CITY OF SANTA FE FIRE MARSHAL'S OFFICE P. O. BOX 950 SANTA FE, TEXAS 77510 (409) 925-6412

FIRE SAFETY INSPECTION REPORT					
DATE:	OCCUPANCY TYPE:		ational Institu	tional Mercantile Residential	Other
TYPE OF INSPECTION:	Complaint Syst	em Home Occupancy Pre	- Fire Plan Coo	de Enforcement Other	
NAME OF BUSINESS:	ADDRESS:	entHomeOccupancyFre	- THE FIAIT	de EnforcementOther	
NAME OF OWNER:	PHONE:	NE: EMERGENCY			
			PHONE		
0000000 / 0000000		VIOLATIONS		COMPRESSED GAS CYLINDERS	
SCHOOLS / DAY CARES 1. Fire Drill Documentation	26	HOUSEKEEPING	10	Not Identified	
Fire Drill Documentation Evacuation Plans Posted		Combustibles Improperly Stored Inadequate Waste Containers		Not Properly Stored/Secured	-
Needs Annual Plumbing Test		Combustibles Under Stairwell	30.	FIRE DEPARTMENT ACCESS	
ELECTRICAL		Vent Hoods Need Cleaning	51	FDC Not Labeled	
4. Panel Obstructed	20.	KITCHEN SYSTEMS		Building Address Visible	
Extension Cords (Improper Use)	30	Need Service/Inspection		Fire Lane	
Combustibles Stored Near Electrical P.		Vent Hoods Need Cleaning		Knox Box	
7. Other Electrical		STAIRS		FLAME PROOFING	
FIRE EXTINGUISHERS	32.	No Handrail	55.	Curtains/Drapes	
8. Inadequate Number/Type		Obstructed		Decorations	
9. Needs Service/Inspection		MECHANICAL ROOMS		OPEN FLAME DEVÍCES	12
10. Improper Installation/Location S	ign 34.	Remove Combustibles	57.	Open Top/Sides	-
FIRE ALARM SYSTEMS		Secure	58.	Use Not To Code	
11. Needs Service/Inspection		FLAMMABLE/COMB. LIQUIDS		SERVICE STATIONS	
12. Fire Alarm System Required	36.	MSDS Sheets Required	59.	Use Of Hold Open Latches	
13. Inadequate Coverage	37.	Improperly Stored		Inadequate No Smoking Sign	
14. Not Monitored	38.	Container/Tank Not Labeled	61.	Emergency Shut Off Not Identified	
SPRINKLER SYSTEM/STAND F	PIPE	HORIZONTAL/VERTICAL OPENINGS		WELDING	
15. Needs Service/Inspection	39.	Openings Need Sealing		No Permit	
16. Heads Obstructed	40.	Ceiling Tiles Or Panels Missing	63.	No Fire Curtain	
17. Hose Condition		FIRE DOORS	64.		
AISLES		Blocked/Inoperative		PAINT SPRAYING	
18. Blocked		No Closing Device		Booth Required	
19. Inadequate	43.	Inadequate		Booth Not To Code	
20. Not Lighted	44.		67.	Improper Ventilation	
EXITS		FIRE WALLS		SMOKING IN RESTRICTED AREAS	
21. Locked/Obstructed		Improper Door	68.	Smoking Allowed	_
22. Exit Sign Battery/Bulb Problems		l	00	OTHER	
23. Not Identified	47.	None		Permit (Current If Required)	-
24. No Emergency Lighting	48.	Openings Unprotected		Other Violation	-
25. Need Panic Bar				Address	L
Sprinkler System Last Inspection: /	/ Permit Expires:	/ / Fire Ex	xtinguishers:	/ /	
Fire Alarm System last Inspected: / / Fixed Fire Protection System Last Inspection: / /					
ITEM #		REMARKS			
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				1111	
The Item(s) marked above are violations of the same conditions exist and no cause a				rrective action. If, at the expiration of this	time,
Inspector:			Inspector Signati	ıre:	
Next Inspection (on or after):	Туре	e of Inspection: Regular R	e-inspection		