

**INSTRUCTIONS FOR THE ANNUAL COMPREHENSIVE SAFETY INSPECTION REPORT
THE SCHOOL BOARD OF BROWARD COUNTY, FL
SAFETY DEPARTMENT**

EXHIBIT 6

INSPECTION DATE: The month, day and year the inspection was completed.

INSPECTOR SIGNATURE(S): Signature of the inspector(s) conducting the inspection. Name and title 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 School Houses. 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.

PRIORITY: Enter one of the following as the 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; M, Q, or C as defined below (District Owned Sites Only):
M 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
Q Operation of Plant: Consists of the housekeeping activities concerned with keeping the physical plant open and ready for use. It includes cleaning, disinfecting, heating, lighting, communications, power, moving furniture, handling stores, 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.
C 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 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, code in the number 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 1013.12(1)(c) F.S.)

PRIOR FISCAL YEAR DEFICIENCY STATUS: Insert the letter "C" for each deficiency corrected 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 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).

APPROVAL 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-Demolished T-Transferred U-Under Construction