

INSTRUCTIONS FOR THE ANNUAL COMPREHENSIVE SAFETY INSPECTION REPORT  
 THE SCHOOL BOARD OF BROWARD COUNTY, FL  
 OFFICE OF THE CHIEF FIRE OFFICIAL

INSPECTION DATE:	The month, day and year the inspection was complete.
INSPECTOR SIGNATURE(S):	Signature of the inspector(s) conducting the inspection. Name, title, and license# of inspector(s) printed under signature.
TYPE INSPECTION:	Mark "X" in the appropriate box (es).
SCHOOL DISTRICT:	The name and address of the district department conducting the inspection.
SCHOOL/FACILITY/CAMPUS:	The name and address of the individual school, facility, or campus being inspected.
LOCAL JURISDICTION NAME AND ADDRESS:	The name and address of the Local Fire Department responsible for conducting annual Firesafety Inspection.
ROOM/F.I.S.H. NUMBER:	Stands for Florida Inventory of School House. School districts identify all rooms, hallways, corridors, etc., of any facility using these F.I.S.H. numbers.
ADDRESS:	School Facility, or campus address.
69A-58 SUBPARAGRAPH:	Enter the subparagraph of the specified rule referred to. Chapter 5 SREF/FL Admin. Rule 69A-58.
PRIORITY:	Enter one of the following as priority for correction of deficiency: A. Imminent dangerous Condition B. Causative factors of fire, accidents and contagion C. Effective egress D. Early detection and warning E. Prevention of hazardous conditions F. Fire protection equipment, mach, guarding, personnel prot. G. Making facilities accessible to the handicapped
LOCATION BUILDING NUMBER:	Enter the building number in which the deficiency is found. (See notes 1, 2, and 3 below.)
LOCATION ROOM NUMBER:	Enter the room number in which the deficiency is found. (See notes 1, 2, and 3 below.)
TYPE OF DEFICIENCY:	Enter the appropriate type of deficiency; <u>M</u> , <u>O</u> , or <u>C</u> as defined below (District Owned Sites Only): <u>M</u> Maintenance of Plant: Consists of those activities that are concerned with keeping the grounds, building, and equipment at their original condition of completeness or efficiency through repair. <u>O</u> Operation of Plant: Consists of housekeeping activities concerned with keeping the physical plant open and ready for use. It includes cleaning, disinfecting, heating, lighting, communications, power, moving furniture, caring for grounds, and other such housekeeping activities as are repeated somewhat regularly on a daily, weekly, monthly or seasonal basis. Operations of plant do not encompass the repairs and replacements of facilities and equipment. <u>C</u> Capital Outlay: Expenditures for the acquisition of fixed assets or additions to fixed assets. They are expenditures for land or existing building, improvements of grounds, construction of building, additions to buildings, initial equipment, and additional equipment.
ESTIMATED COST:	Insert cost for Maintenance and Capital Outlay items: Round off to the nearest dollar (District Owned Sites Only).
DEFICIENCY DESCRIPTION: CORRECTIVE ACTION REQUIRED (SECTION 1013.12(1)(c) F.S.) NOTE 1:	Use this column for information required to describe the deficiency and to briefly describe the required corrective action.  When the same deficiency is found in several locations throughout a building, put in the building number and 0000 in the room number column. This will indicate that the same deficiency was found throughout the facility.
NOTE 2:	When a deficiency is found on the site, put 00 in the building number column. Put the applicable code listed below in the room number column. Playground or Athletic Field 9699 Driveway or Parking Area 9698 Landscape Area or Sidewalk 9599
NOTE 3:	When a deficiency is found on the outside of the building, enter the building number in the building number column and put the applicable code listed below in the room number column. Roof 8089 Outside Wall 8088 Covered Walkway 8087
NUMBER OF TIMES DEFICIENCY CITED BEFORE:	Insert the number of times this deficiency has been cited before.
SCHEDULED FOR CORRECTION NOT LATER THAN (SECTION 2013.12(1) (c) F.S.)	Calculated by the computer program utilizing the date of inspection, taking into consideration the Priority Code dateline.
PRIOR FISCAL YEAR DEFICIENCY STATUS:	Insert the letter "C" for each deficiency corrected from the prior fiscal year report.
WORK ORDER #	District work order number assigned to correct deficiency.
EMERGENCY EVACUATION DRILLS (NPFA 1:8-2.2.1.1)	Evacuation drills shall be held at least twice during the first month of school, and once per month thereafter for a total of no less than 10.
N, PK, KG-12 AND FLORIDA SCHOOLS FOR THE DEAF AND BLIND ONLY:	Mark "X" in the appropriate box (N-Nursery, PK-Pre-Kindergarten, KG-Kindergarten).
ACCEPT BY BOARD:	Mark "X" in the appropriate box and include letter/Board Item.
SIGNATURE OF FACILITY ADMINISTRATOR/SIGNATURE DATE:	Attesting to Emergency Evacuation Drills and receipt/review of report.

\*THOSE ITEMS MARKED WITH AN ASTERISK ARE FIRE VIOLATIONS ONLY.  
 Status Codes: C-Completed V-Void R-Remodeled X-Demolish T-Transferred U-Under Construction