-2				15C-2				22B-3			
02G-2				10A-2				15D-2				22C-3			
03A-3				10B-2				16A-2				23A-1			
03B-1				10C-1				16B-2				23B-1			
04A-2				10D-1				16C-2				23C-1			
04B-2				11A-2				17A-3				24D-2			
04C-1				11B-1				17B-2				24A-3			
04A-3				11C-2				17C-2				25A-3			
05B-2				11D-2				17D-2							
05C-2				11E-1				17E-1							
05A-1				12A-1				17F-3							
06B-1				12B-3				17G-1							
06C-1				12C-2				17H-2							
06D-2				12D-2				17I-2							
06E-3				12E-1				17J-1							
06F-1				12F-1				17K-1							
06G-1				12G-1				17L-1							
06H-2				12H-1				18A-2							
07A-3				12I-1				18B-2							
07B-2				12J-1				18C-2							
07C-2				12K-1				18D-2							
				12L-1				19A-3							
				12M-1				19B-2							
				12N-1				19C-1							

If any additional non-conformances are observed, check item 25A-3 and list the Code section below.

Inspector
 The inspector has been provided with a copy of the previous year's school fire safety report:

Yes No

All schools complete Section II only if the building has electrically operated folding partitions.

Initial Inspection:
 Fire Safety Inspector: Name TIMOTHY C GILBERT

Date 11/23/16

Registry# NY0021042 (28E-4)

Final Inspection (if required):
 Fire Safety Inspector: Name TIMOTHY C GILBERT

Date _____

Registry# NY0021042 (28F-4)

Part II - Public School Operations

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: TIM GILBERT *TG*

Telephone #: (607 731-0119)

Title: FIRE INSPECTOR

Registry # NY0021042
(as designated by the NYS Secretary of State)

Section III-B. Building Administrator or Designee

The individual noted below certifies that this building was inspected on _____ (date) as indicated in Section III-A above.

Name: _____

Telephone #: () _____

Title: _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. For any uncorrected nonconformances that appear on this report, the Board of Education or Board of Trustees, at the meeting held pursuant to Section 807-a of the State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public scrutiny.

Name: _____

Telephone #: () _____

Title: _____

Electronic Signature (via NYSED Portal)

Annual Fire Safety Non-Conformance Report 2015-2016

School District ELMIRA HEIGHTS
 Facility # _____

Building Name STORAGE Bldg @ Edison High

Part I-A (to be completed for public schools only - except 301-4)					Part I-B					Part I-C				
Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected	
01A-2					08A-2					120-2				
01B-1					08B-2					13A-2				
01C-1					08C-1					13B-2				
01D-1					08D-1					14A-2				
01E-1					08E-1					14B-2				
02A-2					08F-2					14C-2				
02B-1					08G-2					14D-1				
02C-3					08H-1					14E-1				
02D-1					08I-1					15A-2				
02E-2					08J-2					15B-1				
02F-3					08K-2					15C-2				
02G-2					08L-2					15D-2				
03A-3					08M-2					16A-2				
03B-1					08N-1					16B-2				
03A-2					08O-1					16C-2				
04B-2					08P-2					17A-3				
04C-1					08Q-2					17B-2				
05A-3					08R-2					17C-2				
05B-2					08S-1					17D-2				
05C-2					08T-1					17E-1				
06A-1					08U-1					17F-3				
06B-1					08V-3					17G-1				
06C-1					08W-2					17H-2				
06D-2					08X-2					17I-2				
06E-3					08Y-1					17J-1				
06F-1					08Z-1					17K-1				
06G-1					09A-1					17L-1				
06H-2					09B-1					18A-2				
07A-3					09C-1					18B-2				
07B-2					09D-1					18C-2				
07C-2					09E-1					18D-2				
					09F-1					19A-3				
					09G-2					19B-2				
					09H-1					19C-1				
					09I-1									
					09J-1									
					09K-1									
					09L-1									
					09M-1									
					09N-1									

If any additional non-conformances are observed, check item 25A-3 and list the Code section below.

Inspector
 The inspector has been provided with a copy of the previous year's school fire safety report:

Yes No

All schools complete 25A-3 only if the building has electrically-operated folding partitions.

Initial Inspection:
 Fire Safety Inspector: Name TIMOTHY C. GILBERT *TG*

Date 11/23/16 Registry # NY0021042 (26E-4)

Final Inspection (if required):
 Fire Safety Inspector: Name TIMOTHY C. GILBERT

Date _____ Registry # NY0021042 (26F-4)

Part III - Public School Certifications

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: TIM GILBERT 

Telephone #: (607) 731-0119

Title: FIRE INSPECTOR

Registry # NY0021042
(as designated by the NYS Secretary of State)

Section III-B. Building Administrator or Designee

The individual noted below certifies that this building was inspected on _____ (date) as indicated in Section III-A above.

Name: _____

Telephone #: () _____

Title: _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. For any uncorrected nonconformances that appear on this report, the Board of Education or Board of Trustees, at the meeting held pursuant to Section 807-a of the State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public scrutiny.

Name: _____

Telephone #: () _____

Title: _____

Electronic Signature (via NYSED Portal)

Parallel Public School Certifications

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: TIM GILBERT 

Telephone #: (607) 731-0119

Title: FIRE INSPECTOR

Registry # NY0021042
(as designated by the NYS Secretary of State)

Section III-B. Building Administrator or Designee

The individual noted below certifies that this building was inspected on _____ (date) as indicated in Section III-A above.

Name: _____

Telephone #: () _____

Title: _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. For any uncorrected nonconformances that appear on this report, the Board of Education or Board of Trustees, at the meeting held pursuant to Section 807-a of the State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public scrutiny.

Name: _____

Telephone #: () _____

Title: _____

Electronic Signature (via NYSED Portal)

101651

Part I-A (to be completed for public schools only - except where noted)

School District ELMIRA HEIGHTS
 Facility # 070902060000001

Building Name EDISON HIGH SCHOOL

Part I-A					Part I-B					Part I-C					Part I-D				
Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected		Item #	Non-Conformance	Date Corrected	Date Reinspected	
01A-2					08A-2					12C-2					16D-1				
01B-1					08B-2					13A-2					16E-1				
01C-1					08C-1					13B-2					16F-1				
01D-1					08D-2					14A-2					16G-1				
01E-1					08E-1					14B-2					16H-2				
02A-2					08A-2					14C-2					20A-1				
02B-1					08B-2					14D-1					20B-1				
02C-3					08C-1					14E-1					20C-1				
02D-1					08D-1	✓				15A-2					21A-3				
02E-2					08E-2					15B-1					22A-3				
02F-3					08F-2					15C-2					22B-3				
02G-2					10A-2					16D-2					22C-3				
03A-3					10B-2					16A-2					23A-1				
03B-1					10C-1					16B-2					23B-1				
04A-2					10D-1					16C-2					23C-1				
04B-2					11A-2					17A-3					23D-2				
04C-1					11B-1					17B-2					24A-3				
04A-3					11C-2					17C-2					25A-3				
05B-2					11D-2					17D-2					If any additional non-conformances are observed, check item 25A-3 and list the Code section below.				
05C-2					11E-1					17E-1									
06A-1					12A-1					17F-3									
06B-1					12B-3					17G-1									
06C-1					12C-2					17H-2									
06D-2					12D-2					17I-2									
06E-3					12E-1					17J-1									
06F-1					12F-1					17K-1									
06G-1					12G-1					17L-1									
06H-2					12H-1					18A-2									
07A-3					12I-1					18B-2									
07B-2					12J-1					18C-2									
07C-2					12K-1					18D-2									
					12L-1					19A-3									
					12M-1					19B-2									
					12N-1					19C-1									

If any additional non-conformances are observed, check item 25A-3 and list the Code section below.

Inspector
 The inspector has been provided with a copy of the previous year's school fire safety report:

Yes No

All schools complete Section A only if the building has electrically-operated fire partitions.

Initial Inspection:
 Fire Safety Inspector: Name TIMOTHY C. GILBERT *YG*

Date 11/23/16 Registry # NY0021042 (28E-4)

Final Inspection (if required):
 Fire Safety Inspector: Name TIMOTHY C. GILBERT

Date _____ Registry # NY0021042 (28F-4)

Part III - Public School Certifications

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: TIM GILBERT 

Telephone #: (607) 731-0119

Title: FIRE INSPECTOR

Registry #: NY0021042
(as designated by the NYS Secretary of State)

Section III-B. Building Administrator or Designee

The individual noted below certifies that this building was inspected on _____ (date) as indicated in Section III-A above.

Name: _____

Telephone #: () _____

Title: _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. For any uncorrected nonconformances that appear on this report, the Board of Education or Board of Trustees, at the meeting held pursuant to Section 807-a of the State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public scrutiny.

Name: _____

Telephone #: () _____

Title: _____

Electronic Signature (via NYSED Portal)

Public School Certification

Section III-A. Fire Inspector

The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208

Name: TIM GILBERT *TG*

Telephone #: (607) 731-0119

Title: FIRE INSPECTOR

Registry #: NY0021042
(as designated by the NYS Secretary of State)

Section III-B. Building Administrator or Designee

The individual noted below certifies that this building was inspected on _____ (date) as indicated in Section III-A above.

Name: _____

Telephone #: () _____

Title: _____

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. For any uncorrected nonconformances that appear on this report, the Board of Education or Board of Trustees, at the meeting held pursuant to Section 807-a of the State Education Law, adopted a written plan of correction for those nonconformances, and such plan is available for public scrutiny.

Name: _____

Telephone #: () _____

Title: _____

Electronic Signature (via NYSED Portal)

if an
inspector is
found with
this registry
#.

First Name * TIM

Last Name * GILBERT

Telephone # * 6077310

Item	Non-Conf	Date Corrected	Date Reinspected	Item	Non-Conf	Date Corrected	Date Reinspected	Item	Non-Conf	Date Corrected	Date Reinspected	If any additional nonconformances are observed, check item 25A-3 and list Code section in notes section below.
05B-2	<input type="checkbox"/>		11D-2	<input type="checkbox"/>		17D-2	<input type="checkbox"/>					
05C-2	<input type="checkbox"/>		11E-1	<input type="checkbox"/>		17E-1	<input type="checkbox"/>					
06A-1	<input type="checkbox"/>		12A-1	<input type="checkbox"/>		17F-3	<input type="checkbox"/>					
06B-1	<input type="checkbox"/>		12B-3	<input type="checkbox"/>		17G-1	<input type="checkbox"/>					
06C-1	<input type="checkbox"/>		12C-2	<input type="checkbox"/>		17H-2	<input type="checkbox"/>					
06D-2	<input type="checkbox"/>		12D-2	<input type="checkbox"/>		17I-2	<input type="checkbox"/>					
06E-3	<input type="checkbox"/>		12E-1	<input type="checkbox"/>		17J-1	<input type="checkbox"/>					
06F-1	<input type="checkbox"/>		12F-1	<input type="checkbox"/>		17K-1	<input type="checkbox"/>					
06G-1	<input type="checkbox"/>		12G-1	<input type="checkbox"/>		17L-1	<input type="checkbox"/>					
06H-2	<input type="checkbox"/>		12H-1	<input type="checkbox"/>		18A-2	<input type="checkbox"/>					
07A-3	<input type="checkbox"/>		12I-1	<input type="checkbox"/>		18B-2	<input type="checkbox"/>					
07B-2	<input type="checkbox"/>		12J-1	<input type="checkbox"/>		18C-2	<input type="checkbox"/>					
07C-2	<input type="checkbox"/>		12K-1	<input type="checkbox"/>		18D-2	<input type="checkbox"/>					
			12L-1	<input type="checkbox"/>		19A-3	<input type="checkbox"/>					
			12M-1	<input type="checkbox"/>		19B-2	<input type="checkbox"/>					
			12N-1	<input type="checkbox"/>		19C-1	<input type="checkbox"/>					
			12O-2	<input type="checkbox"/>		19D-1	<input type="checkbox"/>					

Initial Inspector

Building Administrator

Registry # * NY00210

After typing in the registry number, we will attempt to locate this inspector in our system, and populate the fields below automatically

Please enter the name, address, and telephone # of the Building Administrator (or Designee) that was responsible for monitoring this inspection.

First Name * RICHARD

Last Name * VANHOL

Telephone # * 6077347

Total cost of property damage

8. If the fire alarm system was activated, was the fire department immediately notified?

Yes	No	N/A
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Conformance Codes

PART II - A			PART II - B			PART II - B			PART II - B						
Item	Non-Conf	Date Corrected	Date Reinspected	Item	Non-Conf	Date Corrected	Date Reinspected	Item	Non-Conf	Date Corrected	Date Reinspected	Item	Non-Conf	Date Corrected	Date Reinspected
01A-2	<input type="checkbox"/>		08A-2	<input type="checkbox"/>		13A-2	<input type="checkbox"/>	19E-1	<input type="checkbox"/>						
01B-1	<input type="checkbox"/>		08B-2	<input type="checkbox"/>		13B-2	<input type="checkbox"/>	19F-1	<input type="checkbox"/>						
01C-1	<input type="checkbox"/>		08C-2	<input type="checkbox"/>		14A-2	<input type="checkbox"/>	19G-1	<input type="checkbox"/>						
01D-1	<input type="checkbox"/>		08D-2	<input type="checkbox"/>		14B-2	<input type="checkbox"/>	19H-2	<input type="checkbox"/>						
01E-1	<input type="checkbox"/>		08E-2	<input type="checkbox"/>		14C-2	<input type="checkbox"/>	20A-1	<input type="checkbox"/>						
02A-2	<input type="checkbox"/>		09A-2	<input type="checkbox"/>		14D-1	<input type="checkbox"/>	20B-1	<input type="checkbox"/>						
02B-1	<input type="checkbox"/>		09B-2	<input type="checkbox"/>		14E-1	<input type="checkbox"/>	20C-1	<input type="checkbox"/>						
02C-3	<input type="checkbox"/>		09C-1	<input type="checkbox"/>		15A-2	<input type="checkbox"/>	21A-3	<input type="checkbox"/>						
02D-1	<input type="checkbox"/>		09D-1	<input checked="" type="checkbox"/>		15B-1	<input type="checkbox"/>	22A-3	<input type="checkbox"/>						
02E-2	<input type="checkbox"/>		09F-2	<input type="checkbox"/>		15C-2	<input type="checkbox"/>	22B-3	<input type="checkbox"/>						
02F-3	<input type="checkbox"/>		09G-2	<input type="checkbox"/>		15D-2	<input checked="" type="checkbox"/>	22C-3	<input type="checkbox"/>						
02G-2	<input type="checkbox"/>		10A-2	<input type="checkbox"/>		15E-1	<input type="checkbox"/>	23A-1	<input type="checkbox"/>						
03A-3	<input type="checkbox"/>		10B-2	<input type="checkbox"/>		16A-2	<input type="checkbox"/>	23B-1	<input type="checkbox"/>						
03B-1	<input type="checkbox"/>		10C-1	<input type="checkbox"/>		16B-2	<input type="checkbox"/>	23C-1	<input type="checkbox"/>						
04A-2	<input type="checkbox"/>		10D-1	<input type="checkbox"/>		16C-2	<input type="checkbox"/>	23D-2	<input type="checkbox"/>						
04B-2	<input type="checkbox"/>		11A-2	<input type="checkbox"/>		17A-3	<input type="checkbox"/>	24A-3	<input type="checkbox"/>						
04C-1	<input type="checkbox"/>		11B-1	<input type="checkbox"/>		17B-2	<input type="checkbox"/>	25A-3	<input type="checkbox"/>						
05A-3	<input type="checkbox"/>		11C-2	<input type="checkbox"/>		17C-2	<input type="checkbox"/>								

Public owned School owned

Other Please Specify: _____

4. Indicate the ownership of this facility

Leased Owned

5. What is the current gross square footage of this facility?

nearest whole ten feet: 142870

6. If this facility is used for instruction, complete (a) - (d); otherwise go to question 7.

a. Fire drills were held in accordance with section 807 of the Education Law and F405 and 403.5.4 of the NYS uniform code supplement of the International Fire Code

Yes No

b. Average time to evacuate facility was:

1 minutes 55 seconds

c. Arson and fire prevention instruction was provided in accordance with section 808 of the Education Law (revised 9/1/05) which requires every school in New York State to provide a minimum of 45 minutes of instruction in arson, fire prevention, injury prevention, and life safety for each month school is in session.

Yes No

d. Employee fire prevention, evacuation, and fire safety training was provided, and records maintained, in accordance with Section F406 of the International Fire Code.

Yes No

7. Have there been any fires in this facility since the last annual fire inspection report?

Yes No

a. If 'yes', indicate:

Number of fires

Number of injuries

Building Inspection - DR NATHAN COHEN ELEM/MIDDLE SCHOOL

Inspection Date

Inspection Date 11/23/16

The date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

Part I: General Information and Fire/Life Safety History

1. Please indicate the primary use of this facility

- INSTRUCTIONAL
- ADMINISTRATIVE
- BUS MAINTENANCE
- BUS STORAGE ONLY
- LEASED FACILITY OFF SCHOOL GROUNDS
- MAINTENANCE
- OTHER
- PUBLIC LIBRARY
- STORAGE
- VACANT

2. Is there a fire sprinkler system in this facility?

Yes	No
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If 'yes', is the sprinkler alarm connected with the building alarm?

Yes	No
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3. Is there a fire hydrant system for facility protection?

Yes	No
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If 'yes', indicate ownership of system (select one):