JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN COMMISSIONER
COMPTROLLER GENERAL

**SAFETY FIRE DIVISION**
Suite 620 West Tower
No.2 Martin Luther King Jr. Drive
Atlanta, Georgia 30334

**If changes occur, please check appropriate box:**

File No. 016-BUS-001

☐ Name of Facility _____

☐ Address _____

☐ City _____ State GA Zip _____

☐ Physical Location _____

☐ Facility Phone # _____

☐ Name of Building _____

Mobile/Portable Serial No. _____

☐ Company Name _____

☐ Owner _____

☐ Address _____

☐ City _____ State GA Zip _____

☐ Owner Phone # _____

**Type of Inspection:**
☐ 80% ☐ 100%
☐ Annual ☐ Semi-Annual
☐ Follow-up _____ Fee _____
☐ Special Request ☐ Written ☐ Verbal
☐ Consultation ☐ Complaint

**Standard used:**
☐ Pre 1948
☐ 1948 BEC
☐ 1991 LSC
☐ 1997 LSC
☐ Other _____
☐ New ☐ Existing

**Admin. Info:** C.P. No. _____
C.O. No. _____ Date Issued _____
# of current violations _____
Last inspection by _____
# violations last inspected _____
Date last inspected _____

**Description of Facility:**
Type Occupancy _____
Occupant Load _____
Sq. Ft. area _____
# of beds _____ # of stories _____

**Use Condition**
☐ I
☐ II
☐ III
☐ IV
☐ V

**Construction Type**
☐ I(4,4,3)
☐ I(3,3,2)
☐ II(3,3,2)
☐ II(2,2,2)
☐ II(1,1,1)
☐ II(0,0,0)
☐ III(2,1,1)
☐ III(2,0,0)
☐ IV(2,H,H)
☐ V(1,1,1)
☐ V(0,0,0)

**Sprinklers:** ☐ None ☐ Partial ☐ Total
**Basement:** ☐ Yes ☐ No

| Deficiency Type | Compliance Y | N | NA | Deficiency Type | Compliance Y | N | NA |
|---|---|---|---|---|---|---|---|
| 1. Number of exits | | | | 8. Detection, alarm, commuication systems | | | |
| 2. Means of egress of approved type | | | | 9. Extinguishment systems | | | |
| 3. Travel distance to exits | | | | 10. Construction type requirements | | | |
| 4. Exit signs | | | | 11. Compartmentation requirements | | | |
| 5. Emergency lighting | | | | 12. Electrical systems | | | |
| 6. Vertical openings protection | | | | 13. HVAC systems | | | |
| 7. Interior finish | | | | 14. Other | | | |

**Accompanied by:**

This acknowledges the ownership of this facility is as stated above; and this acknowledges that an exit interview was given; that I understand the terms and conditions of the NOTICE below; and that I have/have not received a copy of this report.

Print Name _____ Title _____ Signature _____ Date _____

This acknowledges that I accompanied the Fire Safety Compliance Officer making this report.

Print Name _____ Title _____ Signature _____ Date _____

**NOTICE**: All deficiencies and/or violations noted above and on the attached pages shall be corrected immediately in order for this facility to comply with O.C.G.A. Title 25, Chapter 2. This report shall be returned to the Safety Fire Division office within 30 days indicating the deficiencies and/or violations noted have been corrected by initialing and dating each item. If all items are not corrected, a plan of correction shall be attached and submitted to this office within 30 days. Failure to correct the noted deficiencies and/or violation is a violation of the Georgia Safety Fire Law. **Follow-up inspection fees of $100 or $150 will be charged and due payable in advance for second, third and subsequent inspections as specified in Code Section 25-2-4.1.**

☐ **No visual violations were noted.**

☐ **Recommend issuance of Certificate of Occupancy**

☐ **A follow-up inspection is scheduled to be conducted in approximately _____ days.**

**Copy of report left:** ☐ **Yes** ☐ **No**

By: _____
Fire Safety Compliance Officer Date

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**File Number**_____

**Building Number**_____

| Item # | Reference | Type Def | Comments |
|---|---|---|---|
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**Page** _____ **of** _____

**By** _____ _____
**Fire Safety Compliance Officer** **Date**

SFD 376 (revised 5/03)

**ADD AN SFD 376**

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