



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE  
DIVISION OF FIRE PREVENTION  
CODES ENFORCEMENT SECTION**

25 Dr. Martin Luther King Dr.  
Room 350 Box 40  
Jackson, TN 38301  
Phone: 731-423-5703  
Fax: 731-423-6544

West

500 James Robertson Parkway  
Third Floor Davy Crockett Tower  
Nashville, TN 37243-1162  
Phone: 615-741-7190  
Fax: 615-741-1583

Middle

531 Henley St.  
Suite 719  
Knoxville, TN37902-2898  
Phone: 865-594-6165  
Fax: 865-594-0228

East

**FOLLOW-UP SCHOOL INSPECTION REPORT**  
*2006 Edition of NFPA 101 Life Safety Code, Chapter 15*  
*2006 Edition of INTERNATIONAL FIRE CODE*  
Cycle 2

**July 1, 2010 thru June 30, 2011**

Public:  Private:

**Date:** \_\_\_\_\_ **DEPUTY STATE FIRE MARSHAL:** \_\_\_\_\_

**School:** \_\_\_\_\_ **TFM:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Principal:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Director of Schools:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**NUMBER OF STORIES EXCLUDING NON-OCCUPIED BASEMENT  
SPRINKLERED PER NFPA 13** YES  NO  Partially:

**SPRINKLERED AREA (if partially sprinkled):**

On the above date an annual safety survey was conducted at this facility. The following deficiencies, as shown by "NO" responses are noted by classification according to their severity. The classifications are listed in parentheses prior to each deficiency.

- (I) Requires *immediate* corrective action.
- (A) Requires corrective action *within 30 days*.
- (B) Requires corrective action *within 120 days*.
- (C) Requires corrective action *within one (1) year*.

Provide a Plan of Corrective Action (POCA) within **30** days of receipt of this report, showing how and when each noted deficiency will be corrected. **Send POCA's to:** \_\_\_\_\_, **Deputy State Fire Marshal, VIA E-Mail at:** \_\_\_\_\_ **or mail to Tennessee State Fire Marshal's Regional Office. The addresses are located at the top of this form.**

## Follow-up Inspection

1.	Was an acceptable POCA received from school administrators approved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Is the means of egress free and clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Are the emergency lighting systems and exit signs operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Is the fire alarm system operational? Deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Is the fire sprinkler system operational? Deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Has Kitchen hood fire suppression system been inspected and serviced by a State licensed fire suppression company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Has a fire drill been witnessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Are fire drill records kept in accordance with TCA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	ADDITIONAL COMMENTS/DEFICIENCIES				
a.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

### DEFICIENCIES- NEW AND EXISTING

(Including classifications A, B, C) STILL PRESENT FROM PREVIOUS INSPECTIONS

**DOE PROGRAM(s) INCLUDED IN THIS INSPECTION**     **PRESCHOOL**     **SCHOOL AGE**

1.	Is this program recommended for approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	If there is more than one DOE program at this facility, are all programs recommended for approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

AN EXIT INTERVIEW WAS CONDUCTED WITH A REPRESENTATIVE OF THIS FACILITY ON THIS DATE. THE REPRESENTATIVE INDICATED THERE WERE NO QUESTIONS IN REFERENCE TO THIS REPORT.

CC: FILENET  
Principal  
Director of Schools  
DOE : Jan.Bushing@tn.gov