

# NOTICE OF FIRE & LIFE SAFETY VIOLATION(S)

- - - FLS -

|                    |      |               |
|--------------------|------|---------------|
| DBA:               | Test | Occupancy ID: |
| Violation Address: | Zip: |               |

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|                  |                    |                 |              |
|------------------|--------------------|-----------------|--------------|
| Owner/Manager:   | Phone:             | 24 hr. Phone:   |              |
| Mailing Address: | Zip:               | # Floors/Rooms: | Sq. Footage: |
| E-mail Address:  | Business License # |                 |              |

## Billing Type:

|                             |                                    |                                      |                                      |                                    |                                    |                                  |                                   |                                      |                                 |
|-----------------------------|------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> A4        | <input type="checkbox"/> B 0-299     | <input type="checkbox"/> E 1-100     | <input type="checkbox"/> E 1,500+  | <input type="checkbox"/> M 10,000+ | <input type="checkbox"/> R 11-20 | <input type="checkbox"/> R 51-100 | <input type="checkbox"/> U 1-299     | <input type="checkbox"/> SBI    |
| <input type="checkbox"/> A2 | <input type="checkbox"/> A5        | <input type="checkbox"/> B 300-9,999 | <input type="checkbox"/> E 100-500   | <input type="checkbox"/> F 1-3     | <input type="checkbox"/> R 3-4     | <input type="checkbox"/> R 21-30 | <input type="checkbox"/> R 100+   | <input type="checkbox"/> U 300-9,999 | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> A3 | <input type="checkbox"/> B# floors | <input type="checkbox"/> B 10,000+   | <input type="checkbox"/> E 501-1,500 | <input type="checkbox"/> M 0-9,999 | <input type="checkbox"/> R 5-10    | <input type="checkbox"/> R 31-50 | <input type="checkbox"/> S 1-3    | <input type="checkbox"/> U 10,000+   | <input type="checkbox"/> Other: |

- ☐ 1. Maintain unobstructed exits and exit aisles from all portions of the building. 2022 California Fire Code (CFC), Section 1031
- ☐ 2. Remove all bolts, bars, and chains from exit doors. CFC, Section 1010
- ☐ 3. Remove obstructions and maintain access to all fire protection equipment and access roads. CFC, Sections 503; 509
- ☐ 4. Provide and install a Knox Company key box or gate padlock/switch for electrical systems, for immediate access by fire department. Order at [www.knoxbox.com](http://www.knoxbox.com). Electrical gate shall include an infrared automatic gate system. CFC, Section 506
- ☐ 5. Provide required maintenance on the following as indicated:
- |                                                                                   |                                                                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Portable Fire Extinguisher(s): Annual. CFC, Section 906  | <input type="checkbox"/> Fire Alarm System/Single Station Smoke Detectors: Annual. CFC, Section 901 |
| <input type="checkbox"/> Fire Sprinkler System: Annual & 5-year. CFC, Section 901 | <input type="checkbox"/> Emergency Lighting Test Record: 30 sec./90 min. CFC, Section 1032          |
| <input type="checkbox"/> Standpipes/Hydrants: Annual. CFC, Section 901            | <input type="checkbox"/> Exit Signs. CFC, Section 1013                                              |
| <input type="checkbox"/> Fixed Extinguishing System(s): 6-month. CFC, Section 901 | <input type="checkbox"/> Other Life Saving Equipment: _____                                         |
- ☐ 6. Provide \_\_\_\_\_ fire extinguisher(s), type: \_\_\_\_\_ to be accessible for use and mounted 3-5 feet above the floor. CFC, Section 906
- ☐ 7. Repair all walls and ceilings where required to maintain fire-resistive construction. CFC, Section 703
- ☐ 8. Secure all compressed gas cylinder. CFC, Section 5303
- ☐ 9. Provide visible hazard identification signs (NFPA) at entrance to locations where hazardous materials are stored, used, or handled. CFC, Section 5003
- ☐ 10. Submit a Hazardous Materials Business Plan within 30 days upon notice.
- ☐ 11. Remove all extension cords used as substitute for permanent wiring. CFC, Section 603
- ☐ 12. Maintain a minimum of thirty (30) inches of access width and (36) inches in front of electrical control panels. For electrical panels wider than (30) inches, clearance shall not be less than the width of the panel. CFC, Section 603.
- ☐ 13. Building address numbers shall be visible from the front of street. Characters shall contrast with background. CFC, Section 505
- ☐ 14. Storage racks over 5'9" in height shall be inspected and permitted by the Building & Safety Division. CA Building Code, Section 105
- ☐ 15. Complete a High Piled Storage Permit Application for greater than 500 square feet of combustible storage over 12 feet in height or high-hazard storage over 6 feet in height. CFC, Section 105.5.24, CFC Ch. 32 (Contact Fire Prevention for Information)
- ☐ 16. Other: \_\_\_\_\_
- ☐ 17. No violations were noted at the time of inspection.

Violation(s) checked above are a violation of the law and shall be corrected immediately. Failure to correct violation(s) may result in legal action, charges for additional inspections, or administrative citation with monetary fines. A REINSPECTION will be conducted on or about \_\_\_\_\_.

|                            |                        |             |
|----------------------------|------------------------|-------------|
| Notice received by: _____  | Print Name: _____      | Date: _____ |
| Inspector signature: _____ | Print Name/Unit: _____ | Date: _____ |

## Reinspection(s):

|       |            |            |
|-------|------------|------------|
| Date: | Inspector: | Contacted: |
| Date: | Inspector: | Contacted: |
| Date: | Inspector: | Contacted: |