ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: [illegible]
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)849-0333
Zoning: Mixed Use Occupancy: Assembly

Contact Name: JUAN MOLINA
EXIT DESCRIPTION: Occupant 1 1912 S ORANGE AVE ORLANDO, FL 32806-[illegible]
DAY Contact Phone: (407)849-[illegible]
AFT Contact Phone: (407)[illegible]

Assigned To: [illegible]
Assigned Date: [illegible]
Schedule Date: [illegible]

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO VIOLATIONS NOTED

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x Signature	3-17-07 Date
LT. J. BAILEY 8189 Company Officer Name (Print) / Emp.#	x Signature	3-17-07 1315 Date and Time

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3889
Station No: Station 05 **Occupancy:** Assembly

Contact Name	Prty	Mailing Address	Day Time Phone	After Hours Phone
JUAN MILLER	Occupant 1	1912 S ORANGE AVE ORLANDO, FL 328010000	(407)649-3889	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Comp Survey F/U Inspection	BLAHA, Thomas	12/04/2006	01/04/2007

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☒ Emergency/Exit sign(s) inoperable
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated window
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

False Fire Alarm:
- ☐ 1 – 3 $0.00
- ☐ 4 – 6 $100.00
- ☐ 7 + $200.00

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Renewed/Needed

Provide Records for all Installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm
- ☐ Fire Extinguisher 1/α
- ☐ Fire Pump
- ☐ Generator
- ☐ Hydrant(s)/painted
- ☐ Hood System
- ☐ Sprinklers
- ☐ Standpipe/Hoses

Signage Required:
- ☐ Fire Lane
- ☐ "No Smoking"
- ☐ Occupant Load 299
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Remarks: REPAIR/REPLACE EMG LIGHT
INSTALL 2 FIRE EXT

(Note to Customer: Signature below is to acknowledge receipt of this report)

Marcus Black — x [signature] — 1/24/2007
Customer Name (Print) — Signature — Date

Tom Blaha — x [signature] — 2-2-07
Company Officer Name (Print) — Emp.# — Signature — Date and Time

Reinspection Date

Form # FSM 930 Rev 05/000 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

850-819

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3889
Station No: Station 05 Occupancy: Assembly

Contact Name	Prty	Mailing Address	Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occupant 1	1912 S ORANGE AVE ORLANDO, FL 328010000	(407)649-3889	(407)256-9084

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Comp Survey Initial Insp	Station, Station 05, B	10/27/2006	11/01/2006

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?			
2. Are combustible waste materials disposed of properly?			
3. Are electrical panels and/or meters unobstructed?			
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?			
5. Are electrical cover plates on all switches, plugs, and junction boxes?			
6. Are combustible decorations flame retardant?			
7. Are shafts for pipes and cables sealed?			
8. Are fire lanes unobstructed?			
9. Is the yard around the business free of weeds or debris?			
10. If gated property, is optical opening device functioning? Is the emergency code correct?			
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?			
2. Are doors in or leading to exits unlocked?			
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?			
5. Are exit signs and directional signs properly illuminated?			
6. Are emergency lights functioning?			
7. Are door self -closing devices functioning?			
8. Is exit discharge clear?			
C. Fire Safety Education:			
1. Is a written evacuation plan provided?			
2. Are records of training provided and current?			
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use			
b. Evacuation procedure			
c. Fire Systems (alarm-sprinkler-hose-detection)			
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)			

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?			
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?			
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: ___/___/___			
4. Are fire extinguishers fully charged and operational?			
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___			
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			
7. If building is sprinklered, is it 100% coverage?			
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			
9. Are hoses cabinets and racks unobstructed?			
10. Are hoses tested and inspected? Date tested: ___/___/___			
11. Is fire pump tested annually? Date tested: ___/___/___			
12. Are fire hydrants maintained?			
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			
2. Are smoke detectors operable?			
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Does the business have a special fire extinguishing system for hazardous operation?			
3. Does this business store/handle hazardous chemicals?			

Remarks: Closed

3 ATTEMPTS MADE NO ANSWER ON PREMISIS OR ON PHONE.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		x Signature	Date
K. Mosher	3320	x	10/28/06 11/22/06
Company Officer Name (Print)	**Emp.#**	**Signature**	**Date and Time**

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?	___	___	___
2. Are combustible waste materials disposed of properly?	___	___	___
3. Are electrical panels and/or meters unobstructed?	___	___	___
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?	___	___	___
5. Are electrical cover plates on all switches, plugs, and junction boxes?	___	___	___
6. Are combustible decorations flame retardant?	___	___	___
7. Are shafts for pipes and cables sealed?	___	___	___
8. Are fire lanes unobstructed?	___	___	___
9. Is the yard around the business free of weeds or debris?	___	___	___
10. If gated property, is optical opening device functioning? Is the emergency code correct?	___	___	___
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?	___	___	___
2. Are doors in or leading to exits unlocked?	___	___	___
3. Are stairway doors closed?	___	___	___
4. Are exit signs posted over or on required exit doors and exitways?	___	___	___
5. Are exit signs and directional signs properly illuminated?	___	___	___
6. Are emergency lights functioning?	___	___	___
7. Are door self -closing devices functioning?	___	___	___
8. Is exit discharge clear?	___	___	___
C. Fire Safety Education:			
1. Is a written evacuation plan provided?	___	___	___
2. Are records of training provided and current?	___	___	___
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use	___	___	___
b. Evacuation procedure	___	___	___
c. Fire Systems (alarm-sprinkler-hose-detection)	___	___	___
d. Fire Safety Practices	___	___	___
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)	___	___	___

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?	___	___	___
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?	___	___	___
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: ___/___/___	___	___	___
4. Are fire extinguishers fully charged and operational?	___	___	___
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___	___	___	___
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	___	___	___
7. If building is sprinklered, is it 100% coverage?	___	___	___
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)	___	___	___
9. Are hoses cabinets and racks unobstructed?	___	___	___
10. Are hoses tested and inspected? Date tested: ___/___/___	___	___	___
11. Is fire pump tested annually? Date tested: ___/___/___	___	___	___
12. Are fire hydrants maintained?	___	___	___
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)	___	___	___
2. Are smoke detectors operable?	___	___	___
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?	___	___	___
2. Does the business have a special fire extinguishing system for hazardous operation?	___	___	___
3. Does this business store/handle hazardous chemicals?	___	___	___

Remarks: 3 ATTEMPTS MADE NO ANSWER ON PREMISIS OR ON PHONE.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		x Signature	Date
K. Mohr	3320	x K. Mohr	11/22/00
Company Officer Name (Print)	Emp.#	Signature	Date and Time

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

JUAN MILLER

407-595-1432

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

JM Customer Name (Print)	x	JUAN MILLER Signature	11/11/06 Date
J.J. White Company Officer Name (Print)	10814 Emp.#	x Signature	11-11-06 Date and Time

Form #: FSM 920 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: Business Name: PULSE
Location: 1912 S ORANGE AVE Business Phone: (407)649-3839
City/State: ORLANDO, FL Station No: Station 05 Occupancy: Assembly

Contact Name	Pty	Mailing Address	Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occupant 1	1912 S ORANGE AVE ORLANDO, FL 328010000	(407)649-3839	(407)216-9064

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Comp Survey Exit Check	Station, Station 05, A	04/25/2006	05/01/2006

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
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- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

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Remarks: NO - VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Tara McKinney		x Tara McKinney	5/19/06

Company Officer Name (Print)	Emp.#	Signature	Date and Time
LT MARK A GREGORY	6489	x [signature]	5/19/06

Form #: FSM 920 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: [illegible]
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: [illegible]
Business Phone: (407)[illegible]
Station No: Station 05 Occupancy: Assembly

Contact Name	Qty	Mailing Address	Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occupant 1	1912 S ORANGE AVE ORLANDO, FL 32801-0000	(407)[illegible]	(407)[illegible]

Activities	Assigned to	Assignment Date	Schedule Date
[illegible]-Comp Survey Exit Check	Station Station 05, C	07/15/2006	03-01/2006

- [x] 1. Parking in a Fire Lane
- [x] 2. Occupant Load Not Posted
- [x] 3. Occupants in Excess of Posted Limit
- [x] 4. Emergency/Exit Lights Inoperable
- [x] 5. Exit Doors Locked
- [x] 6. Aisles Obstructed
- [x] 7. Exit Door or Hardware Inoperable
- [x] 8. Improper Locks on Required Exit Doors
- [x] 9. Self Closing Doors Blocked Open
- [x] 10. Obstructed Exit or Exitway
- [x] 11. Excessive Combustibles
- [x] 12. Combustibles in Exitway
- [x] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

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Remarks:

280 Crossway - 289 Pa Manual

Received By: (Signature below is to acknowledge receipt of this report)

Tara McKinney x [signature] 3-23-06
Print Name Signature Date:

Company Officer:

Bob Drake x [signature] 3-23-6 115
Print Name Signature Time and Date

Form # FSM 920 Rev 11/2001 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
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- [ ] **13. Other (Listed Below)**
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- [ ] _____
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- [ ] _____
- [ ] _____

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Remarks: no violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Tara McKinney	x Tara McKinney	1/13/06
Customer Name (Print)	**Signature**	**Date**
Lt Mark A Gregory 6489	x Lt Mark A Gregory	1/13/06 10
Company Officer Name (Print) / Emp.#	**Signature**	**Date and Time**

Form #: FSM 920 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division . Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: Business Name: PULSE

Location: 1912 S ORANGE AVE Business Phone: (407)649-3889

City/State: ORLANDO, FL Station No: Station 05 Occupancy: Assembly

Contact Name	Party	Mailing Address	Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occupant 1	1912 S ORANGE AVE ORLANDO, FL 328010000	(407)649-3889	(407)256-8084

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Comp Survey Exit Check	Station, Station 05, C	10/26/2005	11/01/2005

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
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- [ ] **7. Exit Door or Hardware Inoperable**
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- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

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Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		x Signature	Date
Nancy Rivera		Nancy Rivera	12-16-5
Company Officer Name (Print)	**Emp.#**	**x Signature**	**Date and Time**
Bob Davis	7201	BC Ra	12-16-5 1045

Form #: FSM 920 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 920 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: POLSE
Business Phone: (407)649-3889
Station No: Station 05 Occupancy: Assembly

Contact Name	Prty	Mailing Address	Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occupant 1	1912 S ORANGE AVE ORLANDO, FL 328010000	(407)649-3889	(407)256-9084

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Comp Survey Initial Insp	Station, Station 05, C	10/26/2005	11/01/2005

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?	✓		
8. Are fire lanes unobstructed?	✓		
9. Is the yard around the business free of weeds or debris?	✓		
10. If gated property, is optical opening device functioning? Is the emergency code correct?			✓
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?	✓		
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self -closing devices functioning?	✓		
8. Is exit discharge clear?	✓		
C. Fire Safety Education:			
1. Is a written evacuation plan provided?			✓
2. Are records of training provided and current?			✓
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use	✓		
b. Evacuation procedure	✓		
c. Fire Systems (alarm-sprinkler-hose-detection)	✓		
d. Fire Safety Practices	✓		
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)	✓		

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: ___/___/___ 6-5	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___			✓
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			✓
7. If building is sprinklered, is it 100% coverage?		✓	
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hoses cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested: ___/___/___			✓
11. Is fire pump tested annually? Date tested: ___/___/___			✓
12. Are fire hydrants maintained?			✓
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			✓
2. Are smoke detectors operable?			✓
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?		✓	
2. Does the business have a special fire extinguishing system for hazardous operation?		✓	
3. Does this business store/handle hazardous chemicals?		✓	

Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

Cindy BARBALOCK — Customer Name (Print) — x [signature] — Signature — Date

Bob Dzuba — Company Officer Name (Print) — Emp.# — x [signature] — Signature — 11-10-5 1745 — Date and Time

Form #: FSM 930 Rev 05/2002 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x	Signature	Date
Kevin Callahan	x	[signature]	9.24.05

Company Officer Name (Print)	Emp.#	x	Signature	Date and Time
PAUL PLAUGHER	10315	x	[signature]	9.24.05 2250

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID:
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3889
Station No: Station 05 Occupancy: Assembly

Contact Name	Prty	Mailing Address	Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occupant 1	1912 S ORANGE AVE ORLANDO, FL 328010000	(407)649-3889	(407)256-9054

Activities	Assigned to:	Assignment Date:	Schedule Date:
INSP-Comp Survey Exit Check	Station, Station 05, C	06/20/2005	07/01/2005

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
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- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

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Remarks: No violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Luiz Oliveira	x		7/28/5

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Bob Dzuiko	7107	x		7-28-5 1000 am

Form #: FSM 920 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3889
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address	Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occupant	1	1912 S ORANGE AVE ORLANDO, FL 328010000	(407)649-3889	(407)256-9084
~~SCOTT REEDER~~	~~Other~~	~~2~~	~~1912 S ORANGE AVE ORLANDO, FL 32805~~	~~(407)649-3888~~	~~(407)649-9201~~

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Comp Survey Exit Check	Station, Station 05, B	05/20/2005	06/01/2005

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?			✓
8. Are fire lanes unobstructed?	✓		
9. Is the yard around the business free of weeds or debris?	✓		
10. If gated property, is optical opening device functioning? Is the emergency code correct?			✓
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self -closing devices functioning?	✓		
8. Is exit discharge clear?	✓		
C. Fire Safety Education:			
1. Is a written evacuation plan provided?	✓		
2. Are records of training provided and current?	✓		
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use	✓		
b. Evacuation procedure	✓		
c. Fire Systems (alarm-sprinkler-hose-detection)	✓		✓
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)			✓

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: 6 2004	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___		✓	
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			✓
7. If building is sprinklered, is it 100% coverage?			✓
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hoses cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested: ___/___/___			✓
11. Is fire pump tested annually? Date tested: ___/___/___		✓	
12. Are fire hydrants maintained?	✓		
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			✓
2. Are smoke detectors operable?	✓		
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			✓
2. Does the business have a special fire extinguishing system for hazardous operation?			✓
3. Does this business store/handle hazardous chemicals?			✓

Remarks: No Violations Noted

(Note to Customer: Signature below is to acknowledge receipt of this report)

Kevin Callahan	x		6.3.05
Customer Name (Print)		**Signature**	**Date**
Dawn Sumter 7537	x		6/3/05 2100
Company Officer Name (Print) **Emp.#**		**Signature**	**Date and Time**

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner

ORLANDO FIRE DEPARTMENT
EXIT CHECK

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This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO VIOLATION

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x Signature	Date
Byron Callahan		4/9/05

Company Officer Name (Print)	Emp.#	x Signature	Date and Time
Lt MARK A. GREGORY	04187	Lt	4/9/05 (20)

Form #: FSM 920 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

Occupancy ID: 06501 **Name:** PULSE

Location: 1912 S ORANGE AV **Complex:**

Unit No.: **Station No:** Station 05 **Business Phone:** (407)649-3889

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
SCOTT REEDER	Other	2	1912 S ORANGE AV	Orlando, FL	32805	(407)649-3888	(407)619-2201
KEVIN CALLAHAN	Occ	1	1912 S ORANGE AV	Orlando, FL	328010000	(407)649-3889	(407)256-9084

Activities	Assigned To	Assignment Date	Schedule Date
INSP-Full Fire Re-inspection	HURSH, James	10/22/2004	11/29/2004
INSP-Special Projects	HURSH, James	01/04/2005	02/04/2005

An inspection is required by the City Fire Code in an effort to prevent loss of life or property. This report advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 407-246-2386.

Today's Inspection Results:

Code Section	Description	Apv
Note	MET WITH MANAGEMENT, went over	
	DRAWINGS LAYOUTS, to CALCULATE	
	OCCUPANT LOAD.	
Note	WILL ISSUE NUMBER BASE ON Protection	
	OF BLDG.	

Received By: (Signature below is only to acknowledge receipt of this report)

Scott A. Reeder — x — 1-19-05

Print Name — Signature — Date

Fire Inspector: Jim Hursh — x — JR Hursh (1 HR 45 MIN) 01/19/04

Print Name — Signature — Date

X → C K Pelf

ISSUED 3/4/05 Letter / OCCUPANT LOAD SIGNAGE

Re-Inspection Date:

ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

Page: 1

Occupancy ID: 06501 | Name: PULSE

Location: 1912 S ORANGE AV | Complex:

Unit No: | Station No: Station 05 | Business Phone: (407)649-3889

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
KEVIN CALLAHAN	Occ	1	1912 S ORANGE AV	Orlando, FL	328010000	(407)649-3889	(407)256-9084

Activities	Assigned To	Assignment Date	Schedule Date
INSP-Comp Survey Exit Check	Station, Station 05, E005, A	11/01/2004	

An inspection is required by the City Fire Code in an effort to prevent loss of life or property. This report advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 407-246-2386.

Today's Inspection Results:

Code Section	Description	Appv
Note	WALK THUR EXIT Check COMPLETED	
NFPA 101, 13.2.5.9	PROVIDE DETAIL DRAWING OF LAYOUT (CURRENT) SETUP OF CLUB, IN ORDER to DETERMINE OCCUPANT LOAD	JRH 3/4/15
	AFTER These PLANS ARE REVIEWED SIGNAGE SHALL BE POSTED	

Received By: (Signature below is only to acknowledge receipt of this report)

Scott A. Reed — Print Name — x [signature] — Signature — 11/20/04 — Date

Fire Inspector: Jim Hursh 10/23/04 — Print Name — x James R Hursh — Signature — 10/23/04 — Date

Re-Inspection Date: 11/28/04

X WAS OUT ON 11/20/04
PLANS STILL BEING WORKED ON

Distribution: Original - OFD Fire Safety Management Division

ORLANDO FIRE DEPARTMENT

ORLANDO FIRE DEPARTMENT

PULSE

407 649 3889

KEVEN CALLAHAN (407) 236 9084

Note

EXIT Check / APPROVED WALK THRU
OCCUPANT LOAD POSTED at 212
Will NEED to APPROVE Layout /
DRAWING FOR this NEW Set-UP.

@T 11 45pm CLUB @4

Received By: (Signature below is only to acknowledge receipt of this report)

Print Name | Signature | Date

JR Hurst

ORLANDO FIRE DEPARTMENT

PULSE CLUB

4797

ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

Supplemental Information

Occupancy ID: 06501
Name of Business: PULSE

Building Features

Floor Area:	4,025 sq ft.	**Construction Type:**	2 - Type II (Noncombustible
Occupancy Class:	A1 - Assembly	**Number of Stories:**	1
Property Use:	162 - Bar or nightclub	**Year of Construction:**	2003
Mixed Use:	None Entered		

Fire Protection Features

Main Extinguishing System: U1 - No extinguishing system

Main Detection System: 08 - No detectors

Systems:

Type	Description:
1	No extinguishing system
3	Fire Extinguishers-Standard Full Coverag
3	Emergency Lighting Provided

Other Building Info

OCCUPANT LOAD=250 PERSONS

Permits - HazMat Only

Permit #	Issue Date	Chemical Substance	Physical State	Container	Max. Quantity Permitted
None Entered	None Entered	None Entered	None Entered	None Entered	0

ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

Occupancy ID: 06501
Name of Business: PULSE

*** Open Violations ***

Description:
Capacity - Occupant Load

Found Date:
10/22/2004

Code Requirement:
Maintain approved occupant load.

Code Section:
NFPA 101, 7.3.1

March 2005

Comments:
WILL NEED TO POST OCCUPANT LOAD SIGNAGE
FOR LATEST LAYOUT OF CLUB

Description:
NOTE: See below

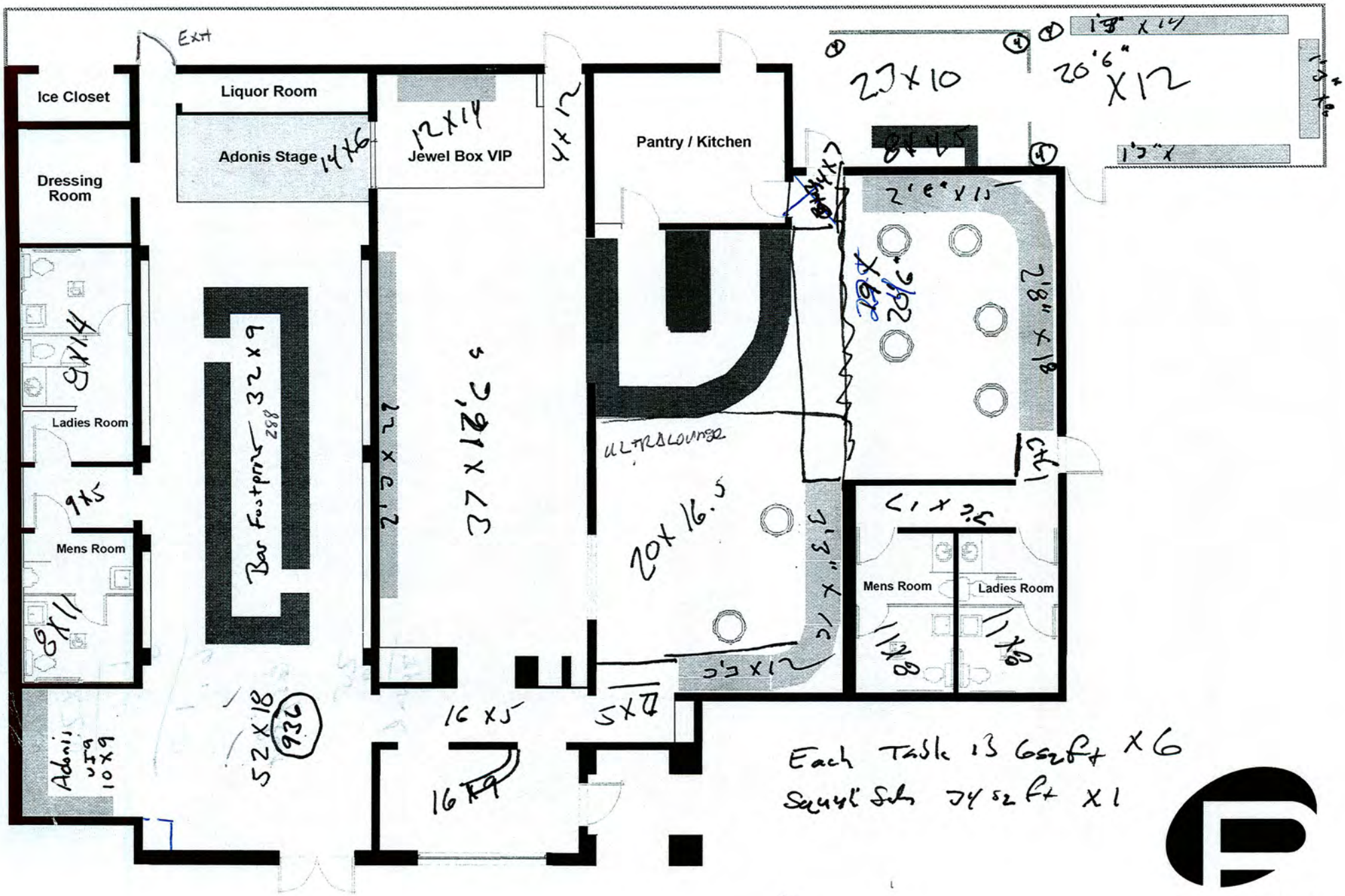
Found Date:
10/22/2004

Code Requirement:

Code Section:

March 2005

Comments:
PROVIDE SET OF PLANS/DRAWINGS OF LAYOUT
FOR OCCUPANT LOAD.



PULSE
Orlando

PULSE SQUARE FEET WORKSHEET

PULSE Interior Square Feet	**3983.70**	**PULSE Exterior Square Feet**	**476**
Interior Occupied Square Feet	**898.9**	**Exterior Occupied Square Feet**	**78.5**
Total Open Square Feet	**3084.80**	**Total Open Square Feet**	**397.5**

INTERIOR AREAS

Area	Wide	Deep	Total
Adonis Main Room	18	52	936.00
Adonis VIP	9	10	90.00
Adonis RR Hall	5	9	45.00
Adonis Mens Room	8	11	88.00
Adonis Ladies Room	8	14	112.00
Adonis Stage	14	6	84.00
Lobby Entrance	16	8	128.00
Hall	16	6	96.00
Jewel Box	17.5	37	647.50
Jewel Box VIP	14	12	168.00
Jewel Box Hall	4	12	48.00
ultralounge Entry	5	7	35.00
ultralounge 1	20.25	36	729.00
ultralounge 2	22.5	24	540.00
ultralounge hall	3.6	17	61.20
ultralounge Mens Room	8	11	88.00
ultralounge Ladies Room	8	11	88.00
			0.00
		Total Sq Feet Interior	3983.70

EXTERIOR AREAS

ITEM	Wide	Tall	Total
Bamboo Under Cover	10	23	230
Bamboo Open	12	20.5	246
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
		Total Sq Feet Exterior	476

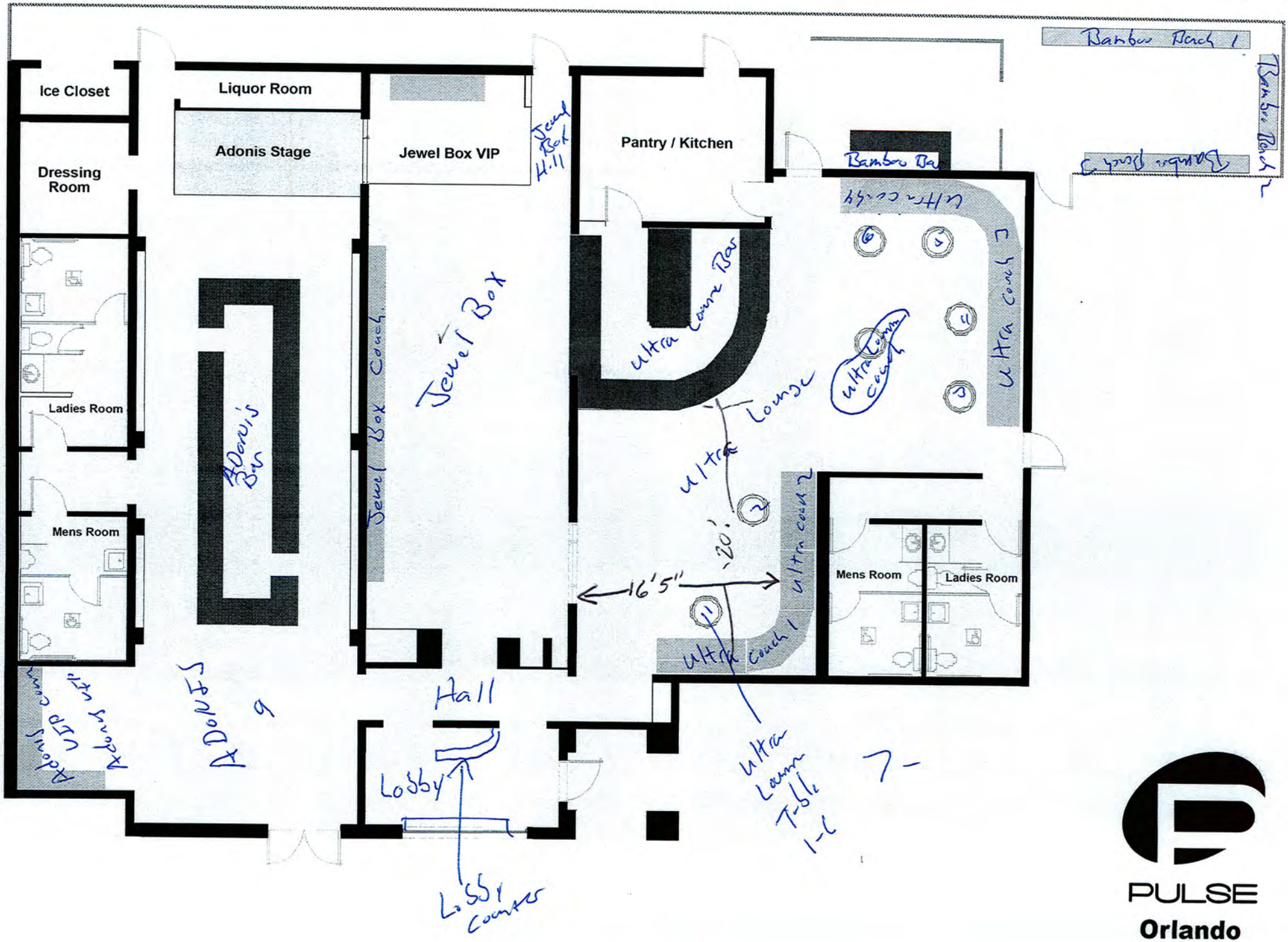
INTERIOR AREAS - OCCUPIED

Area	Wide	Deep	Total
Adonis Bar Footprint	9	31.5	283.50
Adonis Closet	3.5	3	10.50
ultralounge Bar	15.6	14	218.40
lobby counter	5	4.5	22.50
Adonis VIP Couch	2.5	7	17.50
Jewel Box Couch	2.25	29	65.25
ultralounge couch 1	3.25	12	39.00
ultralounge Couch 2	3.25	16	52.00
ultralounge Couch 3	2.75	18	49.50
ultralounge Couch 4	2.75	15	41.25
bamboo entry	4	7	28.00
ultralounge table 1	2.5	2.5	6.25
ultralounge table 2	2.5	2.5	6.25
ultralounge table 3	2.5	2.5	6.25
ultralounge table 4	2.5	2.5	6.25
ultralounge table 5	2.5	2.5	6.25
ultralounge table 6	2.5	2.5	6.25
ultralounge Couch			34.00
		Total Occupied Sq Feet Interior	898.90

EXTERIOR AREAS - OCCUPIED

ITEM	Wide	Tall	Total
Bamboo Bar	8	4.5	36
Bamboo Bench 1	1.25	14	17.5
Bamboo Bench 2	1.25	8	10
Bamboo Bench 3	1.25	12	15
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
		Total Occupied Sq Feet Exterior	78.5

THIS AREA NOT COUNTED AS PART OF TOTAL OCCUP LOAD


Ice Closet
Liquor Room
Adonis Stage
Jewel Box VIP
Pantry / Kitchen
Dressing Room
Ladies Room
Mens Room
Mens Room
Ladies Room
Jewel Box
Jewel Box Couch
Adonis Bar
Adonis
Hall
Lobby
Lobby counter
Ultra Lounge Bar
Ultra Lounge
Ultra Lounge Table
Ultra couch 1
Ultra couch 2
Ultra couch 3
Bamboo Bar
Bamboo Bar
16'5"
20'
PULSE
Orlando

* 344 PERSONS APPROX

Can Post @ 299 persons until fire alarm system
1912 S: Orange AVE / Pulse

16 sqft Each Exit

ADONIS VIP - 15 persons
ADONIS MAIN - 94 persons

* Jewel Box VIP Seating Approx 13, 7 standing

Jewel Box Floor space - 32 x 15 ft.
Bar Portable - 2 x 6 12
73 persons
* Couches - Seating Area - 18 persons

* Ultra Lounge open Area 20 x 16.5 meaning
To the Couches ÷ 7

Seating on couches (16) Bodies

1/19/05 Pinio Being Relocated
* Bar Chairs Not set-up During weekend

* TOTAL APPROX (63) persons

SUBTRACT ITEMS

ULTRA LOUNGE (MINUS) - 16 sqft from Exit Door
+ couch - 34 sqft
*ADD 7 persons to seat on this area
ultra lounge couch 3 & 4 - 50 sqft to (41) sqft
Seating Area - 3 & 4 TOTAL (16) Body's
Tables 3, 4, 5, 6 - 6.25 x 4 (25 sqft)
540 75 sqft - 475 ÷ 7 = 65 + 16 = 81 per

144 PERSONS

CITY OF ORLANDO

February 7th 2005

The Pulse
1912 S. Orange Ave.
Orlando, Fl 32806

Re: Occupant Load 299 persons

Dear Mr: Scott Reeder

The Orlando Fire Department continues to perform exit checks for all targeted businesses that are classified as assembly occupancies within the City of Orlando. This program provides an excellent opportunity for the City of Orlando Fire Department and the Orlando business community to form a partnership in fire and life safety.

The primary focus of this program is to provide monthly fire and life safety inspections to those businesses that are deemed high hazardous within the City limits, while keeping business disruptions and costs to a minimum.

On January 19th 2005 the occupant load for your establishment was calculated. The fire inspector obtained a floor plan (not to scale) from you, and took measurements of the available square footage. After reviewing the data and conducting a site visit to your club, it was determined that the maximum occupant load for your occupancy was 299 persons. The calculations were based on NFPA 101, The Life Safety Code, 2000 Edition, Section 13.1.7.

It is the responsibility of the owners and management to prevent overcrowding; hence, the maximum load cannot be exceeded at any time. Therefore, your occupant load will be enforced at 299 persons until it is shown to be a higher number through a permit from the Office of Permitting Services or through a decision from the Board of Appeals.

Any person who exceeds their occupant load and fails to take corrective action to abate a fire hazard when ordered or notified shall be subjected to the penalty phased established in the Orlando City Code, Chapter 5, and the Code Enforcement Board procedures.

The notice shall be served to the owner, occupant or to the person responsible for the condition or violation and the penalty shall range from $250.00 (per day – per violation) up to a mandatory court appearance before an Orange County Circuit Judge. In some cases, repeat offenders may also be subjected to a $15,000 fine imposed by the City of Orlando Code Enforcement Board.

If you have any questions, please contact me at 407-246-3012.

Sincerely,

James R Hursh Jr

James R.Hursh Jr. Senior Fire Inspector
Orlando Fire Department

ORLANDO FIRE DEPARTMENT • FIRE SAFETY MANAGEMENT DIVISION
City Hall • 400 South Orange Avenue • 7th Floor • Orlando, FL 32802
Mail: P.O. Box 2846 • Phone (407) 246-2386 • Fax (407) 246-2512 • www.cityoforlando.net

Maximum Occupant Load

299

1912 S.ORANGE AVE.

NUMBER ISSUED FOR NIGHT CLUB ARRANGEMENT
February 8, 2005
BY ORDER OF THE FIRE MARSHAL City ORDINANCE

Orlando Fire Department **fpc 24.24 (b) (1)**

ORLANDO FIRE DEPARTMENT

Unable to inspect, Tent not set up where indicated on plans.

ORLANDO FIRE DEPARTMENT

Joe Sawyer

12-10-04.

CITY OF ORLANDO

BUILDING PERMIT

Issue Date: December 07, 2004
Expiration Date: December 13, 2004
Parcel #: 02-23-29-3828-01-040
Project Name: PULSE NIGHT CLUB

Permit #: BLD2004-12460
Permit Address: 1912 S ORANGE AV
Subtype: Tent
Project #: BLD2004-12460

Description:
Erect 30' X 30' Tent for Christmas Party 12/11/2004 - 12/13/2004

Owner: RICHARDS PAINTS,

Contractor: PAUL E WEIDNER JR, KIRBY RENTAL SERVICE, 411 HAMES AV, ORLANDO, FL 32805-0000, (407) 422-1001

Contractor License: FL006647

Zoning: AC-N **Construction Cost:** $440.00

DETAILS

Tent Length (Ft):	30.00	**In Use From:**	12/11/2004
Tent Width (Ft):	30.00	**In Use To:**	12/13/2004
Tent Area (SqFt):	900.00	**# of Tents:**	1

FEES

Type	Amount
Tent Permit Fee	$50.00
Total Fees:	$50.00

48 Hours before you dig call SUNSHINE 1.800.432.4770. It's the Law in Florida.

Work performed must conform to all City Ordinances regulating the use and construction of structures and the work authorized by this permit. It is the Owner/Contractor responsibility to call for appropriate inspections as required by City Code and applicable construction codes.

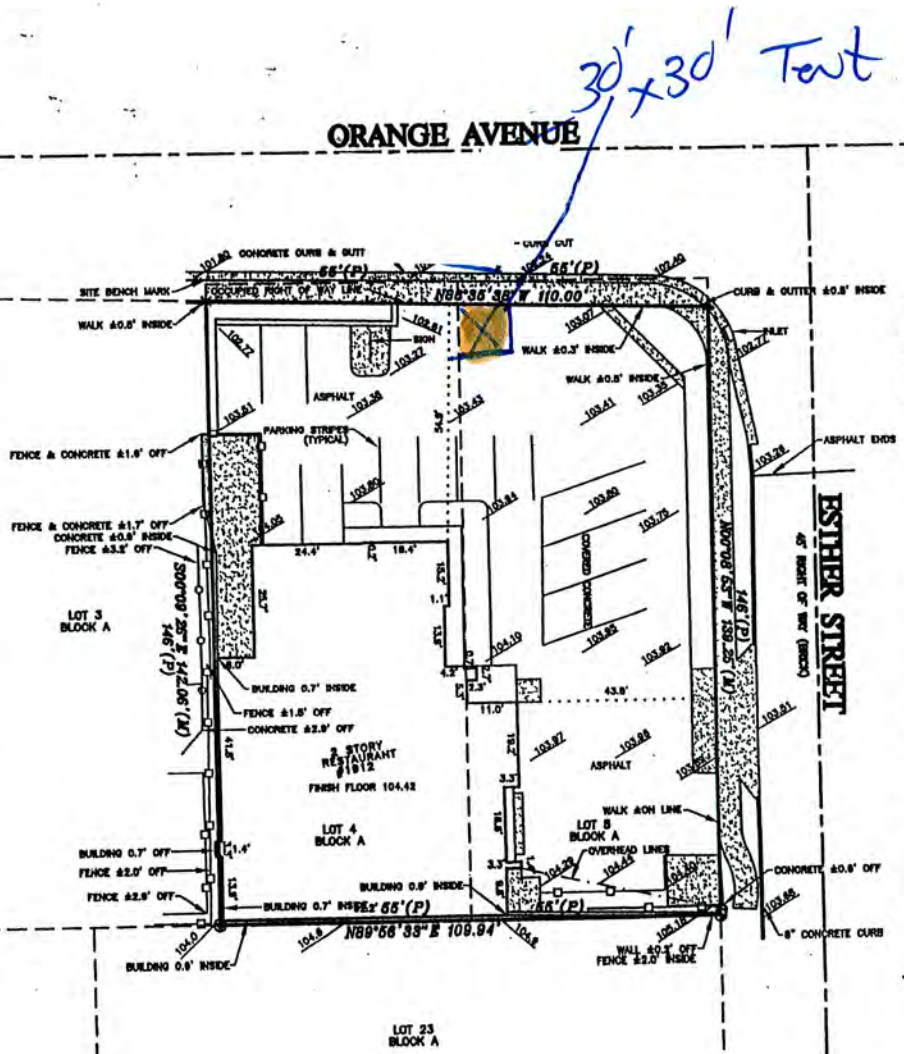
Notice: Contact Orange County Environmental Protection Division at 407.836.1400 for Demolition and Asbestos Removal Notification Requirements Prior to Start of Demolition or Renovation Work.

By Thomas D Hite
Building Official

To request an inspection call "PROMPT", our Interactive Voice Response system at 407.246.4444. Your inspector for this permit is Thomas L. Harris, 407.246.3540.

BOUNDARY SURVEY
FOR
ROSARIO POMA

LOTS 4 AND 5, BLOCK A, (LESS ROAD),
ILEXHURST SUBDIVISION
PLAT BOOK G, PAGE 67,
ORANGE COUNTY, FLORIDA



THIS SURVEY CERTIFIED TO:
ROSARIO POMA
FELLER, MATEER & HARBERT, P.A.

SURVEYOR'S NOTES

1. ELEVATIONS ARE BASED ON ORANGE COUNTY DATUM.

2. SITE BENCH MARK IS A BOX CUT AT BACK OF CURB AT THE NORTHEAST CORNER OF PROPERTY, ELEVATION 102.29.

BEARINGS ARE BASED ON THE EAST LINE OF LOT 5, BLOCK A AS BEING N00°08'53"W, ASSUMED

LEGAL DESCRIPTION FURNISHED BY CLIENT (UNLESS OTHERWISE NOTED)

THIS IS TO CERTIFY THAT I HAVE REVIEWED THE FLOOD INSURANCE RATING MAP (FIRM) PANEL #120189 0245 E DATED 12/6/00 AND DETERMINED THAT THE LANDS SHOWN HEREON LIE IN ZONE "X".

UPDATE & ADD ELEVATIONS:5/17/03	NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER. ADDITIONS AND DELETIONS TO SURVEY MAPS, SKETCHES, OR REPORTS BY OTHER THAN THE SIGNING PARTY OR PARTIES IS PROHIBITED, WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY OR PARTIES.	SCALE: 1"=30'	
REVISED:		REVIEWED BY: MWS	
REVISED:		DRAWN BY: LJO	
REVISED:		DATE: 3/11/01	
REVISED:	MICHAEL W. SOLITRO, PSM #4458 FOR THE FIRM OF ALTAMONTE SURVEYING AND PLATTING, INC. #LB 6300	JOB No.: 13	
REVISED:			

LEGEND

- ■ = RECOVERED 4"X4" CONC. MONUMENT
- ▲ = RECOVERED NAIL & DISK #LB4598
- × = RECOVERED X CUT IN CONCRETE
- ⊕ = RECOVERED 1/2" IRON ROD #LB1893
- ○ = RECOVERED 1/2" IRON ROD NO #
- ⊙ = RECOVERED ANGLE IRON NO#
- ● = SET 1/2" IRON ROD #LB 6300
- = POWER POLE AS SHOWN
- = WOOD FENCE AS SHOWN
- = CHAIN LINK FENCE AS SHOWN
- = CONCRETE SLAB AS SHOWN

Δ = CENTRAL ANGLE, L = ARC, R = RADIUS, R/W = RIGHT OF WAY, A/C = AIR CONDITIONER, (R) = RADIAL, (NR) = NON-RADIAL, (P) = PLAT, (M) = MEASURED, (C) CALCULATED, (D) = DEED, POB = POINT OF BEGINNING, CONC. = CONCRETE, POC = POINT OF COMMENCEMENT, POL = POINT ON LINE

THIS SURVEY IS CERTIFIED TO AND PREPARED FOR THE SOLE AND EXCLUSIVE BENEFIT OF THE ENTITIES AND/OR INDIVIDUALS LISTED AND SHALL NOT BE RELIED ON BY ANY OTHER ENTITY OR INDIVIDUAL WHOMSOEVER. UNDERGROUND FOUNDATIONS AND/OR IMPROVEMENTS WERE NOT LOCATED AS PART OF THIS SURVEY. LAND SHOWN HEREON WERE NOT ABSTRACTED FOR RIGHTS OF WAYS AND/OR EASEMENTS OF PUBLIC RECORD.

ALTAMONTE SURVEYING AND PLATTING, INC.
445 DOUGLAS AVE. SUITE 1505
ALTAMONTE SPRINGS, FL. 32714
PHONE: (407) 862-7555
FAX: (407) 862-6229

LEDRICLONG

Certificate of Flame Resistance

ISSUED BY

KIRBY TENT RENTAL

Division of Kirby Rental Service & Sales

411 Hames Avenue
Orlando, FL 32805

8711 Phillips Highway
Jacksonville, FL 32256

MANUFACTURERS OF THE FINISHED TENT PRODUCT DESCRIBED HEREIN

REGISTERED STATE OF CALIFORNIA STATE FIRE MARSHAL FLAME RETARDANT

DATE: 12/6/04

This is to certify that the materials used in the construction of the

Erect 30x30 Tent

For Pulse Night Club

, have been flame retardant treated (or are inherently non-flammable)

*by the Snyder Manufacturing Company

Their registered application concern number F-140-01 is approved and registered by the State Fire Marshal and the application of said chemicals was done in conformance with the laws of the State of California and the rules and regulations of the State Fire Marshal.

Flame Retardancy Cannot Be Removed By Washing And Is Good For The Life Of The Material. Fabric Meets The Requirements Of Specifications Listed As NFPA-701 (Large Scale)

*THEIR

F-140-01

REGISTERED APPLICATION CONCERN NO.

Signed: James W Smith

TENT DEPARTMENT

CITY OF ORLANDO

New Tenant

FIRE SAFETY DATA ENTRY

June 29, 2004

Case #: BLD2003-08240
Case Address: 1912 S ORANGE AV
Subtype: BALTERATION
Project Name: PULSE ORLANDO
No associated Fire Permits

Case Description:

Interior and exterior alterations

Fire General and Life Safety

Occup Group Class Code: A1
Occupancy Code: 162
Complex Code:
# of Stories: 1
Required # of Exits: 2
Occupant Load: 223
Total Area (**sq ft**): 4,797
Basement:
Year of Construction: 2003
Fire Construction Type: 04
Top Floor Height (**ft**):
Fire Flow (**gpm**):
Public Hydrants:
Private Hydrants:
Interior Stair:
Exterior Stair:
Horizontal Exits:
Max Travel Distance (**ft**): 80
Max Dead Ends (**ft**):
Emergency Lighting?: Y
Rescue Windows?: N
Stair Pressurization?: N

Fire Systems

Detectors: 08
Alarm Systems: 08
Fire Standpipe: 08
Sprinkler: 08
Special Systems: 08
Fire Extinguishers: 01

Fire Rated Assembly (hr)

Occupancy:
Tenant:
Building Area:
Hazardous Area:
Corridors:
FCC:
Attic/Concealed:

Smoke Control Systems

Exhaust?: N
Passive?: N
Sky Light/Vents?: N

Electrical

Generator?: N
Special Hazards?: N

HVAC

Duct Detectors?: N
Fire Dampers?: N
Smoke Dampers?: N

Elevators

Lobby Smoke Detectors?: N
Emergency Powered?: N
Fire Service Control?: N

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

839

THIS SURVEY IS PERFORMED THE BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?	✓		
5. Are electrical cover plates on all switches, plugs, and juction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?	✓		
8. Are fire lanes unobstructed?	✓		
9. Is the yard around the business free of weeds or debris?	✓		
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self closing devices functioning?			✓
8. Is exit discharge clear?	✓		
C. Fire Safety Education:			
1. Is a written evacuation plan provided?		✓	
2. Are records of training provided and current?			✓
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use	✓		
b. Evacuation procedure	✓		
c. Fire Systems (alarm-sprinkler-hose-detection	✓		
d. Fire Safety Practices	✓		
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc)			✓

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: 1/ /02			
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: 7/ /02	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. If building is sprinklered, is it 100% coverage?			✓
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hoses cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested: / /			✓
11. Is fire pump tested annually? Date tested: / /			✓
12. Are fire hydrants maintained?	✓		
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: / / (Attach copy of last inspection)			✓
2. Are smoke detectors operable?			
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Does the business have a special fire extinguishing system for hazardous operation?			
3. Does this business store/handle hazardous chemicals?			

Remarks: No Violations

Received By: (Signature below is to acknowledge receipt of this report)

L. V. Johnson — Print Name — x Tony Tonell — Signature — 11/22/02 — Date

Company Officer: Megan K. Phipps — Print Name — x Megan Phipps — Signature — 1530 11/22/02 — Time and Date

Form # FSM 930 Rev 01/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number		Census Tract
006501	CS-26	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-939-0605

Business Name	Business Owner
DANTES RESTAURANT	CONTELLA FAMILY LTD PARTNERSHIP

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AVE	ORLANDO FL	328010000	407-928-7964

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT/GRILL	A1	161	016	3	75	4025

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
1975	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
110901	0030	26	05380	05	01	B	B	12	08908	11/10/2000

	Due Inspection Date
COMPANY SURVEY INITIAL INSPECTION	11/15/2001

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

	YES	NO	N/A
GENERAL FIRE PRECAUTIONS			
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?			✓
7. Are shafts for pipes and cables sealed?	✓		
8. Are fire lanes unobstructed?	✓		
9. Is the yard around your business free of weeds or debris?	✓		
MAINTENANCE OF EXITWAYS			
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self closing devices functioning?	✓		✓
8. Is exit discharge clear?	✓		
FIRE SAFETY EDUCATION			
1. Is a written fire evacuation plan provided?		✓	
2. Are records of training provided and current?			✓
3. Do employees have knowledge of:			
a. Extinguisher type(s) and use			✓
b. Evacuation Procedures			✓
c. Fire Systems (alarm-sprinkler-hose-detection)			✓
d. Fire Safety Practices			✓
e. Hazardous materials (M.S.D.S. - labeling-handling-storage-etc.)			✓

	YES	NO	N/A
FIRE PROTECTION EQUIPMENT			
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched 6/__/01	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched 6/__/01	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. Is building fully sprinklered?		✓	
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hose cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested __/__/__			✓
11. Is fire pump tested annually? Date tested __/__/__			✓
FIRE ALARM SYSTEMS			
1. Is manual fire alarm system inspected by a licensed fire alarm contractor? (Attach copy of last inspection) Date tagged __/__/__			✓
2. Are smoke detectors operable?			✓
SPECIAL PROBLEMS			
1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?		✓	
2. Do you have a special fire extinguishing system for hazardous operation?		✓	
3. Do you store/handle hazardous chemicals?		✓	

REMARKS: No violations noted

RECEIVED
NOV 16 2001
FIRE SAFETY MANAGEMENT

Building Owner	Owner Address	City and State
X CONTELLA FAMILY LTD PARTN	6586 UNIVERSITY BLD	ORLANDO FL 32792

Received By:	Date	Signature of Inspector	Compliance Date
X	11.9.01	R.V. Johnson	

907.8?6 REV. 1/99

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501 CS-26	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		939-0605 407-839-0605 ~~813-4628~~

Business Name	Business Owner
DANTES RESTAURANT	CONTELLA FAMILY LTD PARTNERSHIP

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AVE	ORLANDO FL	328010000	407-928-7964 928-1964

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT/GRILL	A1	161	016	3	75	4025

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
1975	05	1	12	08	08	08	08	01	01	00 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
11/10/00	:20	~~97~~ 26	8708	05	~~F1~~ 1	~~L~~ A	B	12	11725	1/24/2000

SPECIAL PROJECTS

Due Inspection Date: 11/15/2000

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

GENERAL FIRE PRECAUTIONS	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?	✓		
8. Are fire lanes unobstructed?	✓		
9. Is the yard around your business free of weeds or debris?	✓		

MAINTENANCE OF EXITWAYS	YES	NO	N/A
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self closing devices functioning?	✓		
8. Is exit discharge clear?	✓		

FIRE SAFETY EDUCATION	YES	NO	N/A
1. Is a written fire evacuation plan provided?		✓	
2. Are records of training provided and current?		✓	
3. Do employees have knowledge of:			
a. Extinguisher type(s) and use	✓		
b. Evacuation Procedures	✓		
c. Fire Systems (alarm-sprinkler-hose-detection)	✓		
d. Fire Safety Practices	✓		
e. Hazardous materials (M.S.D.S. - labeling-handling-storage-etc.)	✓		

FIRE PROTECTION EQUIPMENT	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched ~~[illegible] 2000~~ JAN 2000	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched ~~[illegible] 2000~~ JAN 2000	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. Is building fully sprinklered?		✓	
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hose cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested __/__/__			✓
11. Is fire pump tested annually? Date tested __/__/__			✓

FIRE ALARM SYSTEMS	YES	NO	N/A
1. Is manual fire alarm system inspected by a licensed fire alarm contractor? (Attach copy of last inspection) Date tagged __/__/__			✓
2. Are smoke detectors operable?			✓

SPECIAL PROBLEMS	YES	NO	N/A
1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?		✓	
2. Do you have a special fire extinguishing system for hazardous operation?		✓	
3. Do you store/handle hazardous chemicals?		✓	

REMARKS: - REPLACE CEILING TILE IN RESTROOM
- REPLACE X-CORD IN SMOKING LOUNGE

RECEIVED
NOV 12 2000
FIRE SAFETY MANAGEMENT

Building Owner	Owner Address	City and State
CONTELLA FAMILY LTD PARTN	6586 UNIVERSITY BLD	ORLANDO FL 32792

Received By:	Date	Signature of Inspector	Compliance Date
X Douglas Tarr	11/10/00		

907487b REV. 1/99

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number		Census Tract
006501	CS-26	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-849-5249

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	016	3	75	4025

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
11-17-98	10	~~27~~ 26	7907	05	~~F1~~ 1	~~B~~ C	B	12	10718	1/20/98

	Due Inspection Date
COMPANY SURVEY APPROVAL	11/15/98

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

	YES	NO	N/A
GENERAL FIRE PRECAUTIONS			
1. Is general storage orderly?			
2. Are combustible waste materials disposed of properly?			
3. Are electrical panels and/or meters unobstructed?			
4. Are all electrical cords and extension cords in good repair?			
5. Are electrical cover plates on all switches, plugs, and junction boxes?			
6. Are combustible decorations flame retardant?			
7. Are shafts for pipes and cables sealed?			
8. Are fire lanes unobstructed?			
9. Is the yard around your business free of weeds or debris?			
MAINTENANCE OF EXITWAYS			
1. Are exits clear and unobstructed?			
2. Are doors in or leading to exits unlocked?			
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?			
5. Are exit signs and directional signs properly illuminated?			
6. Are emergency lights functioning?			
7. Are door self closing devices functioning?			
8. Is exit discharge clear?			
FIRE SAFETY EDUCATION			
1. Is a written fire evacuation plan provided?			
2. Are records of training provided and current?			
3. Do employees have knowledge of:			
a. Extinguisher type(s) and use			
b. Evacuation Procedures			
c. Fire Systems (alarm-sprinkler-hose-detection)			
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling-handling-storage-etc.)			

	YES	NO	N/A
FIRE PROTECTION EQUIPMENT			
1. Are fire extinguishers provided?			
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?			
3. Are fire extinguishers tagged annually, and maintained properly? Date punched __/__/__			
4. Are fire extinguishers fully charged and operational?			
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched __/__/__			
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			
7. Is building fully sprinklered?			
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			
9. Are hose cabinets and racks unobstructed?			
10. Are hoses tested and inspected? Date tested __/__/__			
11. Is fire pump tested annually? Date tested __/__/__			
FIRE ALARM SYSTEMS			
1. Is manual fire alarm system inspected by a licensed fire alarm contractor? (Attach copy of last inspection) Date tagged __/__/__			
2. Are smoke detectors operable?			
SPECIAL PROBLEMS			
1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Do you have a special fire extinguishing system for hazardous operation?			
3. Do you store/handle hazardous chemicals?			

REMARKS: VACANT BLDG

RECEIVED
NOV 23 1998
FIRE SAFETY MANAGEMENT

Building Owner	Owner Address	City and State
RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
X	11-17-98		

907.87b

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2

OWNER: MR. CONTELLA OCCUPANT: LORENZO'S
ADDRESS: 1912 S. ORANGE AVE OCCUPANCY: RESTAURANT
EMERGENCY. TELEPHONE: MR. BRANDT 295-3477
ELECT. WIRING: GOOD ELECT. APPLIANCES: GOOD
ELECT. EXTENSION CORDS: NORMAL USE EXITS: ADEQUAT EXIT LIGHTS: NONE
PANIC HARDWARE: NONE SPRINKLER SYSTEM: NONE SEALED: —
STANDPIPE SYSTEM NONE FIRE EXTINGUISHERS: GOOD
STORAGE: GOOD HOUSEKEEPING: GOOD
HEATING SYSTEM: CONTRAL ELECT. DUCTS: YES

DATE: 8-2-79 COMPANY: 5 "B" OFFICER: H. W. B. Thomas
REMARKS:

REPORT ISSUED TO: CAROLYN WALKER

605...10

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2

OWNER: MR. CONTELLA OCCUPANT: LORENZO'S
ADDRESS: 1912 S. ORANGE OCCUPANCY: RESTAURANT
EMERGENCY. TELEPHONE: 295-3477 MR. BRANDT
ELECT. WIRING: GOOD ELECT. APPLIANCES: GOOD
ELECT. EXTENSION CORDS: NORMAL USE EXITS: ADEQUAT EXIT LIGHTS: NONE
PANIC HARDWARE: NONE SPRINKLER SYSTEM: NONE SEALED: —
STANDPIPE SYSTEM NONE FIRE EXTINGUISHERS: GOOD
STORAGE: GOOD HOUSEKEEPING: GOOD
HEATING SYSTEM: CENTRAL ELEC. DUCTS: YES

DATE: 4-26-78 COMPANY: 5 C OFFICER: LT. D. J. Rienbeck
REMARKS:

RECEIVED
APR 27 78
ORLANDO FIRE DEPT.

REPORT ISSUED TO: TOM ROHRER

605...10

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2

OWNER: MR. Contella OCCUPANT: Lorenzo
ADDRESS: 1912 S. Orange AVE OCCUPANCY: Restaurant
EMERGENCY. TELEPHONE: 425-4346 MR Brandt
ELECT. WIRING: S/R ELECT. APPLIANCES: Appears Good
ELECT. EXTENSION CORDS: None EXITS: Adequate EXIT LIGHTS: None
PANIC HARDWARE: None SPRINKLER SYSTEM: None SEALED: —
STANDPIPE SYSTEM None FIRE EXTINGUISHERS: Good
STORAGE: Good HOUSEKEEPING: Good
HEATING SYSTEM: R/C DUCTS: yes

DATE: 8-2-77 COMPANY: 5 D OFFICER: LT. R.E. Cross
REMARKS:

#1 N.F.C. Volume 5 Replace cover on Junction Box in Storage room

Report Issued to: Gale Barnes

605...10

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2

OWNER: OCCUPANT:
ADDRESS: 1912 S. ORANGE AVE OCCUPANCY: SEE REMARKS
EMERGENCY. TELEPHONE:
ELECT. WIRING: ELECT. APPLIANCES:
ELECT. EXTENSION CORDS: EXITS: EXIT LIGHTS:
PANIC HARDWARE: SPRINKLER SYSTEM: SEALED:
STANDPIPE SYSTEM FIRE EXTINGUISHERS:
STORAGE: HOUSEKEEPING:
HEATING SYSTEM: DUCTS:

DATE: 9-29-76 COMPANY: # 5 A OFFICER: LT. R.G. WHITAKER
REMARKS:

NOTE: BLDG. BEING RENOVATED - NOT OPEN.
FORMERLY: "YUM-YUM HUT"

605...10

Sew

Rec - APR 27, 78

RECEIVED
APR 28 1978
ORLANDO FIRE DEPT.

CITY OF ORLANDO, FLORIDA
NOTIFICATION OF ISSUANCE OF OCCUPATIONAL LICENSE

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. **Licensee:** NORMAN E FOREMAN - PRESIDENT
2. **Business Name:** THE FOREMAN CORPORATION
3. **Business Location:** 1912 S ORANGE AVE, ORLANDO FLA 32806
4. **Business Mailing Address:** 1912 S ORANGE AVE

   Telephone: 841-7224
5. **Licensee's Home Address:** 712 E MICHIGAN #79, ORLANDO FLA

   Telephone: 841-1732
6. **Check one:**
   - _____ Occupational use/professional use
   - _____ Change in type of occupational use
   - _____ New occupational use/professional use
7. **Bond** _____
8. **Competency Card** _____
9. **State Certificate** _____
10. **Name of Card/Certificate Holder:** _____

    Address: _____
11. **Type of Business:** DISTRIBUTOR - VANGUARD DETECTIONS SYSTEMS & FOX-NON JEWELRY

SW

October 28, 1976

RECEIVED

OCT 29 1976

ORLANDO FIRE DEPT.

CITY OF ORLANDO, FLORIDA
NOTIFICATION OF ISSUANCE OF OCCUPATIONAL LICENSE

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. Licensee: Kurt L. Gudat & M Garey Brandt
2. Business Name: Lorenzo's Italian Restaurant
3. Business Location: 1912 South Orange Avenue
4. Business Mailing Address: 1912 South Orange Avenue, Orlando, Fla.

   Telephone: N/A
5. Licensee's Home Address: 1615 Americana Blvd. Apt. 18B, Orlando

   Telephone: 857-1191
6. Check one:
   - X Occupational use/professional use
   - ____ Change in type of occupational use
   - ____ New occupational use/professional use
7. Bond _____
8. Competency Card _____
9. State Certificate _____
10. Name of Card/Certificate Holder: _____

    Address: _____
11. Type of Business: Restaurant 75 Seats

DATE: 8-3-76 PLAN NUMBER: 76-192 (mercantile)

LOCATION: 1912 S. ORANGE AVE

OCCUPANT: LORENZ'S ITALIAN RESTAURANT

BLDG OWNER (AGENT): Rusty Cantello PHONE: 898-4450

DESIGNERS: PHONE:

CONTRACTOR: Rusty Cantello PHONE: 898-4450

TYPE CONSTRUCTION:

- ___ New Structure
- ✓ Addition
- ___ Exterior Alterations
- ___ Interior Alterations
- ___ Standpipe System
- ___ Automatic Sprinkler

TYPE PLANS:

- ___ Preliminary
- ___ Revision Date:
- ✓ Final for Construction

OTHER:

✓ APPROVED ___ NOT APPROVED BY: J. R. Fleming

PERMIT # 0056 FINAL INSPECTION 10-10-76 (Date) BY: H. D. Rucker.

10/10/76
HDR. 1140

Please assign this.

City of Orlando, Florida

To ~~Chief Whit~~ CAPT. MORAN

Date 10/12/76 Time 9:30

WHILE YOU WERE OUT

Mr. Gudat

of Lorenzo's Italian Rest.

Phone 425-4346

TELEPHONED		PLEASE CALL HIM/HER	✓

J. K. Whitaker, Division Commander 11-12-76
Fire Prevention Division

Building Official

1912 S. ORANGE AVE., LORENZO'S ITALIAN RESTAURANT, PERMIT #0056

A final inspection of the subject property has been made by Inspector H. D. Rucker, and all requirements of the Orlando Fire Department are in order.

J. K. Whitaker, Division Commander
Fire Prevention Division
ORLANDO FIRE DEPARTMENT

JKW/bt

2

8-3-76

B File

(192)

1912 S. ORANGE AVE.
LORENZ'S ITALIAN RESTUARANT
Rusty Cantello - 898-4450

1. Limit Interior Finishes to CLASS A B or C Flame Sprend Rating.

2. Provide one hour separation between storage room and seating area, Door to be self-closing. (NFPA 101 8-1731 c)

3. Exit door locks shall not require the use of key for operation from inside of the Building (NFPA 101 5-2131)

4. Exit light West (REAR) Exit door. (NFPA 101 8-1281)

5. HVAC system must comply with NFPA 90A (NFPA 101 7-1111)

Seating Approx 60

D.R. FLEMING

Permit # 0056

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2

OWNER: R.M. CONTELLO OCCUPANT: YUM-YUM HUT
ADDRESS: 1912 S. ORANGE AVE. OCCUPANCY: RESTURANT
EMERGENCY. TELEPHONE: 876-2477 MIKE McDONALD
ELECT. WIRING: APPEARS GOOD ELECT. APPLIANCES: GOOD
ELECT. EXTENSION CORDS: GOOD EXITS: ADEQUATE EXIT LIGHTS: NONE
PANIC HARDWARE: NONE SPRINKLER SYSTEM: NONE SEALED: —
STANDPIPE SYSTEM NONE FIRE EXTINGUISHERS: YES - SEE REMARK
STORAGE: GOOD HOUSEKEEPING: GOOD
HEATING SYSTEM: CENTRAL - ELECTR DUCTS: YES

DATE: 7-14-75 COMPANY: STA. 5 - "B" OFFICER: G.J. Wood, Lt.

REMARKS:

SEC. 24.14-B HAVE FIRE EXTINGUISHERS & HOOD SYSTEM PROPERLY SERVIED.

1-23-76 NOT LONGER Yum-Yum HUT
WPG

NOT OPEN
9-15-75

REPORT ISSUED TO: MIKE McDONALD

City of Orlando, Florida

To Jim
Date 2/3/75 Time 11:25

WHILE YOU WERE OUT

Mr. Bannister
of Op. 6
Phone 813 442-7697

TELEPHONED	✓	PLEASE CALL HIM/HER	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	

Message ~~Op 6~~

Operator

City of Orlando, Florida

To C.L. Cox
Date 2/11/74 Time 4:45

WHILE YOU WERE OUT

Mr. Ken Regal
of
Phone 293-6337

TELEPHONED	✓	PLEASE CALL HIM/HER	✓
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	

Message Edgewater High School
Miss Kahn Class

Betty
Operator

December 8, 1975

CITY OF ORLANDO, FLORIDA
NOTIFICATION OF ISSUANCE OF OCCUPATIONAL LICENSE

RECEIVED
12-12-75
ORLANDO FIRE DEPT.

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. Licensee: Angelo Salemi
2. Business Name: Papa Angelo's
3. Business Location: 1912 South Orange Avenue, Orlando, Fla. 32806
4. Business Mailing Address: Same

   Telephone: 859-9224
5. Licensee's Home Address: 5253 Lake Jessamin Drive, Orlando, Fla.

   _____ Telephone: _____
6. Check one:
   - ___x___ Occupational use/professional use
   - _____ Change in type of occupational use
   - _____ New occupational use/professional use
7. Bond _____
8. Competency Card _____
9. State Certificate _____
10. Name of Card/Certificate Holder: _____

    Address: _____
11. Type of Business: Take Out Service - Restaurant 16 Seats

July 18, 1974

Mr. A. Banester
Banester Fire & Safety
Equipment Company
120 East Missouri Avenue
New Port Richey, Florida 33552

Subject: Automatic Fire Extinguishing System - Sue Yum Hut, 1912 South Orange Avenue, Orlando, Florida

Dear Mr. Banester:

You will recall our recent telephone conversation concerning the installation of an automatic fire extinguishing system at 1912 South Orange Avenue in the City of Orlando.

I inspected the system and would like to know if a 10 pound system is sufficient for the amount of coverage based on Manufacturer's recommendations. I also need to know if the gas range has adequate nozzle protection.

You said you would send an installation manual to me so that I may become familiar with the Casco System.

Recently I inspected another of your Casco "Flood System" installations at Rosie O'Grady's on Church Street, Orlando.

I would appreciate it very much if you would send the manual as soon as possible. I cannot "okay" the City Occupational License for these occupancies until these installations are checked and approved. I also mentioned that you are required by the City of Orlando License Department to register with them for a "surety bond" before installing fire extinguishing equipment in the City Limits of Orlando.

Very truly yours,

C.S. Parker, Chief
ORLANDO FIRE DEPARTMENT

W.I. Campbell, Captain
Fire Prevention Division

WIC/rs

Chief Cox

ALL METAL FABRICATORS, Inc.

19 NORTH TEXAS STREET
ORLANDO, FLORIDA 32805
Phone 293-6337

February 7, 1975

W C Weir, Director
Finance Department
Orlando City Hall
400 South Orange Avenue
Orlando, Florida 32801

SUBJECT: Fire Extinguisher System
Orlando Junior Academy
30 East Evans Orlando

Dear Mr. Weir,

We at All Metal Fabricators are faced with a problem of having used a fire extinguisher contractor who operates under the name of A. Banester Fire and Safety Equipment Company in New Port Richey. These people have done at least a half-dozen jobs in the Orlando area for us. It has come to our attention in the final phases of getting the kitchen hood system approved at the Orlando Junior Academy that the contractor may not have an Orlando license for the city with a suitable bond. Because this company is licensed (#0176) and is bonded (State Farm); and upon inspection of the equipment both by our personnel and the city inspectors; plus the system is UL approved, we feel there is no question but what an adequate and safe system has been installed.

It will be extremely difficult at this point because the man has been paid for all his work to get him to come back to Orlando to secure the necessary license and post the necessary bond. Therefore, we request a waiver of these requirements for this job only. You have the assurance of this company that any further work performed in Orlando by A. Banester will be required of him to have the proper bond and license.

The only justification for this request of waiver is to prevent undue hardship to our customer, the Orlando Junior Academy, by reason of the failure to have this system approved. And we can demonstrate to the Fire Chief, Captain Cox, that a safe and adequate fire system has actually been installed.

Thank you for your consideration.

Sincerely,

Ken Regal.

Ph-293-6337

Ken Regal, Vice President
Engineering

KR/jv
attachment: Copy of specifications for the system
Copy of the telegram from A. Banester Company

western union

Telegram

ORA101(1257)(2-016604E038)PD 02607/75 1257 1975FEB -7 PM 1:19

ICS IPMBNGZ CSP

8138429075 TDBN NEW PORT RICHEY FL 02-07 1257P EST

PMS 2-008605E038 PD DUPLICATE OF TELEPHONED TELEGRAM TDBN NEW PORT RICHEY FL 22 02-07 1038A EST

ALL METAL FABRICATORS INC WESTERN UNION WILL CALL

ORLANDO FL 32805

LICENSE #0176 PERMIT #176 INSURANCE STATE FARM BILL POWERS

CLEARWATER HOOD SYSTEM JUNIOR HIGH SCHOOL ORLANDO INSTALLED IN COMPLIANCE M-F-P-A 96-17

ART BANESTER

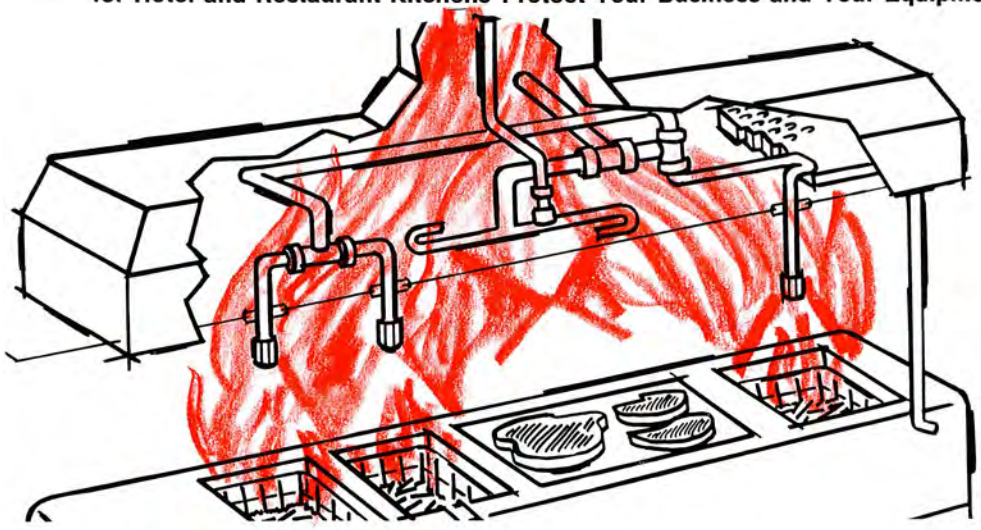
NNNN

A-912533

CASCO

CONTINUOUS FIRE PROTECTION with INSTANT OPERATION

for Hotel and Restaurant Kitchens Protect Your Business and Your Equipment



BASIC SYSTEM

Model ESR-30 30 lbs.
Model ESR-10 10 lbs.

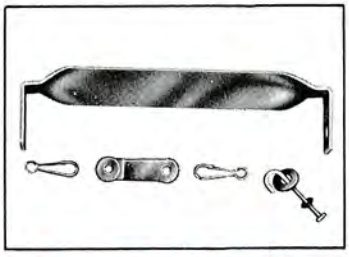
CASCO KEM-S DRY CHEMICAL FIRE EXTINGUISHING SYSTEM

30 lb. — 10 lb. SIZES

The Casco system will stand guard 24 hours a day to detect fire in your cooking equipment. Once fire is detected, the Casco system instantly operates to kill the fire in seconds.

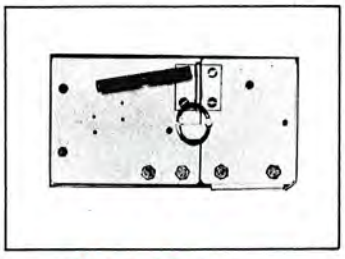
Fusible link assemblies, located in key high hazard areas will detect a fire and discharge fire-killing dry chemical into the hidden areas of the chimney, hood, filters and plenum. Within seconds the entire contents of the cylinder will be emptied making a chemical reaction with heated grease that prevents reflash and reignition.

Protect against loss of business, rising insurance rates, or being wiped out by a disastrous fire. The Casco system works automatically for you or it can be activated manually. It can be engineered to fit your restaurant exactly.



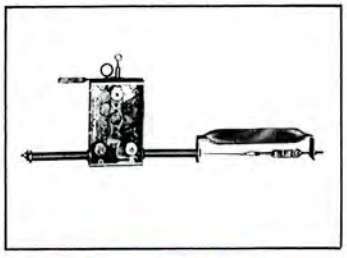
Fusible Link Assembly

Fusible links, installed in high hazard areas, pre-set at 360°, detect fires.



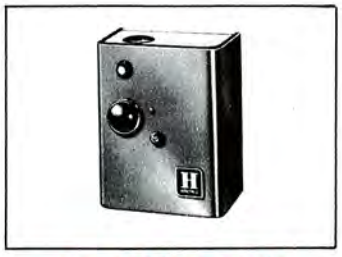
Manual Release

Built into valve head assembly, permits manual discharge.



Remote Manual Pull Station

Installed away from cooking areas, system can be activated by pulling handle.



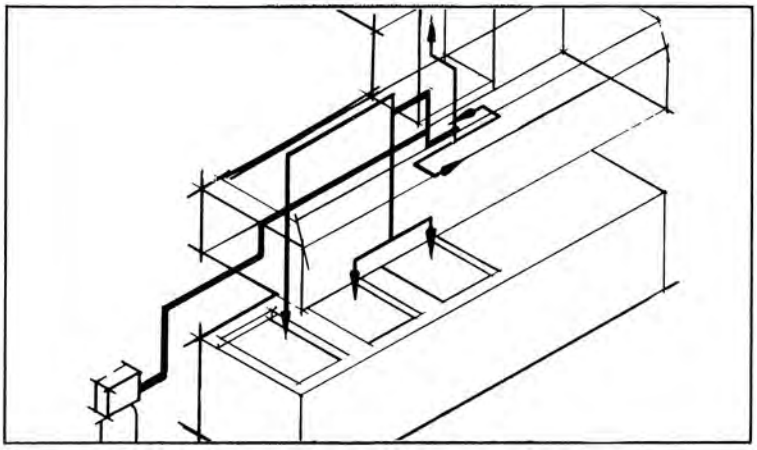
Gas and/or Electric Shut Off attachment

Gas lines and electric power lines can be shut off automatically.

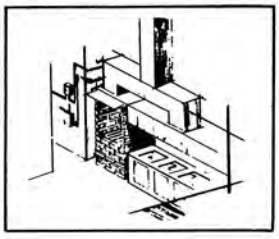
PRE-ENGINEERED — QUALITY FEATURES

- Only 2 models needed
- U. L. listed. Over 500 variations of installations possible
- Safe, non-toxic dry chemical, prevents flashbacks. No dangerous concentration of inert gas.
- Ease of service . . . Unscrew used cylinder, slip in new one without disconnecting entire system
- Multiple systems can be hooked up, by simply adding on additional components
- Casco systems protect ducts with 18″ rise and right angle turns . . . important for single story restaurants
- Gas and/or Electric full cut-off can be installed into system
- Casco systems protect cooking appliances directly under the duct
- Manual and remote pull stations easily installed

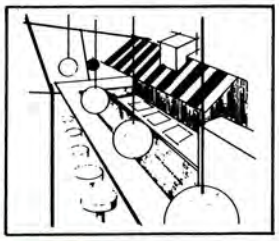
CASCO GIVES YOU OVER 500 COMBINATIONS OF INSTALLATIONS WITH A SINGLE BASIC SYSTEM



Protect 32′ hood, single duct, plenum, filter 3 surface units

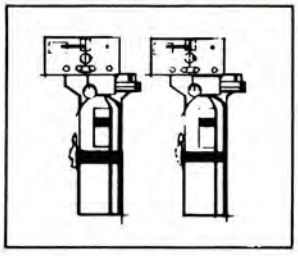


Protect for dual hood, dual ducts, remote control pull station, gas and/or electric shutoffs.

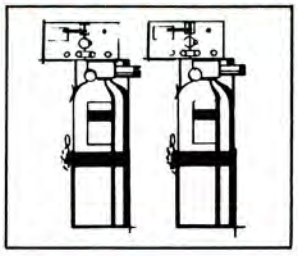


Protect modern 1 story restaurants, where 18″ ducts rise and right angle turns present engineering problems

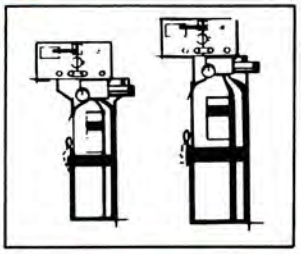
CASCO SYSTEMS USED IN COMBINATIONS



2 10 lb. System

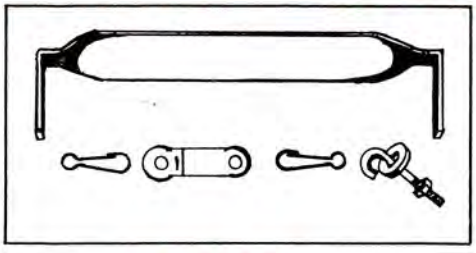


2 30 lb. Systems

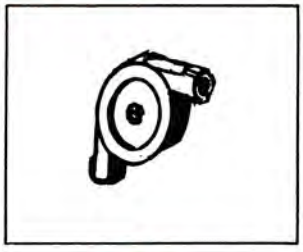


1 10 lb. System
1 30 lb. System

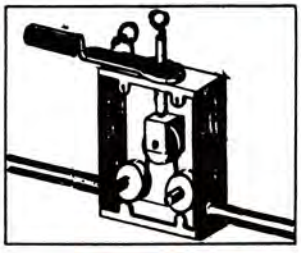
CASCO SUPPLEMENTARY ACCESSORIES



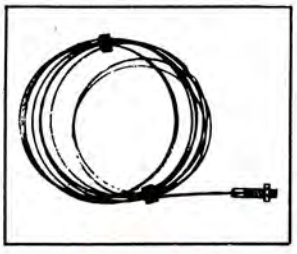
Fusible Link Assemblies



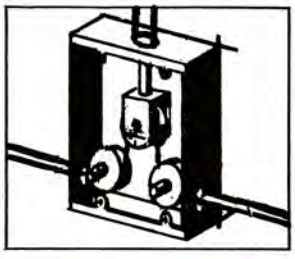
Pulleys



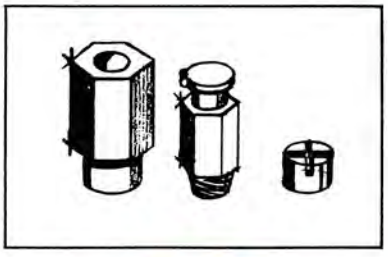
Remote Manual Pull Station



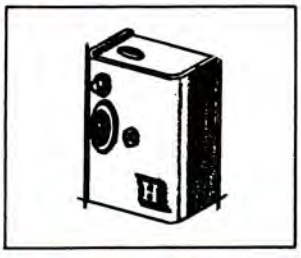
Stainless Steel Wire Rope



Junction Box



Nozzles



Gas and/or Electric Shut-Off Attachment

SPECIFICATIONS:

Model ESR-30 30 lb., Height 28⅝″ Diameter 7″ Charged 350 P.S.I.
exceeds U.L. burst test of 2100 P.S.I. Charged weight 58 lbs.
Model ESR-10 10 lb., Height 25⅛″ Diameter 5″ Charged 190 P.S.I.
exceeds U.L. burst test of 1200 P.S.I. Charged weight 27 lbs.

Casco Products Corporation, Bridgeport, Conn. 06602 Subsidiary of Standard Kollsman Industries Inc.

4074C

June 4, 1974

RECEIVED
6-7-74
ORLANDO FIRE DEPT.

CITY OF ORLANDO, FLORIDA
NOTIFICATION OF ISSUANCE OF OCCUPATIONAL LICENSE

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. Licensee: Hutco Inc.
2. Business Name: Yum Yum Hut
3. Business Location: 1912 South Oran e Avenue, Orlando, Fla.
4. Business Mailing Address: Same as #3

   Telephone: N/A
5. Licensee's Home Address: X 2462 Sunderland Road, Maitland, Fla.

   Telephone:
6. Check one:
   - x Occupational use/professional use
   - ____ Change in type of occupational use
   - ____ New occupational use/professional use
7. Bond
8. Competency Card
9. State Certificate
10. Name of Card/Certificate Holder:

    Address:
11. Type of Business: Restaurant - Take - Out Service 16 Seats

11-18-74 OK WIC

306.5.2

FIRE DEPARTMENT

6-10-74
A.Z not ready

5-8-74 BLDG. FINAL
1912 S. ORANGE AVE.
A.T. CONTELLA CO.
PERMIT # 8047

APPROVED - JKW

2 copy

C.S. Parker, Chief
Orlando Fire Dept.

May 9, 1974

Building Official

FINAL BUILDING APPROVALS

2500 West Colonial, addition to Montgomery Ward
Permit #4798

1916 South Orange Avenue, Permit #8302

1912 South Orange Avenue, Permit #8047

A final inspection of the above-listed properties has been made by Captain J.K. Whitaker, and all requirements of the Orlando Fire Department are in order.

C.S. Parker, Chief
ORLANDO FIRE DEPARTMENT

CSP/rs

ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

OCCUPANT: YUM-YUM [illegible] TYPE OCCUPANCY: [illegible]
ADDRESS [illegible] EMERGENCY PHONE [illegible] DISTRICT [illegible]
OWNER-AGENT R.D. COUTELIS ADDRESS
BUILDING CONSTRUCTION CONCRETE FRAME
NO. TENANTS NO. FLOORS NO. PEOPLE 3-4
ROOF CONSTRUCTION CORRUGATED STEEL FLOOR CONSTRUCTION CONCRETE
WALL CONSTRUCTION MASONRY
BASEMENT NONE ATTIC NONE FIRE STOPS (NO.)
FIRE WALLS (NO.) NONE FIRE DOORS (NO.) NONE FIRE ESCAPES (NO.) NONE
STAIRWAYS (NO.) NONE INTERIOR
EXTERIOR CONDITION
ELEVATOR (NO.) NONE LOCATION
DUMB WAITER (NO.) NONE LOCATION
LAUNDRY CHUTE (NO.) NONE LOCATION
PIPE SHAFT (NO.) NONE LOCATION
ELECTRICAL SHAFT (NO.) NONE LOCATION
EXITS (NO.) 2 EXIT LIGHTS NONE
CLEAR AISLES YES CLEAR HALLWAYS YES
PANIC BOLTS OR BARS NONE CONDITION
CONDITION OF WIRING APPEARS GOOD EXTENSION CORDS NORMAL USE
TYPE FUSES BREAKERS SIZE 30-150 OPEN JUNCTION BOXES NONE
LOCATION MAIN SWITCH OUTSIDE REAR-CENTER LOCATION GAS SHUT-OFF OUTSIDE - REAR [illegible]
TYPE GAS YES L.P. NATURAL YES COMPANY FLA. GAS CO.
TYPE HEAT CENTRAL OIL ELECTRIC ELECTRIC STEAM
NATURAL GAS L.P. GAS
AIR CONDITIONING YES DUCT WORK YES TYPE CENTRAL CONDITION GOOD
WATER CUT-OFF ORANGE AVE SIDE WALL
FIRE PROTECTION NONE SPRINKLER SYSTEM: WET-DRY CONDITION
LOCATION MAIN VALVE NONE SEALED
LOCATION FIRE DEPT. CONNECTION SINGLE DOUBLE
STANDPIPE SYSTEM NO. OUTLETS LOCATION F.D. CONNECTION
CONDITION OF HOSE DATE OF HOSE
FIRE EXTINGUISHERS 3 S & A FOAM PRESSURIZED WATER
DRY CHEMICAL 2 - 10 LBS CO^2 VAT SYSTEM CTC PROPERLY SERVICED YES
COMPANY BAUDISTER FIRE & SAFETY EQUIP. 129 E. MISSOURI AVE. NEWBERT KRUSE
NEAREST FIRE HYDRANT ORANGE & ESTHER SIZE MAIN ACCESSIBLE YES
ALARM SYSTEM NONE LOCAL AUTOMATIC NIGHT WATCHMAN
EXPOSURE: NORTH 1 STORY MASONRY SOUTH PARKING LOT
EAST ORANGE AVE WEST 1 STORY MASONRY & CONCRETE
AERIAL LADDER SPOTTING EAST & SOUTH SIDE OF BUILDING ORANGE AVE & ESTHER
WALL LADDER SPOTTING: NORTH YES SOUTH YES EAST YES WEST YES
FIRE HAZARDS: OILS COOKING OILS GASOLINE
EXPLOSIVES ACIDS CHEMICALS
STORAGE CLEARANCE GOOD AISLES GOOD
MATERIALS 15 GAL COOKING OIL IN VATS

DATE INSPECTED 9-26-74 DATE RE-INSPECTED

REMARKS:

FORMER OCCUPANT: SUN ALUMINUM CO

REPORT ISSUED TO [illegible] DISCONNECTED

INSPECTOR [illegible]

FORM 605-1

P

ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

MR. FREE TAG

OCCUPANT: [illegible] TYPE OCCUPANCY: [illegible]
ADDRESS [illegible] EMERGENCY PHONE 855-5769 DISTRICT 5
OWNER-AGENT [illegible] TRUST ADDRESS [illegible] W. WASHINGTON
BUILDING CONSTRUCTION [illegible]
NO. TENANTS [illegible] NO. FLOORS [illegible] NO. PEOPLE [illegible]
ROOF CONSTRUCTION [illegible] ROOFING & [illegible] FLOOR CONSTRUCTION CONCRETE SLAB
WALL CONSTRUCTION CONCRETE BLOCK INSIDE & OUTSIDE
BASEMENT NONE ATTIC NONE FIRE STOPS (NO.) NONE
FIRE WALLS (NO.) NONE FIRE DOORS (NO.) NONE FIRE ESCAPES (NO.) NONE
STAIRWAYS (NO.) NONE INTERIOR NONE
EXTERIOR NONE CONDITION
ELEVATOR (NO.) NONE LOCATION
DUMB WAITER (NO.) NONE LOCATION
LAUNDRY CHUTE (NO.) NONE LOCATION
PIPE SHAFT (NO.) NONE LOCATION
ELECTRICAL SHAFT (NO.) NONE LOCATION
EXITS (NO.) FOUR EXIT LIGHTS NONE
CLEAR AISLES YES CLEAR HALLWAYS YES
PANIC BOLTS OR BARS NONE CONDITION
CONDITION OF WIRING APPEARS GOOD EXTENSION CORDS YES
TYPE FUSES BREAKERS SIZE 20 AMP OPEN JUNCTION BOXES NONE
LOCATION MAIN SWITCH NONE OFFICE BLDG LOCATION GAS SHUT-OFF NONE
TYPE GAS NONE L.P. NATURAL COMPANY
TYPE HEAT ELECTRIC OIL ELECTRIC 2 PK AIR CONDITIONERS STEAM
NATURAL GAS L.P. GAS
AIR CONDITIONING YES DUCT WORK NONE TYPE WINDOW UNITS CONDITION GOOD
WATER CUT-OFF FRONT PARKWAY
FIRE PROTECTION NONE SPRINKLER SYSTEM: WET-DRY NONE CONDITION
LOCATION MAIN VALVE SEALED
LOCATION FIRE DEPT. CONNECTION SINGLE DOUBLE
STANDPIPE SYSTEM NONE NO. OUTLETS LOCATION F.D. CONNECTION
CONDITION OF HOSE DATE OF HOSE
FIRE EXTINGUISHERS TWO S & A ONE FOAM PRESSURIZED WATER
DRY CHEMICAL ONE CO^2 CTC PROPERLY SERVICED YES GOOD DATE
COMPANY CENTRAL FLORIDA FIRE EQUIPMENT
NEAREST FIRE HYDRANT ESTHER & ORANGE SIZE MAIN 16" ACCESSIBLE YES
ALARM SYSTEM NONE LOCAL AUTOMATIC NIGHT WATCHMAN NONE
EXPOSURE: NORTH SERVICE STATION SOUTH ESTHER ST.
EAST ORANGE AVE WEST VACANT LOT
AERIAL LADDER SPOTTING ORANGE AVE
WALL LADDER SPOTTING: NORTH YES SOUTH YES EAST YES WEST YES
FIRE HAZARDS: OILS NONE GASOLINE NONE
EXPLOSIVES NONE ACIDS NONE CHEMICALS NONE
STORAGE CLEARANCE GOOD AISLES GOOD
MATERIALS OFFICE FURNITURE & EQUIPMENT, HAND TOOLS AND METAL PRODUCTS

DATE INSPECTED MAY 12, 1971 DATE RE-INSPECTED

REMARKS: [illegible] DEPARTMENT - VACANT

REPORT MOVED TO MR. FREE TAG

INSPECTOR [illegible]

FORM 605-1

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2

OWNER: Contella Trust OCCUPANT: SUN ALUMINUM CO.
ADDRESS: 1912 S. Orange Ave. OCCUPANCY: ALUMINUM Products SALES + MAN.
EMERGENCY. TELEPHONE: 855-5967 Mr. Frey Tag.
ELECT. WIRING: Good ELECT. APPLIANCES: Good
ELECT. EXTENSION CORDS: Yes - O.K EXITS: Adequate EXIT LIGHTS: NONE
PANIC HARDWARE: NONE SPRINKLER SYSTEM: NONE SEALED:
STANDPIPE SYSTEM NONE FIRE EXTINGUISHERS: Yes - O.K.
STORAGE: Fair HOUSEKEEPING: See Remarks
HEATING SYSTEM: Reverse cycle Wall unit DUCTS: NONE

DATE: MAY 2, 72 COMPANY: B5 OFFICER: Captain J. E. [illegible]

REMARKS:

1 General Cleaning of storage areas around rear building.

REPORT ISSUED TO: Mr. Frey Tag.

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2

OWNER: OCCUPANT: VACANT
ADDRESS: 1912 S. ORANGE OCCUPANCY:
EMERGENCY. TELEPHONE:
ELECT. WIRING: ELECT. APPLIANCES:
ELECT. EXTENSION CORDS: EXITS: EXIT LIGHTS:
PANIC HARDWARE: SPRINKLER SYSTEM: SEALED:
STANDPIPE SYSTEM FIRE EXTINGUISHERS:
STORAGE: HOUSEKEEPING:
HEATING SYSTEM: DUCTS:

DATE: 8-21-73 COMPANY: "A" - 5 OFFICER: J. W. Tullis

REMARKS:

Building under RENOVATION.

FORMER OCCUPANT: SUN ALUMINUM CO.

Chief Cor
has 2/12/75
letter

BUILDING CONSTRUCTION Masonry

NO. FLOORS 1 NO. PEOPLE 6

ROOF CONSTRUCTION Tolled roofing and metal

FLOOR CONSTRUCTION Concrete slab

BASEMENT None FIRE WALLS No

ATTIC None FIRE STOPS None FIRE DOORS No

STAIRWAYS: INTERIOR No

EXTERIOR CONDITION

ELEVATOR None DUMBWAITER None

LAUNDRY CHUTE None PIPE SHAFTS No

NO. EXITS Four EXIT LIGHTS No

PANIC BOLTS No CONDITION

CONDITION OF WIRING Appears good LOCATION MAIN SWITCH Inside office building

TYPE FUSES Breakers SIZE 20

OPEN JUNCTION BOXES None EXTENSION CORDS Yes

LOCATION GAS SHUT-OFF No gas TYPE GAS CO.

TYPE HEAT: OIL ELECTRIC R/C

STEAM L.P. NATURAL GAS

AIR CONDITIONING Yes DUCTWORK None TYPE Window unit CONDITION Good

FIRE PROTECTION: SPRINKLER SYSTEM None CONDITION

Water cut-off: Front parkway

LOCATION MAIN VALVE

LOCATION F.D. CONNECTION

STANDPIPE SYSTEM No NO. OUTLETS LOCATION F.D. CONNECTION

ROOF TANK STRUCTURE

CONDITION OF HOSE

PORTABLE FIRE EXTINGUISHERS: S.& A. 1 FOAM PRESSURIZED WATER CO_2

DRY CHEMICAL 1 CTC PROPERLY SERVICED Yes CO. Central Fla.

NEAREST FIRE HYDRANT Esther and Orange SIZE MAIN 16" ACCESSIBLE Yes

ALARM SYSTEM: A.D.T. None LOCAL AUTOMATIC NIGHT WATCHMAN

EXPOSURE HAZARDS: NORTH Service Station SOUTH Esther St.

EAST Orange Ave. WEST Vacant Lot

AERIAL LADDER SPOTTING Orange Ave.

WALL LADDER SPOTTING: NORTH Yes SOUTH Yes

EAST Yes WEST Yes

FIRE HAZARDS: OILS None GASOLINE None

EXPLOSIVES None ACIDS None

STORAGE: CLEARANCE Good AISLES Good MATERIALS Office furniture and equipment, hand tools and metal products

SAFETY HAZARDS

RESCUE HAZARDS

STREET
1913 South Orange Avenue

1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31

5/2/72 #1 General clean up of storage areas around rear bldg

4/~~10/73 #2 Discontinue use of multiple sockets~~

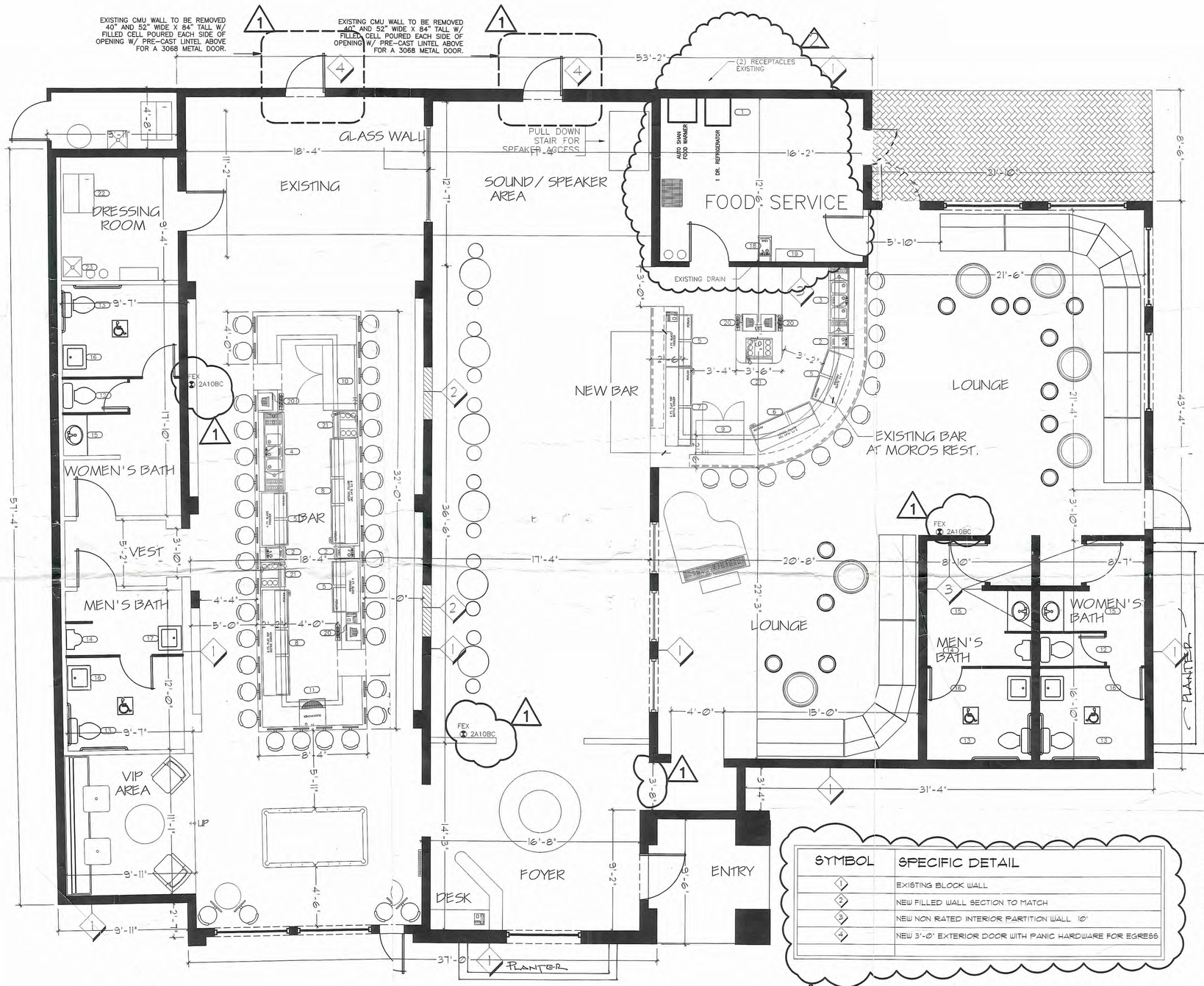
~~#7 Obtain five pd Tri-class fire extg~~

OCCUPANT Sun Aluminum Co., Inc. OCCUPANCY Aluminum Products Sales & Mgf.

ADDRESS 1912 S. Orange EMERGENCY PHONE 855-5967 DISTRICT 5

OWNER-AGENT Contella Trust ADDRESS 4869 W. Washington

DATE	CO.	INSPECTING OFFICER	REPORT ISSUED TO	ACTION REQUESTED								RE-INSPECTION				
				DATE	1	2	3	4	5	6	7	DATE	NCW	PR	OK	SR
5/12/71	5	Lt. Turrisi	Mr. Freytag													
5/2/72	5	Capt. Hobby	Mr. Fretag		x											



EQUIPMENT LIST

ITEM	DESCRIPTION
1	(1) 80 GALLON ELECTRIC WATER HEATER
2	(2) UNDER COUNTER HAND SINK W/ FAUCET
3	(1) 5' 3-COMP. SINK W/ FAUCET
4	(1) 6' 3-COMP. SINK W/ FAUCET
5	(4) 4' UNDER COUNTER GLASS FROSTER
6	(1) 5' BOTTLE COOLER
7	(1) 6' BOTTLE COOLER
8	(2) 8' BOTTLE COOLER
9	(1) 44" UNDER COUNTER REFRIGERATOR
10	(1) 60" UNDER COUNTER REFRIGERATOR
11	(1) UNDER COUNTER GLASS WASHER
12	(2) FLOOR MOUNTED WATER CLOSET
13	(4) FLOOR MOUNTED HANDI-CAP WATER CLOSET
14	(2) WALL MOUNTED URINAL
15	(3) COUNTER TOP LAVATORY
16	(4) WALL MOUNTED HANDI-CAP LAVATORY
17	(1) WALL MOUNTED LAVATORY
18	(1) HAND SINK
19	(1) BAG-N-BOX
20	(5) REGISTERS / CASH
21	(3) JOCKEY BOX DRINK DISPENSER
22	(1) ICE MACHINE
23	(1) MOP SINK

SYMBOL	SPECIFIC DETAIL
1	EXISTING BLOCK WALL
2	NEW FILLED WALL SECTION TO MATCH
3	NEW NON RATED INTERIOR PARTITION WALL 10'
4	NEW 3'-0" EXTERIOR DOOR WITH PANIC HARDWARE FOR EGRESS

NOTE:
ALL EXIT DOORS SHALL BE EQUIPPED WITH PANIC HARDWARE AS STATED IN NFPA 7.2.1.7

NOTE: OCCUPANCY LOAD SIGN MUST BE POSTED IN ROOMS OF ASSEMBLY PER NFPA 101: 12.7.8.3
MAXIMUM LOAD IS 223 PERSONS

ARCHITECTURAL FLOOR PLAN

1/4" = 1'-0"

BLESSING & ASSOCIATES

SEAL

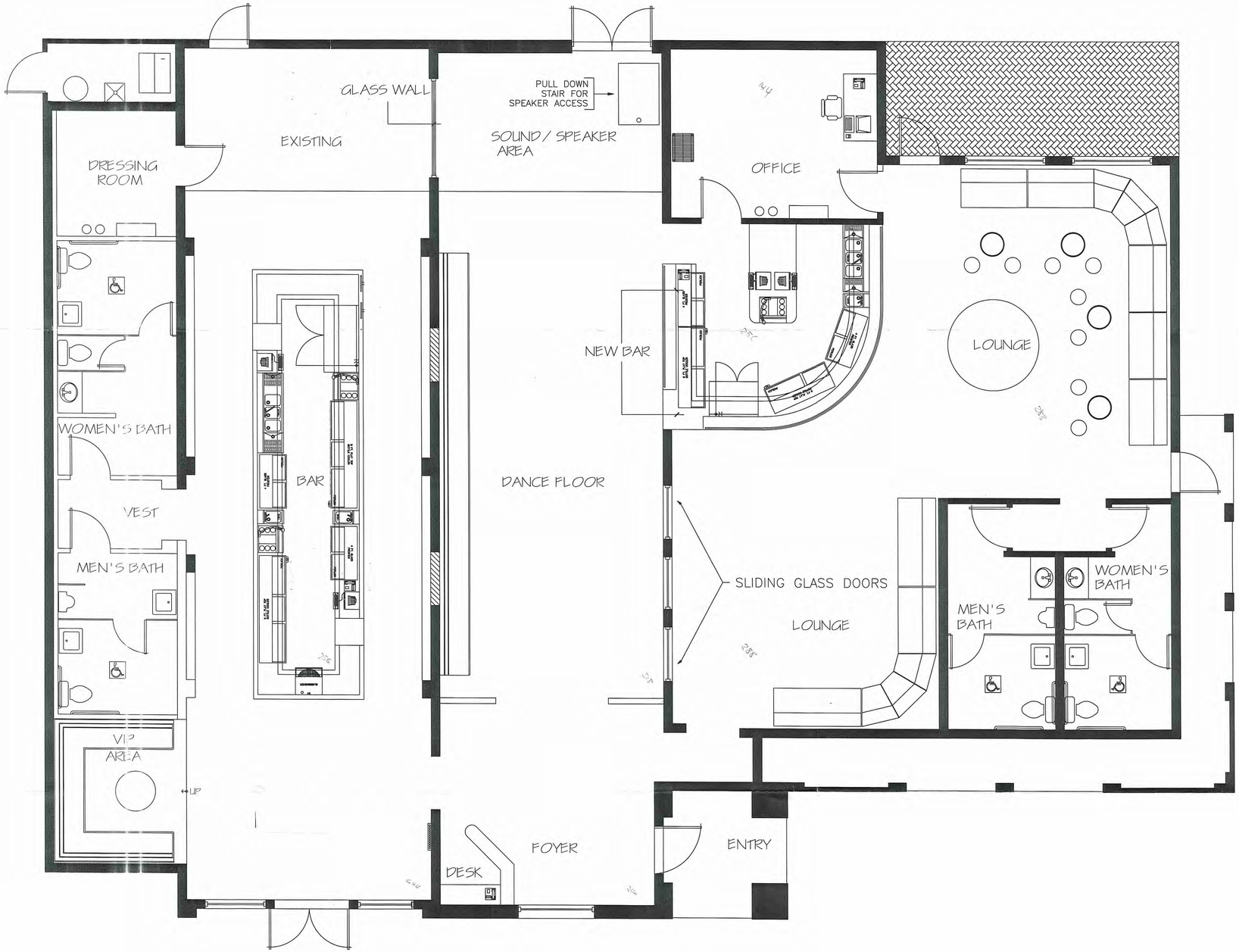
ARCHITECTS - ENGINEERS - DESIGNERS
AB & ASSOCIATES
2440 HARBECK LANE
SORRENTO, FLORIDA 32776
(407) 467 - 5453
ANDY BESECILA
commercial design specialist

PROJECT NO. ******

CONTENTS

PULSE ORLANDO
1912 S. ORANGE AVENUE
ORLANDO, FLORIDA

REVISED
1 12.10.03
2 05.14.04



TOTAL OCCUPANCY ( )

ARCHITECTURAL FLOOR PLAN
1/4" = 1'-0"

BLESSING & ASSOCIATES
407-443-8516
LONGWOOD, FL.

SEAL

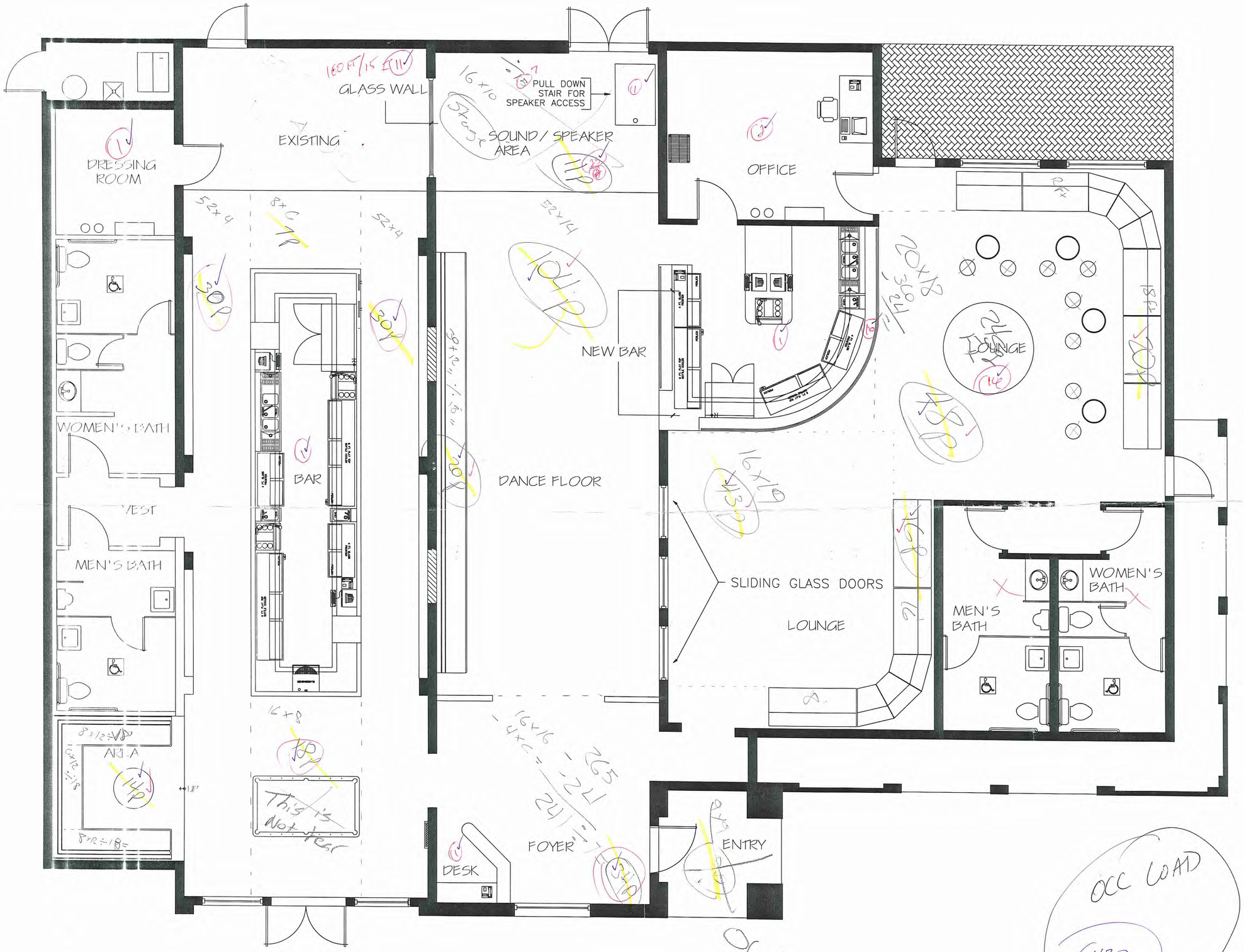
ARCHITECTS – ENGINEERS – DESIGNERS
AB & ASSOCIATES
24403 HARBECK LANE
SORRENTO, FLORIDA 32776
(407) 467 – 5463
AA026 8FC0016A
commercial design services

PROJECT NO. ******
CONTENTS

PULSE ORLANDO
1912 S. ORANGE AVENUE
ORLANDO, FLORIDA

REVISED
12.10.03
05.24.04
03.11.09

A – 1



OCC LOAD

430

TOTAL OCCUPANC

THE PULSE

ARCHITECTURAL FLOOR PLAN
1/4" = 1'-0"

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BRIAN REGAN	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(407)718-5582
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/05/2016	05/01/2016

Occ Load:
BAR 430 ✓
TEMP CLUB 300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [x] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [x] Fire Extinguisher not hanging
- [ ]
- [ ]
- [ ]
- [ ]

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Neema B Ahrami	x		

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Manuel Cintron		x		5/21/16

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BRIAN REGAN	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(407)718-5582
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/05/2016	05/01/2016

Occ Load:
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TEMP CLUB 300

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Neema B Ahrami	x		

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Manuel Cintron		x		5/21/16

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BRIAN REGAN	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(407)718-5582
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Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/05/2016	05/01/2016

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(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Neema B Ahrami	x		

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Manuel Cintron		x		5/21/16

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BRIAN REGAN	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(407)718-5582
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/05/2016	05/01/2016

Occ Load:
BAR 430 ✓
TEMP CLUB 300

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Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Neema B Ahrami	x		

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Manuel Cintron		x		5/21/16

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1	[illegible]	ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/05/2015	01/01/2016

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

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Remarks: Keep an accurate count on occupancy

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
CINDY BARBALOCK	x	[signature]	

Company Officer Name (Print)	Emp.#		Signature	Date and Time
DAVIS ODELL	7508	x	[signature]	1-30-16

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Survey Initial - B Shift	Station, Station 05, B	10/05/2015	11/01/2015

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes ____no
- ☐ AED Trained _____ yes ____no
- ☐ Battery expiration date_____
- ☐ Brand Name_____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model#_____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm_____
- ☐ Fire Extinguisher_____
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Remarks: No Contact

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on_____.

Customer Name (Print)	Signature	Date
Klein	mv 2 10804	11/12/15
Company Officer or Fire Inspector Name	Signature/ Employee Number	Date

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - C Shift	Station, Station 05, C	08/05/2015	09/01/2015

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO INFRACTIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Cindy Barbalock	x	Cindy Barbalock	9/25/15

Company Officer Name (Print)	Emp.#		Signature	Date and Time
William Lemieux	11824	x	William A Lemieux	09/25/15

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
~~TIM GIDEON~~	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	~~(773)551-4563~~
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434
Brian Regan							407-718-5582

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Occupancy Load Evaluation	FIGUEROA, Merari	12/05/2015	01/01/2016

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes ____no
- ☐ AED Trained _____ yes ____no
- ☐ Battery expiration date_____
- ☐ Brand Name _____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model # _____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm_____
- ☐ Fire Extinguisher_____
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Remarks: No changes in floor plans

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on _____

Customer Name (Print)	Signature	Date
Cindy Barbutol	[signature]	1.28.16

Company Officer or Fire Inspector Name	Signature/ Employee Number	Date
Merari Figueroa	[signature]	1-28-16

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/17/2015	05/01/2015

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Violation

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
TRACI L CAFRE	x	Traci L Cafre	5/15/15

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Klein		x	10804	5/15/15

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Occupancy Load Evaluation	ROBBINS, Susanna	12/17/2014	01/01/2015

Access:
- ❑ Address visible
- ❑ Fire protection equipment
- ❑ FDC connection
- ❑ Gate optical detector
- ❑ Hydrant access
- ❑ Key box (verified)
- ❑ Maintain fire lanes

AED:
- ❑ AED Maintenance date_____
- ❑ AED Register _____ yes ____no
- ❑ AED Trained _____ yes ____no
- ❑ Battery expiration date_____
- ❑ Brand Name _____
- ❑ Emp. CPR Trained___ yes ____no
- ❑ Location_____
- ❑ Model # _____
- ❑ Onsite
- ❑ Pads expiration date_____
- ❑ Public Access ___ yes ___no

City Code:
- ❑ Change of Occupancy/use
- ❑ Fire Hazard/Remedy
- ❑ Standby Personnel
- ❑ Stop Work

Electrical:
- ❑ Circuit identification
- ❑ Covers/blanks/junction box missing
- ❑ Defective equipment/wiring
- ❑ Door labeled
- ❑ Improper breakers/fuses/locks
- ❑ Improper use/placement of extension cords/overloaded circuit
- ❑ Panel accessibility

Exit:
- ❑ Door(s) inoperable
- ❑ Emergency/Exit sign(s) inoperable
- ❑ Emergency Lights
- ❑ Exits not adequately enclosed
- ❑ Exits not properly arranged
- ❑ Improper door swing
- ❑ Keep fire doors closed
- ❑ Maintain self-closers
- ❑ Overcrowding
- ❑ Provide approved door assembly
- ❑ Provide/maintain rated corridor
- ❑ Provide exit sign(s)
- ❑ Remove obstruction aisles/exit way
- ❑ Remove storage under stairs
- ❑ Remove unapproved locks/hardware
- ❑ Vertical openings not protected

Fire Extinguishers:
- ❑ Conspicuously located
- ❑ Not accessible

Fire Protection:
- ❑ Missing detector(s)
- ❑ No sprinkler protection under stairs
- ❑ No supervision
- ❑ Provide 18" clearance
- ❑ Provide spare heads/wrench
- ❑ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ❑ Sprinkler impairment

Flammable Liquids:
- ❑ Improper use/storage/dispensing
- ❑ Improper container/provide cabinet
- ❑ MSDS sheets needed

Heating:
- ❑ HVAC inadequate
- ❑ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ❑ Clean dryer vents
- ❑ Housekeeping issues
- ❑ Illegal burning
- ❑ Interior finish inadequate
- ❑ Provide fuel shut off
- ❑ Remove BBQ grill
- ❑ Remove rubbish/ waste/trash or weeds from building

Other:
- ❑ CEB action required
- ❑ Referral to Permitting Services
- ❑ Unable to contact

Permit Issued:
- ❑ 18A/Tent
- ❑ Fireworks/Pyro/Sp. Effects
- ❑ Flam./Comb. Liquids
- ❑ Hazardous Material
- ❑ Temp. Assembly
- ❑ Open Burning

Permit Required:
- ❑ Provide permit for work being done

Pre Fire Plan:
- ❑ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ❑ Fire protection equipment

Service/Maintain/Test/Tag:
- ❑ Detectors
- ❑ Fire Alarm_____
- ❑ Fire Extinguisher_____
- ❑ Fire Pump_____
- ❑ Generator_____
- ❑ Hydrant(s)/painted_____
- ❑ Hood System_____
- ❑ Sprinklers_____
- ❑ Standpipe/Hoses_____

Signage Required:
- ❑ FDC Connection
- ❑ Fire Lane
- ❑ Lightweight Truss
- ❑ "No Smoking"
- ❑ Occupant Load 300
- ❑ Provide 704 Placard
- ❑ Stair numbering

Storage:
- ❑ Disorderly
- ❑ Too high

Today's visit completes occupant load eval.
"Photo's Taking During visit"

Remarks: Also signed off few open issues during visit

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on_____.

Customer Name (Print)	Signature	Date 3/4/15
Jim Hansell Company Officer or Fire Inspector Name	Signature/ Employee Number	03/11/2015 Date

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
1) BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

2) Tim Gideon (773) 551-4563

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Full Fire Inspection	ROBBINS, Susanna	10/17/2014	11/01/2014

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

False Fire Alarm:
- ☐ 1 – 3 $00.00
- ☐ 4 – 6 $100.00
- ☐ 7 + $200.00

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☒ Fire Alarm 3/13
- ☐ Fire Extinguisher 9/14
- ☐ Fire Pump
- ☐ Generator
- ☐ Hydrant(s)/painted
- ☐ Hood System
- ☐ Sprinklers
- ☐ Standpipe/Hoses

Signage Required:
- ☐ Fire Lane
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Remarks: ① Fire Alarm test & Insp. needed
② Fire Alarm System in trouble mode - Service needed (3/11/15) Alarm Fine Service All Clear
③ Means of Egress
④ Extension Cords

(Note to Customer: Signature below is to acknowledge receipt of this report)

Bryan Reagan	x		1/30/15
Customer Name (Print)		Signature	Date
SRobbins	x	3/11/15	1/30/15
Company Officer Name (Print) Emp.#		Signature	Date and Time
		Reinspection Date	3/13/15

(321) 436-8864 Q Sue

ORLANDO FIRE DEPARTMENT
FIRE INSPECTION REPORT

Occupancy ID: 06501

Name: Pulse

Location: 1912 S Orange Ave.

Complex:

City/State: Orlando Fl

Station No:

Business Phone:

Contact Name	Prty	Mailing Address	Day Time Phone	After Hours Phone

Activities	Assigned To	Assignment Date	Schedule Date

An inspection is required by the City Fire Code in an effort to prevent loss of life or property. This report advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 407-246-2386.

Today's Inspection Results:

Code Section	Description	Apv
	Provide fire watch	
	provide fire watch log	
Note: →	Tested F/A system. - call from	
	dispatch (pages)	
	3/11/15	

Received By: (Signature below is only to acknowledge receipt of this report)

Cindy Bachlock — x — 2/13/15

Print Name — Signature — Date

Fire Inspector: Robbins — x — 2/13/15

Print Name — Signature — Date

Re-Inspection Date:

Form #: FSM900 Rev 02/2003 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/17/2014	01/01/2015

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO NOTED VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
CINDY BACHBALOCH	x	[signature]	

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Dwis Odell	7508	x	[signature]	1-29-15

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/07/2014	05/01/2014

Occ Load:

SAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	Signature	Date
Tim Stewart	x Tim Stewart	5-17-14

Company Officer Name (Print)	Emp.#	Signature	Date and Time
Stacy Ture		x [signature]	5-17-14

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/17/2013	01/01/2014

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Keep Rear Plastic Gate unLocked

(Note to Customer: Signature below is to acknowledge receipt of this report)

Brian M. Wood — Customer Name (Print) — x [signature] — Signature — 2/4/14 — Date

DAVIS OLIV 7508 — Company Officer Name (Print) — Emp.# — x [signature] — Signature — 1-6-14 — Date and Time

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Pty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
CTP-Occupancy Load Evaluation	ROBBINS, Susanna	12/17/2013	01/01/2014

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes ____no
- ☐ AED Trained _____ yes ____no
- ☐ Battery expiration date_____
- ☐ Brand Name _____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model # _____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm_____
- ☐ Fire Extinguisher_____
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Remarks: No Changes in Floor plans.

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on_____.

Tim Stewart	Tim Stewart	1-15-14
Customer Name (Print)	Signature	Date
S Robbins		1/15/14
Company Officer or Fire Inspector Name	Signature/ Employee Number	Date

Form #: FSM-MPF 12/2011 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM-MPF Rev. 06/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Tim Stewart (318) 231 6111 (C)

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Full Fire Inspection	ROBBINS, Susanna	10/17/2013	11/01/2013

Access:
- ❑ Address visible
- ❑ Fire protection equipment
- ❑ FDC connection
- ❑ Gate optical detector
- ❑ Hydrant access
- ❑ Key box (verified)
- ❑ Maintain fire lanes

AED:
- ❑ AED Maintenance date_____
- ❑ AED Register _____ yes ____no
- ❑ AED Trained _____ yes ____no
- ❑ Battery expiration date_____
- ❑ Brand Name _____
- ❑ Emp. CPR Trained___ yes ____no
- ❑ Location_____
- ❑ Model # _____
- ❑ Onsite
- ❑ Pads expiration date_____
- ❑ Public Access ___ yes ___no

City Code:
- ❑ Change of Occupancy/use
- ❑ Fire Hazard/Remedy
- ❑ Standby Personnel
- ❑ Stop Work

Electrical:
- ❑ Circuit identification
- ❑ Covers/blanks/junction box missing
- ❑ Defective equipment/wiring
- ❑ Door labeled
- ❑ Improper breakers/fuses/locks
- ❑ Improper use/placement of extension cords/overloaded circuit
- ❑ Panel accessibility

Exit:
- ❑ Door(s) inoperable
- ❑ Emergency/Exit sign(s) inoperable
- ❑ Emergency Lights
- ❑ Exits not adequately enclosed
- ❑ Exits not properly arranged
- ❑ Improper door swing
- ❑ Keep fire doors closed
- ❑ Maintain self-closers
- ❑ Overcrowding
- ❑ Provide approved door assembly
- ❑ Provide/maintain rated corridor
- ❑ Provide exit sign(s)
- ❑ Remove obstruction aisles/exit way
- ❑ Remove storage under stairs
- ❑ Remove unapproved locks/hardware
- ❑ Vertical openings not protected

Fire Extinguishers:
- ❑ Conspicuously located
- ❑ Not accessible

Fire Protection:
- ❑ Missing detector(s)
- ❑ No sprinkler protection under stairs
- ❑ No supervision
- ❑ Provide 18" clearance
- ❑ Provide spare heads/wrench
- ❑ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ❑ Sprinkler impairment

Flammable Liquids:
- ❑ Improper use/storage/dispensing
- ❑ Improper container/provide cabinet
- ❑ MSDS sheets needed

Heating:
- ❑ HVAC inadequate
- ❑ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ❑ Clean dryer vents
- ❑ Housekeeping issues
- ❑ Illegal burning
- ❑ Interior finish inadequate
- ❑ Provide fuel shut off
- ❑ Remove BBQ grill
- ❑ Remove rubbish/ waste/trash or weeds from building

Other:
- ❑ CEB action required
- ❑ Referral to Permitting Services
- ❑ Unable to contact

Permit Issued:
- ❑ 18A/Tent
- ❑ Fireworks/Pyro/Sp. Effects
- ❑ Flam./Comb. Liquids
- ❑ Hazardous Material
- ❑ Temp. Assembly
- ❑ Open Burning

Permit Required:
- ❑ Provide permit for work being done

Pre Fire Plan:
- ❑ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ❑ Fire protection equipment

Service/Maintain/Test/Tag:
- ❑ Detectors
- ☒ Fire Alarm 3/20/13
- ❑ Fire Extinguisher 8/13
- ❑ Fire Pump_____
- ❑ Generator_____
- ❑ Hydrant(s)/painted_____
- ❑ Hood System_____
- ❑ Sprinklers_____
- ❑ Standpipe/Hoses_____

Signage Required:
- ❑ FDC Connection
- ❑ Fire Lane
- ❑ Lightweight Truss
- ❑ "No Smoking"
- ❑ Occupant Load
- ❑ Provide 704 Placard
- ❑ Stair numbering

Storage:
- ❑ Disorderly
- ❑ Too high

(1)
Remarks: Fire Alarm system - trouble mode (under New proposal)

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on _____

Brian M. Wood		10/30/13
Customer Name (Print)	Signature	Date
SRobbins		10/30/13
Company Officer or Fire Inspector Name	Signature/ Employee Number	Date
		11/30/13

(321) 436-8864 Sue

Form #: FSM-MPF 12/2011 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT

06501

Company ID: 06501

Location: 1912 3 ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05 Occupancy: Assembly

Contact Name		Priv	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Exit Check F/U Inspection	ROBBINS, Susanna	07/23/2013	08/23/2013

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Access:
- o Address visible
- o Fire protection equipment
- o FDC connection
- o Gate optical detector
- o Hydrant access
- o Keybox (verified)
- o Maintain fire lane

Electrical:
- o Circuit identification
- o Covers/blanks/junction box missing
- o Defective equipment/wiring
- o Door labeled
- o Improper breakers/fuses/locks
- o Improper use/placement of extension cords/overloaded circuit
- o Panel accessibility

Exit:
- o Door(s) inoperable
- o Emergency/Exit sign(s) inoperable
- o Exits not adequately marked
- o Exits not properly arranged
- o Improper door swing
- o Keep fire doors closed
- o Maintain self-closers
- o Overcrowding
- o Provide approved door assembly
- o Provide/maintain panic hardware
- o Provide exit sign(s)
- o Remove obstruction in aisles/exitway
- o Remove storage under stairs
- o Remove unapproved lock/hardware
- o Vertical openings not protected

False Fire Alarm:
- o 1 – 2 $0.00
- o 3 – 4 $250.00
- o 5 - 6 $300.00
- o 7 + $350.00

Fire Extinguishers:
- o Conspicuously located
- o Not accessible

Fire Protection:
- o Missing detector(s)
- o No sprinkler protection under stairs
- o No supervision
- o Provide 18" clearance
- o Provide spare heads/wrench
- o Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing
- o Sprinkler impairment

Flammable Liquids:
- o Improper use/storage/dispensing
- o Improper container/provide cabinet
- o MSDS sheets needed

Heating:
- o HVAC inadequate
- o Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- o Clean dryer vents
- o Housekeeping issues
- o Illegal burning
- o Interior finish inadequate
- o Provide fuel shut off
- o Remove BBQ grill
- o Remove rubbish/waste/trash or weeds from building

Permit Issued:
- o DAT tent
- o Fireworks/Pyro/Sp Effects
- o Flam./Comb. Liquids
- o Hazardous Material
- o Temp. Assembly
- o Open Burning

Permit Required:
- o Provide permit for work being done

Pre Fire Plan:
- o Conducted/Reviewed/Needed

Provide Records for all Installed:
- o Fire protection equipment

Service/ Maintain/Test/Tag:
- o Detectors
- X Fire Alarm 3/2013
- o Fire Extinguisher
- o Fire Pump
- o Generator
- o Hydrant(s)/painted
- o Hood System
- o Sprinklers
- o Standpipe/Hoses

Signage Required
- o Fire Lane
- o "No Smoking"
- o Occupant Load
- o Provide 704 Placard
- o Stair numbering

Storage:
- o Disorderly
- o Too high

Other:
- o CEB action required
- o Referral to Permitting Services
- o Unable to Contact

Remarks: Service Fire Alarm System - trouble mode

(321) 436-8864 Sue

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print): Tammy Richardson — Signature: [signature] — Date: 9.10.13

Company Officer Name (Print): SRobbins — Emp.#: — Signature: [signature] — Date and Time: 9/10/13

Reinspection Date: 10/10/13

ORLANDO FIRE DEPARTMENT

Occupancy ID: 0650
Name of Business: PULSE

*** Open Violations ***

Description:
Maintenance-General

Found Date:
07/20/2013

Code Requirement:
Fire Alarm system equipment shall be maintained in accordance with manufacturer's instructions.

Code Section:
NFPA 72, 7-4

Comments:
Fire panel holding trouble/ silence signal needs serviced/repaired

---

Description:
NOTE: SEE BELOW

Found Date:
07/20/2013

Code Requirement:

Code Section:

Comments:
manager on duty signed for notice concerning use of sparkler within club/lounges

---

16571

Wed: noon - 2:00pm

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Business Name: [illegible]

Occupancy: Assembly

Occupancy Load Signage - 300 point

Monthly Exit Check

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [x] Fire Panel in Trouble/ Silence Mode
- [ ] Please Have Serviced
- [ ] Next Week

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Issued notice concerning open flames - use of champagne sparkler bottles is prohibited per Orlando City Fire Code

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Tim Stewart	x	Tim Stewart	7/20/13

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Jim Harsh	11298	x	James A Harsh	07/20/2013

Form #: FSM 920 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	10/17/2013	11/01/2013

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] F/A system 3/13
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: F/A system - trouble mode.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	Signature	Date
Brian M. Wood	x	11/20/13

Company Officer Name (Print)	Emp.#	Signature	Date and Time
S Robbins		x	11/20/13

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/05/2015	01/01/2016

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: keep an accurate count on occupancy

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
CINDY BARBALOCK	x	[signature]	

Company Officer Name (Print)	Emp.#		Signature	Date and Time
DAVIS ODELL	7508	x	[signature]	1-30-16

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Survey Initial - B Shift	Station, Station 05, B	10/05/2015	11/01/2015

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes _____no
- ☐ AED Trained _____ yes _____no
- ☐ Battery expiration date_____
- ☐ Brand Name _____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model # _____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm_____
- ☐ Fire Extinguisher_____
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Remarks: No Contact

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on_____.

Customer Name (Print)	Signature	Date
Klein	10804	11/12/15
Company Officer or Fire Inspector Name	Signature/ Employee Number	Date

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
~~TIM GIDEON~~	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	~~(773)551-4563~~
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434
Brian Regan							407-718-5582

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Occupancy Load Evaluation	FIGUEROA, Merari	12/05/2015	01/01/2016

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes ____no
- ☐ AED Trained _____ yes ____no
- ☐ Battery expiration date_____
- ☐ Brand Name _____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model # _____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm_____
- ☐ Fire Extinguisher_____
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Remarks: NO changes in floor plans

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on _____

Cindy Barbuto		1.28.16
Customer Name (Print)	Signature	Date
Merari Figueroa		1-28-16
Company Officer or Fire Inspector Name	Signature/ Employee Number	Date

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - C Shift	Station, Station 05, C	08/05/2015	09/01/2015

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO INFRACTIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Cindy Barbalock	x	Cindy Barbalock	9/25/15

Company Officer Name (Print)	Emp.#		Signature	Date and Time
William Lemieux	11824	x	William A Lemieux	09/25/15

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
TIM GIDEON	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(773)551-4563
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/17/2015	05/01/2015

Occ Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Violation

(Note to Customer: Signature below is to acknowledge receipt of this report)

TRACY L CIAFRE x Tracy L Ciafre 5/15/15
Customer Name (Print) **Signature** **Date**

Klein x 10804 5/15/15
Company Officer Name (Print) **Emp.#** **Signature** **Date and Time**

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Occupancy Load Evaluation	ROBBINS, Susanna	12/17/2014	01/01/2015

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes ____no
- ☐ AED Trained _____ yes ____no
- ☐ Battery expiration date_____
- ☐ Brand Name _____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model # _____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm_____
- ☐ Fire Extinguisher_____
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load 308
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

TODAY'S VISIT COMPLETES OCCUPANT LOAD EVAL.
"Photo's Taking During Visit"

Remarks: ALSO SIGNED OFF FEW OPEN ISSUES DURING VISIT

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on_____.

Customer Name (Print)	Signature	Date 3/4/15
Jim Hurst		03/11/2015
Company Officer or Fire Inspector Name	Signature/Employee Number	Date

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
(1) BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

(2) Tim Gideon (773) 551-4563

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Full Fire Inspection	ROBBINS, Susanna	10/17/2014	11/01/2014

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

False Fire Alarm:
- ☐ 1 – 3 $00.00
- ☐ 4 – 6 $100.00
- ☐ 7 + $200.00

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☒ Fire Alarm 3/13
- ☐ Fire Extinguisher 9/14
- ☐ Fire Pump
- ☐ Generator
- ☐ Hydrant(s)/painted
- ☐ Hood System
- ☐ Sprinklers
- ☐ Standpipe/Hoses

Signage Required:
- ☐ Fire Lane
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Remarks: (1) Fire Alarm test & Insp. needed
(2) Fire Alarm System in trouble mode - Service needed (3/11/15) Alarm Fire Service All Clear
(3) Means of Egress
(4) Extension Cords

(Note to Customer: Signature below is to acknowledge receipt of this report)

Brian Reagan	x		1/30/15
Customer Name (Print)		Signature	Date
SRobbins	x	3/11/15	1/30/15
Company Officer Name (Print) Emp.#		Signature	Date and Time

Reinspection Date 2/13/15

(321) 436-8864 Sue

Form #: FSM 930 Rev 05/2002 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
FIRE INSPECTION REPORT

Occupancy ID: 06501

Name: Pulse

Location: 1912 S Orange Ave.

Complex:

City/State: Orlando Fl

Station No:

Business Phone:

Contact Name	Prty	Mailing Address	Day Time Phone	After Hours Phone

Activities	Assigned To	Assignment Date	Schedule Date

An inspection is required by the City Fire Code in an effort to prevent loss of life or property. This report advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 407-246-2386.

Today's Inspection Results:

Code Section	Description	Apv
	Provide fire watch	
	provide fire watch log	
Note: →	Tested F/A system. - call from	
	dispatch (pager) 3/11/15	

Received By: (Signature below is only to acknowledge receipt of this report)

Cindy Barbalock x _____ 2/13/15
Print Name Signature Date

Fire Inspector: Robbins x _____ 2/13/15
Print Name Signature Date

Re-Inspection Date: _____

Form #: FSM900 Rev 02/2003 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/17/2014	01/01/2015

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO NOTED VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		x Signature	Date
CINDY BACHABACH		x	
Company Officer Name (Print)	**Emp.#**	**Signature**	**Date and Time**
Dwis Odell	7508	x	1-29-15

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/07/2014	05/01/2014

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	Signature	Date
Tim Stewart	x Tim Stewart	5-17-14

Company Officer Name (Print)	Emp.#	Signature	Date and Time
Stacy Ture		x Stacy Ture	5-17-14

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Pty	Mailing Address		Day Time Phone	After Hours Phone
BARB FOMA	Owner	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/17/2013	01/01/2014

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Keep Rear Plastic Gate unLocked

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Brian M. Wood	x	[signature]	2/6/14

Company Officer Name (Print)	Emp.#		Signature	Date and Time
DAVIS COLLY	7508	x	[signature]	1-6-14

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Pfty	Mailing Address		Day Time Phone	After Hours Phone
BAKE POMA	Owner	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
0002-Occupancy Load Evaluation	ROBBINS, Susanna	12/17/2013	01/01/2014

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes ____no
- ☐ AED Trained _____ yes ____no
- ☐ Battery expiration date_____
- ☐ Brand Name _____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model # _____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm_____
- ☐ Fire Extinguisher_____
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Remarks: No Changes in floor plans.

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on_____.

Tim Stewart	Tim Stewart	1-15-14
Customer Name (Print)	Signature	Date
S Robbins		1/15/14
Company Officer or Fire Inspector Name	Signature/ Employee Number	Date

Form #: FSM-MPF 12/2011 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM-MPF Rev. 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner

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ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
(1) BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

(2) Tim Stewart (318) 231 6111 (C)

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Full Fire Inspection	ROBBINS, Susanna	10/17/2013	11/01/2013

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

AED:
- ☐ AED Maintenance date_____
- ☐ AED Register _____ yes ____no
- ☐ AED Trained _____ yes ____no
- ☐ Battery expiration date_____
- ☐ Brand Name _____
- ☐ Emp. CPR Trained___ yes ____no
- ☐ Location_____
- ☐ Model # _____
- ☐ Onsite
- ☐ Pads expiration date_____
- ☐ Public Access ___ yes ___no

City Code:
- ☐ Change of Occupancy/use
- ☐ Fire Hazard/Remedy
- ☐ Standby Personnel
- ☐ Stop Work

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Emergency Lights
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) painted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

_____ _____ _____
Appar. Shift Date

Provide Records for all installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☒ Fire Alarm 3/2013
- ☐ Fire Extinguisher 8/13
- ☐ Fire Pump_____
- ☐ Generator_____
- ☐ Hydrant(s)/painted_____
- ☐ Hood System_____
- ☐ Sprinklers_____
- ☐ Standpipe/Hoses_____

Signage Required:
- ☐ FDC Connection
- ☐ Fire Lane
- ☐ Lightweight Truss
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

(1) Remarks: Fire Alarm system - trouble mode (under New proposal)

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on _____.

Brian M. Wood		10/30/13
Customer Name (Print)	Signature	Date
S Robbins		10/30/13
Company Officer or Fire Inspector Name	Signature/ Employee Number	Date
		11/30/13

(321) 436-8864 Sue

Form #: FSM-MPF 12/2011 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT

06501

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Exit Check F/U Inspection	ROBBINS, Susanna	07/23/2013	08/23/2013

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Access:
- o Address visible
- o Fire protection equipment
- o FDC connection
- o Gate optical detector
- o Hydrant access
- o Keybox (verified)
- o Maintain fire lanes

Electrical:
- o Circuit identification
- o Covers/blanks/junction box missing
- o Defective equipment/wiring
- o Door labeled
- o Improper breakers/fuses/locks
- o Improper use/placement of extension cords/overloaded circuit
- o Panel accessibility

Exit:
- o Door(s) inoperable
- o Emergency/Exit sign(s) inoperable
- o Exits not adequately enclosed
- o Exits not properly arranged
- o Improper door swing
- o Keep fire doors closed
- o Maintain self-closers
- o Overcrowding
- o Provide approved door assembly
- o Provide/maintain rated corridor
- o Provide exit sign(s)
- o Remove obstruction aisles/exitway
- o Remove storage under stairs
- o Remove unapproved locks/hardware
- o Vertical openings not protected

False Fire Alarm:
- o 1 – 2 $0.00
- o 3 – 4 $250.00
- o 5 - 6 $300.00
- o 7 + $350.00

Fire Extinguishers:
- o Conspicuously located
- o Not accessible

Fire Protection:
- o Missing detector(s)
- o No sprinkler protection under stairs
- o No supervision
- o Provide 18" clearance
- o Provide spare heads/wrench
- o Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing
- o Sprinkler impairment

Flammable Liquids:
- o Improper use/storage/dispensing
- o Improper container/provide cabinet
- o MSDS sheets needed

Heating:
- o HVAC inadequate
- o Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- o Clean dryer vents
- o Housekeeping issues
- o Illegal burning
- o Interior finish inadequate
- o Provide fuel shut off
- o Remove BBQ grill
- o Remove rubbish/waste/trash or weeds from building

Permit Issued:
- o 18A/Tent
- o Fireworks/Pyro/Sp Effects
- o Flam/Comb. Liquids
- o Hazardous Material
- o Temp. Assembly
- o Open Burning

Permit Required:
- o Provide permit for work being done

Pre Fire Plan:
- o Conducted/Reviewed/Needed

Provide Records for all installed:
- o Fire protection equipment

Service/Maintain/Test/Tag:
- o Detectors
- X Fire Alarm 3/2013
- o Fire Extinguisher
- o Fire Pump
- o Generator
- o Hydrant(s)/painted
- o Hood System
- o Sprinklers
- o Standpipe/Hoses

Signage Required
- o Fire Lane
- o "No Smoking"
- o Occupant Load
- o Provide 704 Placard
- o Stair numbering

Storage:
- o Disorderly
- o Too high

Other:
- o CEB action required
- o Referral to Permitting Services
- o Unable to Contact

Remarks: Service Fire Alarm System – trouble mode

(321) 436-8864 Sue

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print): Tammy Richardson — Signature: — Date: 9.10.13

Company Officer Name (Print): SRobbins — Emp.#: — Signature: — Date and Time: 9/10/13

Reinspection Date: 10/10/13

ORLANDO FIRE DEPARTMENT

*** Open Violations ***

Occupancy ID: 06571
Name of Business: PULSE
Description:
Maintenance-General

Found Date:
07/20/2013

Code Requirement:
Fire Alarm system equipment shall be maintained in accordance with manufacturer's instructions.

Code Section:
NFPA 72, 7-4

Comments:
fire panel holding trouble/ silence signal needs serviced/repaired

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Description:
NOTE: SEE BELOW

Found Date:
07/20/2013

Code Requirement:

Code Section:

Comments:
manager on duty signed for notice concerning use of sparkler within club/lounges

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06571

Wed: noon - 2:00pm

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address		Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	10/17/2013	11/01/2013

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] F/A system 3/13
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: F/A system - trouble mode

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	Signature	Date
Brian M. Wood	x [signature]	11/20/13

Company Officer Name (Print)	Emp.#	Signature	Date and Time
S Robbins		x [signature]	11/20/13

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupant Load Signage - 300 point

Monthly Exit Check

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [x] Fire Panel in Trouble Silence Mode
- [ ] Please Have Serviced
- [ ] Next Insp.

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Issued notice concerning open flame use of champagne sparkler bottles is prohibited per Orlando City Fire Code

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Tim Stewart	x	Tim Stewart	7/20/13

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Jim Harsh	11298	x	James L Harsh	07/20/2013

Form #: FSM 930 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BRIAN REGAN	Other	2	1912 S ORANGE AVE	ORLANDO, FL		(407)649-3888	(407)718-5582
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/05/2016	05/01/2016

Occ Load:
BAR 430 ✓
TEMP CLUB 300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [x] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [x] Fire Extinguisher not hanging
- [ ]
- [ ]
- [ ]
- [ ]

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

Neema Bahrami x _____ _____
Customer Name (Print) **Signature** **Date**

Manuel Cintron x _____ 5/21/16
Company Officer Name (Print) **Emp.#** **Signature** **Date and Time**

Form #: FSM 920 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Pty	Mailing Address		Day Time Phone	After Hours Phone
BARB FOMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - C Shift	Station, Station 05, C	08/17/2013	09/01/2013

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Brian M. Wood	x	[signature]	9-20-13 2215

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Bob Dansu	7907	x	[signature]	9-20-13 2215

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BARB POMA	Other	1		ORLANDO, FL	32806	(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - C Shift	Station, Station 05, C	08/17/2014	09/01/2014

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		x Signature	Date
Brian Flugen			
Company Officer Name (Print)	**Emp.#**	**x Signature**	**Date and Time**
Bob Dzube	7907		9/2/13 2200

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Pty	Mailing Address		Day Time Phone	After Hours Phone
RAFF POMA	Other	1		ORLANDO, FL 32806	(407)649-3888	(321)624-0434

Activities	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	06/05/2013	07/01/2013

OCCUPANT LOAD SIGNAGE - 300 POINT

MONTHLY EXIT CHECK

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [x] FIRE PANEL IN TROUBLE/ SILENCE MODE
- [ ] Please Have Services
- [ ] Next Week
- [ ]

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: ISSUED NOTICE CONCERNING OPEN FLAMES - USE OF CHAMPAGNE SPARKLER BOTTLES IS PROHIBITED PER ORLANDO CITY FIRE CODES

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Tim Stewart	x	Tim Stewart	7/20/13

Company Officer Name (Print)	Emp.#		Signature	Date and Time
JIM HURSH	11298	x	James A Hursh	07/20/2013

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
~~BOBBY MILLS~~	Other	2	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	~~(321)946-1119~~
BARB POMA	No Descripti	3		ORLANDO, FL		(407)649-3888	(321)624-0434
~~GREG SKEEN~~	No Descripti	1		ORLANDO, FL		~~(407)649-3888~~	~~(321)698-1933~~

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	02/17/2013	03/01/2013

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] SERVICE ALARM SYSTEM
- [ ]
- [ ]
- [ ]
- [ ]

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Walk through complete.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Brian M. Wood	x		3-22-13

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Joe Sewczyk		x		3-22-13

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BOBBY MILLS	Other	2	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(321)946-1119
BARB POMA	No Descripti	3		ORLANDO, FL		(407)649-3888	(321)624-0434
GREG SKEEN	No Descripti	1		ORLANDO, FL		(407)649-3888	(321)698-1933

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/17/2012	01/01/2013

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO NOTED VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Greg Skeen	x	[signature]	1-30-13

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Davis Odell	7505	x	[signature]	1-30

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BOBBY MILLS	Other	2	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(321)946-1119
BARB POMA	No Descripti	3		ORLANDO, FL		(407)649-3888	(321)624-0434
GREG SKEEN	No Descripti	1		ORLANDO, FL		(407)649-3888	(321)698-1933

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Occupancy Load Evaluation	BLAHA, Thomas	12/17/2012	01/01/2013

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?	___	___	___
2. Are combustible waste materials disposed of properly?	___	___	___
3. Are electrical panels and/or meters unobstructed?	___	___	___
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?	___	___	___
5. Are electrical cover plates on all switches, plugs, and junction boxes?	___	___	___
6. Are combustible decorations flame retardant?	___	___	___
7. Are shafts for pipes and cables sealed?	___	___	___
8. Are fire lanes unobstructed?	___	___	___
9. Is the yard around the business free of weeds or debris?	___	___	___
10. If gated property, is optical opening device functioning? Is the emergency code correct?	___	___	___
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?	___	___	___
2. Are doors in or leading to exits unlocked?	___	___	___
3. Are stairway doors closed?	___	___	___
4. Are exit signs posted over or on required exit doors and exitways?	___	___	___
5. Are exit signs and directional signs properly illuminated?	___	___	___
6. Are emergency lights functioning?	___	___	___
7. Are door self -closing devices functioning?	___	___	___
8. Is exit discharge clear?	___	___	___
C. Fire Safety Education:			
1. Is a written evacuation plan provided?	___	___	___
2. Are records of training provided and current?	___	___	___
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use	___	___	___
b. Evacuation procedure	___	___	___
c. Fire Systems (alarm-sprinkler-hose-detection)	___	___	___
d. Fire Safety Practices	___	___	___
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)	___	___	___

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?	___	___	___
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?	___	___	___
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: ___/___/___	___	___	___
4. Are fire extinguishers fully charged and operational?	___	___	___
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___	___	___	___
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	___	___	___
7. If building is sprinklered, is it 100% coverage?	___	___	___
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)	___	___	___
9. Are hoses cabinets and racks unobstructed?	___	___	___
10. Are hoses tested and inspected? Date tested: ___/___/___	___	___	___
11. Is fire pump tested annually? Date tested: ___/___/___	___	___	___
12. Are fire hydrants maintained?	___	___	___
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)	___	___	___
2. Are smoke detectors operable?	___	___	___
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?	___	___	___
2. Does the business have a special fire extinguishing system for hazardous operation?	___	___	___
3. Does this business store/handle hazardous chemicals?	___	___	___

Remarks: No change in Floor Plans

(Note to Customer: Signature below is to acknowledge receipt of this report)

Greg Skeen — x — 1-14-13
Customer Name (Print) — **Signature** — **Date**

Tom Blaha — x — 1-14-13
Company Officer Name (Print) **Emp.#** — **Signature** — **Date and Time**

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 930 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

2601 (23)

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BOBBY MILLS	Other	2	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(321)946-1119
GREG SKEEN	No Descripti	1		ORLANDO, FL		(407)649-3888	(321)698-1933
BARB POMA	No Descripti	3		ORLANDO, FL		(407)649-3888	(321)624-0434

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Full Fire Inspection	BLAHA, Thomas	10/17/2012	11/01/2012

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?			
2. Are combustible waste materials disposed of properly?			
3. Are electrical panels and/or meters unobstructed?			
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?			
5. Are electrical cover plates on all switches, plugs, and junction boxes?			
6. Are combustible decorations flame retardant?			
7. Are shafts for pipes and cables sealed?			
8. Are fire lanes unobstructed?			
9. Is the yard around the business free of weeds or debris?			
10. If gated property, is optical opening device functioning? Is the emergency code correct?			
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?			
2. Are doors in or leading to exits unlocked?			
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?			
5. Are exit signs and directional signs properly illuminated?			
6. Are emergency lights functioning?			
7. Are door self -closing devices functioning?			
8. Is exit discharge clear?			
C. Fire Safety Education:			
1. Is a written evacuation plan provided?			
2. Are records of training provided and current?			
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use			
b. Evacuation procedure			
c. Fire Systems (alarm-sprinkler-hose-detection)			
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)			

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?			
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?			
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: ___/___/___			
4. Are fire extinguishers fully charged and operational?			
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___			
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			
7. If building is sprinklered, is it 100% coverage?			
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			
9. Are hoses cabinets and racks unobstructed?			
10. Are hoses tested and inspected? Date tested: ___/___/___			
11. Is fire pump tested annually? Date tested: ___/___/___			
12. Are fire hydrants maintained?			
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			
2. Are smoke detectors operable?			
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Does the business have a special fire extinguishing system for hazardous operation?			
3. Does this business store/handle hazardous chemicals?			

Remarks: WALK THRU
NO VIOLATIONS AT THIS TIME

(Note to Customer: Signature below is to acknowledge receipt of this report)

Rosario Poma — x — Signature — 12-17-12 Date

Tom Blaha — x — Signature — 12-17-12 Date and Time

Company Officer Name (Print) Emp.#

Form #: FSM 930 Rev 05/2002 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 930 Rev 05/2002 **Distribution:** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BOBBY MILLS	Other	2	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(321)946-1119
BARB POMA	No Descripti	3		ORLANDO, FL		(407)649-3888	(321)624-0434
GREG SKEEN	No Descripti	1		ORLANDO, FL		(407)649-3888	(321)698-1933

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	10/17/2012	11/01/2012

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: CLOSED AT TIME OF DAY TIME EXIT CK

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x Signature	Date
Tom Bleul		11/16/12
Company Officer Name (Print) / **Emp.#**	x **Signature**	**Date and Time**

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BOBBY MILLS	Other	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(321)946-1119

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	06/08/2012	07/01/2012

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WALK THRU.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Greg Skeen	x		7/27/12

Company Officer Name (Print)	Emp.#	Signature	Date and Time
Tom Beck	x		7-27-12

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
BOBBY MILLS	Other	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(321)946-1119

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	04/17/2012	05/01/2012

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [x] NO VIOLATION
- [ ]
- [ ]
- [ ]
- [ ]

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

X Greg Sheen	x X [signature]	X 5-10-12
Customer Name (Print)	**Signature**	**Date**
STACY IVIE	x [signature]	5-10-2012
Company Officer Name (Print) Emp.#	**Signature**	**Date and Time**

ORLANDO FIRE DEPARTMENT

[illegible]

Company ID: [illegible]

Location: 1912 S ORANGE AVE

Orlando, FL

Business Name: MULAB

Business Phone: (407)649-3888

Station No: Station 05 Company: Assembly

Contact Name	Key	Mailing Address	Day Time Phone	After Hours Phone
~~[illegible]~~ Other	1	1912 S ORANGE AVE ORLANDO, FL 32801	(407)649-3888	~~(407)565-1429~~

Bobby Mills 321 946 1119

Activities	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Survey F/U Inspection	BLAHA, Thomas	12/06/2011	01/06/2012

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Access:
- Address visible
- Fire protection equipment
- [illegible]
- Lock/gated devices
- Hydrant blocked
- Hydrant flow flags
- Alternate fire lane

Exit Ways:
- Exit/egress illuminated
- Cross/blocks/protrusions missing
- Detection equipment/wiring
- Door labeled
- Improper breakers/fuses/locks
- Improper/no/obscured of [illegible]
- Panel accessible

Exits:
- Exit signs/guide
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- Missing/defective
- Overcrowding
- Provide approved floor assembly
- Provide/maintain [illegible]
- Provide exit sign(s)
- Remove obstruction/aisle/exit way
- Remove storage/aisle/stairs
- Remove unapproved lock/chain/[illegible]
- Vertical openings not protected

Fire/Fire Alarm:
- 1 - 2 $50.00
- 3 - 4 $75.00
- 5 - 6 $100.00
- 7 + $150.00

Fire Extinguishers:
- Conspicuously located
- Not accessible

Fire Protection:
- Missing detector(s)
- No sprinkler protection under stairs
- No supervision
- Provide 18" clearance
- Provide [illegible] head/stench
- Provide [illegible] and/or [illegible] [illegible]
- Sprinkler inspected

Non-aside Liquids:
- Improper use/storage/dispensing
- Improper container/provide cabinet
- MSDS sheets needed

Heating:
- HVAC inadequate
- Provide/maintain proper clearance around water/boiler/water heater

Miscellaneous:
- Clean dryer vents
- Hazardous/open issues
- Illegal burning
- Interior finish inadequate
- Provide fuel shut off
- Remove BBQ grill
- Remove rubbish/waste/trash or weeds from building

Permit Issued:
- BAT/Tent
- Firework/Pyro/Ex Effects
- Hot/Combustible Liquids
- Hazardous Material
- Temp. Assembly
- Open Burning

Permit Required:
- Do/ask permit for work being done

Pre Fire Plan:
- Conducted/Review/Needed

Provide Records for all Inspections:
- Fire protection equipment

Provided/Maintain/Test/Tags:
- Detectors
- Fire Alarm
- Fire Extinguisher 8/11
- Fire Pump
- Generator
- Hydrant(s)/painted
- Hood System
- Sprinklers
- Standpipe/Hoses

Signage Required:
- Fire Lane
- "No Smoking"
- Occupant Load
- Provide/Old Placard
- Stairwell/exit

Storage:
- Inadequate
- Too high

Other:
- CBD action required
- Referral to Building Services
- Unable to Contact

Remarks: ALARM IN TROUBLE MODE

SERVICE ALARM SYSTEM ASAP

(Note to Customer: Signature below is to acknowledge receipt of this report)

Brian M. Wood — x [signature] — 1-4-12

Customer Name (Print) — Signature — Date

Tom Blaha — x [signature] — 1-9-12

Company Officer Name (Print) — Emp.# — Signature — Date and Time

Reinspection Date: 2-7-12

- 321-436 8850 -

[illegible] Approved (NFPA) Fire Safety Management Bureau (Rev 1/2011-08) Revision Date

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Prty	Mailing Address	Day Time Phone	After Hours Phone
BOBBY MILLS	Other	1	1912 S ORANGE AVE ORLANDO, FL 32801	(407)649-3888	(321)946-1119

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Occupancy Load Evaluation	BLAHA, Thomas	12/27/2011	01/01/2012

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Access:
- ☐ Address visible
- ☐ Fire protection equipment
- ☐ FDC connection
- ☐ Gate optical detector
- ☐ Hydrant access
- ☐ Key box (verified)
- ☐ Maintain fire lanes

Electrical:
- ☐ Circuit identification
- ☐ Covers/blanks/junction box missing
- ☐ Defective equipment/wiring
- ☐ Door labeled
- ☐ Improper breakers/fuses/locks
- ☐ Improper use/placement of extension cords/overloaded circuit
- ☐ Panel accessibility

Exit:
- ☐ Door(s) inoperable
- ☐ Emergency/Exit sign(s) inoperable
- ☐ Exits not adequately enclosed
- ☐ Exits not properly arranged
- ☐ Improper door swing
- ☐ Keep fire doors closed
- ☐ Maintain self-closers
- ☐ Overcrowding
- ☐ Provide approved door assembly
- ☐ Provide/maintain rated corridor
- ☐ Provide exit sign(s)
- ☐ Remove obstruction aisles/exit way
- ☐ Remove storage under stairs
- ☐ Remove unapproved locks/hardware
- ☐ Vertical openings not protected

False Fire Alarm:
- ☐ 1 - 3 $00.00
- ☐ 4 - 6 $100.00
- ☐ 7 + $200.00

Fire Extinguishers:
- ☐ Conspicuously located
- ☐ Not accessible

Fire Protection:
- ☐ Missing detector(s)
- ☐ No sprinkler protection under stairs
- ☐ No supervision
- ☐ Provide 18" clearance
- ☐ Provide spare heads/wrench
- ☐ Sprinkler head(s) pairted/corroded/ damaged/ escutcheon plates missing
- ☐ Sprinkler impairment

Flammable Liquids:
- ☐ Improper use/storage/dispensing
- ☐ Improper container/provide cabinet
- ☐ MSDS sheets needed

Heating:
- ☐ HVAC inadequate
- ☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- ☐ Clean dryer vents
- ☐ Housekeeping issues
- ☐ Illegal burning
- ☐ Interior finish inadequate
- ☐ Provide fuel shut off
- ☐ Remove BBQ grill
- ☐ Remove rubbish/ waste/trash or weeds from building

Permit Issued:
- ☐ 18A/Tent
- ☐ Fireworks/Pyro/Sp. Effects
- ☐ Flam./Comb. Liquids
- ☐ Hazardous Material
- ☐ Temp. Assembly
- ☐ Open Burning

Permit Required:
- ☐ Provide permit for work being done

Pre Fire Plan:
- ☐ Conducted/Reviewed/Needed

Provide Records for all Installed:
- ☐ Fire protection equipment

Service/Maintain/Test/Tag:
- ☐ Detectors
- ☐ Fire Alarm
- ☐ Fire Extinguisher
- ☐ Fire Pump
- ☐ Generator
- ☐ Hydrant(s)/painted
- ☐ Hood System
- ☐ Sprinklers
- ☐ Standpipe/Hoses

Signage Required:
- ☐ Fire Lane
- ☐ "No Smoking"
- ☐ Occupant Load
- ☐ Provide 704 Placard
- ☐ Stair numbering

Storage:
- ☐ Disorderly
- ☐ Too high

Other:
- ☐ CEB action required
- ☐ Referral to Permitting Services
- ☐ Unable to contact

Remarks: N/C 1-9 NO CHANGE IN FLOOR PLAN
OCC LOAD POSTED

(Note: Customer Signature below is to acknowledge receipt of this report)

Bobby Mills	x		1-9-12
Customer Name (Print)		Signature	Date
Tom Blaha	x		1-9-12
Company Officer Name (Print) Emp.#		Signature	Date and Time

Reinspection Date

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Other	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	11/17/2011	12/01/2011

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x Signature	Date
Brian M. Wood	x [signature]	12/16/11

Company Officer Name (Print) Emp.#	x Signature	Date and Time
Tom Blah	x [signature]	12-16-11

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Other	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Survey Initial - A	Station, Station 05, A	10/17/2011	11/01/2011

Shift

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?	✓		
8. Are fire lanes unobstructed?	✓		
9. Is the yard around the business free of weeds or debris?			
10. If gated property, is optical opening device functioning? Is the emergency code correct?			✓
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self -closing devices functioning?	✓		
8. Is exit discharge clear?	✓		
C. Fire Safety Education:			
1. Is a written evacuation plan provided?	✓		
2. Are records of training provided and current?	✓		
3. Do employees have knowledge of:			
a. Extinguisher type(s) and use	✓		
b. Evacuation procedure	✓		
c. Fire Systems (alarm-sprinkler-hose-detection)	✓		
d. Fire Safety Practices			✓
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)			

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: 8/11	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___			✓
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			✓
7. If building is sprinklered, is it 100% coverage?			✓
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hoses cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested: ___/___/___			✓
11. Is fire pump tested annually? Date tested: ___/___/___			✓
12. Are fire hydrants maintained?			✓
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			✓
2. Are smoke detectors operable?			✓
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			✓
2. Does the business have a special fire extinguishing system for hazardous operation?			✓
3. Does this business store/handle hazardous chemicals?			

Remarks: Alarm panel in Trouble mode!

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Brian M. Wood	x	[signature]	12-1-11

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Derek Lennon	4856	x	[signature]	12/1/11 07:30 p.m.

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Other	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - C Shift	Station, Station 05, C	10/17/2011	11/01/2011

Occ Load:
BAR
TEMP CLUB

? ~~430~~ 300 = PUSTED

430 Not Sure what this is

300 Posted Front Entrance

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] Fire Alarm In Trouble / Silence By-Pass - Fog machine
- [ ]
- [ ]

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Remarks: Monthly Exit Check / Walk Thru
Month Fire Extinguisher Black Box Inc

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Brian M. Wood	x		11/18/11

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Jim Hunsp	1198	x		11/18/11

1110 - 1130

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Survey Initial - B Shift	Station, Station 05, B	10/17/2010	11/01/2010

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?			
2. Are combustible waste materials disposed of properly?			
3. Are electrical panels and/or meters unobstructed?			
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?			
5. Are electrical cover plates on all switches, plugs, and junction boxes?			
6. Are combustible decorations flame retardant?			
7. Are shafts for pipes and cables sealed?			
8. Are fire lanes unobstructed?			
9. Is the yard around the business free of weeds or debris?			
10. If gated property, is optical opening device functioning? Is the emergency code correct?			
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?			
2. Are doors in or leading to exits unlocked?			
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?			
5. Are exit signs and directional signs properly illuminated?			
6. Are emergency lights functioning?			
7. Are door self -closing devices functioning?			
8. Is exit discharge clear?			
C. Fire Safety Education:			
1. Is a written evacuation plan provided?			
2. Are records of training provided and current?			
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use			
b. Evacuation procedure			
c. Fire Systems (alarm-sprinkler-hose-detection)			
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)			

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?			
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?			
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: 8/1/10			
4. Are fire extinguishers fully charged and operational?			
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___			
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			
7. If building is sprinklered, is it 100% coverage?			
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			
9. Are hoses cabinets and racks unobstructed?			
10. Are hoses tested and inspected? Date tested: ___/___/___			
11. Is fire pump tested annually? Date tested: ___/___/___			
12. Are fire hydrants maintained?			
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			
2. Are smoke detectors operable?			
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Does the business have a special fire extinguishing system for hazardous operation?			
3. Does this business store/handle hazardous chemicals?			

Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

JAMES BYRNE	x		
Customer Name (Print)		**Signature**	**Date**
M Klek 10807	x		11/1/10
Company Officer Name (Print) **Emp.#**		**Signature**	**Date and Time**

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x Signature	Date
Greg Skeen		9-30-11

Company Officer Name (Print)	Emp.#	x Signature	Date and Time
Klein	10807		9/30/11

ORLANDO FIRE DEPARTMENT
EXIT CHECK

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No NOTED VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Brian M. Wood	x	[signature]	9-17-11
Customer Name (Print)		**Signature**	**Date**
Davis Odell 7508	x	[signature]	9-17-11
Company Officer Name (Print) **Emp.#**		**Signature**	**Date and Time**

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: [illegible]
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		City	Mailing Address			Day Time Phone	After Hours Phone
Chad MILLER	Other	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities	Assigned to:	Assignment Date	Schedule Date
NEW Company Exit Check - A Shift	Station, Station 05, A	12/17/2011	01/01/2012

Occ Load:

DAR	430
TEMP CLUB	900

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Keep OUTSIDE GATE UNLOCKED at rear Alley --

(Note to Customer: Signature below is to acknowledge receipt of this report)

Brian M. Wood	x [signature]	2-11-12
Customer Name (Print)	Signature	Date
Ang Allen 7508	x [signature]	2-11-12
Company Officer Name (Print) Emp.#	Signature	Date and Time

06501

City of Orlando

Fed ID. 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Invoice

Invoice #: FF 118541
Billing Date: 08/10/11
Due Date: 09/09/11
Amount: 350.00

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description	Amount
False Fire alarm #14	350.00
INVOICE TOTAL:	350.00

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 118541
Date: 08/10/11

Invoice Total: 350.00

☐ **Check # :** _____

☐ **MC/Visa/AMX # :** _____

Expiration Date : _____/_____

Signature : _____

Amount Paid: _____

ORLANDO FIRE DEPARTMENT
EXIT CHECK

[illegible]

[illegible]

Assigned Date: [illegible]
Assigned To: Division, Fire Safety Mgmt
Assignment Date: 07/07/2011
Schedule Date: 08/01/2011

Occupancy:
BAR 480
TEMP CLUB 300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WALK THRU

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x James Dinnan Signature	8-12-11 Date
Company Officer Name (Print) Emp.#	x Signature	8-12-11 Date and Time

ORLANDO FIRE DEPARTMENT

Occupancy ID: [illegible]
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: [illegible]
Business Phone: (407)[illegible]
Station No: [illegible] Occupancy: Assembly

Owner Name		Mailing Address	Day Time Phone	After Hours Phone
[illegible]	Other	1912 S ORANGE AVE ORLANDO, FL 32801	(407)[illegible]	(407)[illegible]

Activity	Assigned to:	Assignment Date:	Schedule Date:
[illegible] Inspection	BLAHA, Thomas	07/28/2011	07/29/2011

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THE REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARDS INDICATED [illegible] VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2[illegible]

[illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]

Electrical:
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ Improper use/placement of extension cords/overloaded circuits
- ○ Panel accessibility

Exits:
- ○ Door(s) inoperable
- ○ Emergency/Exit sign(s) inoperable
- ○ Exits not adequately enclosed
- ○ Exits not properly arranged
- ○ Improper door swing
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]

- ○ [illegible]
- ○ Storage at/ under stairs
- ○ [illegible] hardware
- ○ [illegible] not protected

[illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]

Fire Extinguishers:
- ○ Improperly located
- ○ Not accessible

Fire Protection:
- ○ Missing detector(s)
- ○ No sprinkler protection under stairs
- ○ No supervision
- ○ Provide 18" clearance
- ○ Provide spare heads/wrench
- ○ Sprinkler head(s) painted/corroded/ damaged/escutcheon plates missing
- ○ Sprinkler impairment

Flammable Liquids:
- ○ Improper use/storage/dispensing
- ○ Improper container/[illegible]
- ○ MSDS sheets needed

Heating:
- ○ [illegible]
- ○ Provide/maintain proper clearance around [illegible] heater

Miscellaneous:
- ○ Clean dryer vents
- ○ Housekeeping [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]
- ○ Remove BBQ grill
- ○ Remove rubbish/waste/trash or weeds from building

Permit Issued:
- ○ 18A/Tent
- ○ Fireworks/Pyro/Sp.Effects
- ○ Flam/Comb. Liquids
- ○ Hazardous Material
- ○ Temp. Assembly
- ○ Open Burning

Permit Required:
- ○ Provide permit for work being done

Pre Fire Plan:
- ○ [illegible]

Provide Records for [illegible]:
- ○ [illegible]

[illegible]:
- ○ Detectors
- ○ Fire Alarm
- ✓ [illegible] 6/10
- ○ Fire Pump
- ○ [illegible]
- ○ Hydrant(s)[illegible]
- ○ [illegible]
- ○ Sprinklers
- ○ [illegible]

Signage Required:
- ○ Fire Lane
- ○ "No Smoking"
- ○ Occupant Load
- ○ Provide 704 Placard
- ○ Stair numbering

Storage:
- ○ [illegible]
- ○ Too high

Other:
- ○ [illegible]
- ○ [illegible]
- ○ [illegible]

SERVICE ALARM SYSTEM LAST 6/10

ALARM SYSTEM TO BE BACK ON LINE (MONITORING) BY 5^{00} PM OR WILL NOT BE ABLE TO OPEN (PER FIRE MARSHAL)

Tammy Richardson 7-28-11

Tom Blaha

Reinspection Date: 8-5-11

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name		Pty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - C Shift	Station, Station 05, C	06/17/2011	07/01/2011

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [x] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: 2 North side exits blocked with tables & liquor bottles. Exits cleared while OFD on premise. Owner Mgmt st need to keep exits clear in future.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
Brian M. Wood	x		7/9/11 0830

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Richard Lum	10163	x		7/9/11 0830

06501

City of Orlando

Fed ID. 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Invoice

Invoice #: FF 117399
Billing Date: 07/08/11
Due Date: 08/07/11
Amount: 350.00

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description	Amount
False Fire alarm #13	350.00
INVOICE TOTAL:	350.00

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 117399
Date: 07/08/11

Invoice Total: 350.00

☐ **Check # :** _____

☐ **MC/Visa/AMX # :** _____

Expiration Date : _____/_____

Signature : _____

Amount Paid: _____

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	05/17/2011	06/01/2011

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Matthew Haines	x	6/11/11
Customer Name (Print)	**Signature**	**Date**
M Klein 10804	x	6/11/11
Company Officer Name (Print) Emp.#	**Signature**	**Date and Time**

06501

City of Orlando

Fed ID. 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Invoice

Invoice #: FF 116150
Billing Date: 05/31/11
Due Date: 06/30/11
Amount: 350.00

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description	Amount
False Fire alarm #12	350.00
INVOICE TOTAL:	350.00

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 116150
Date: 05/31/11

Invoice Total: 350.00

☐ **Check # :** _____

☐ **MC/Visa/AMX # :** _____

Expiration Date : _____/_____

Signature : _____

Amount Paid: _____

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO NOTED VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

MATTHEW HAWES	x	
Customer Name (Print)	**Signature**	**Date**
Lewis Cobb 7508	x	5-20-11
Company Officer Name (Print) **Emp.#**	**Signature**	**Date and Time**

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name	Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant 1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	03/17/2011	04/01/2011

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WALK TARO

(Note to Customer: Signature below is to acknowledge receipt of this report)

Juan Miller	x Juan Miller	4-30-11
Customer Name (Print)	**Signature**	**Date**
Tim Black	x Black	4-30-11
Company Officer Name (Print) Emp.#	**Signature**	**Date and Time**

06501

City of Orlando

Fed ID. 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Invoice

Invoice #: FF 114190
Billing Date: 4/7/2011
Due Date: 5/7/2011
Amount: 350.00

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description	Amount
False Fire alarm #11	350.00
INVOICE TOTAL:	350.00

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 114190
Date: 4/7/2011

Invoice Total: 350.00

☐ Check # : _____

☐ MC/Visa/AMX # : _____

Expiration Date : ____/____

Signature : _____

Amount Paid: _____

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?			
2. Are combustible waste materials disposed of properly?			
3. Are electrical panels and/or meters unobstructed?			
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?			
5. Are electrical cover plates on all switches, plugs, and junction boxes?			
6. Are combustible decorations flame retardant?			
7. Are shafts for pipes and cables sealed?			
8. Are fire lanes unobstructed?			
9. Is the yard around the business free of weeds or debris?			
10. If gated property, is optical opening device functioning? Is the emergency code correct?			
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?			
7. Are door self -closing devices functioning?	✓		
8. Is exit discharge clear?	✓		
C. Fire Safety Education:			
1. Is a written evacuation plan provided?			
2. Are records of training provided and current?			
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use			
b. Evacuation procedure			
c. Fire Systems (alarm-sprinkler-hose-detection)			
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)			

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?			
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?			
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: ___/___/___			
4. Are fire extinguishers fully charged and operational?			
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___			
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			
7. If building is sprinklered, is it 100% coverage?			
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			
9. Are hoses cabinets and racks unobstructed?			
10. Are hoses tested and inspected? Date tested: ___/___/___			
11. Is fire pump tested annually? Date tested: ___/___/___			
12. Are fire hydrants maintained?			
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			
2. Are smoke detectors operable?			
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Does the business have a special fire extinguishing system for hazardous operation?			
3. Does this business store/handle hazardous chemicals?			

Remarks: EXIT CHECK ONLY NO VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

JAMES BYRNE	x		3-26-11
Customer Name (Print)		**Signature**	**Date**
S Dance 1907	x		3-26-11
Company Officer Name (Print) **Emp.#**		**Signature**	**Date and Time** 2200

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Company ID: 0501 | Business Name: FULLER
Address: 1012 E ORLANDO AVE | Business Phone: (407)649-3883
City/State: ORLANDO, FL | Building Size: [illegible] | Occupancy: Assembly

Contact Person: [illegible] | Fire Mailing Address: 1012 E ORLANDO AVE ORLANDO, FL 32801 | Day Time Phone: (407)649-3883 | After Hours Phone: (407)595-1432

Inspector: [illegible] | Assigned to: Station Station 36, B | Assignment Date: 01/03/2011 | Schedule Date: 02/01/2011

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:	YES	NO	N/A
1. Is general storage orderly?			
2. Are combustible waste materials disposed of properly?			
3. Are electrical panels and/or meters unobstructed?			
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?			
5. Are electrical cover plates on all switches, plugs, and junction boxes?			
6. Are combustible decorations flame retardant?			
7. Are shafts for pipes and cables sealed?			
8. Are fire lanes unobstructed?			
9. Is the yard around the business free of weeds or debris?			
10. If gated property, is optical opening device functioning? Is the emergency code correct?			
B. Maintenance of Exitways:			
1. Are exits clear and unobstructed?			
2. Are doors in or leading to exits unlocked?			
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?			
5. Are exit signs and directional signs properly illuminated?			
6. Are emergency lights functioning?			
7. Are door self -closing devices functioning?			
8. Is exit discharge clear?			
C. Fire Safety Education:			
1. Is a written evacuation plan provided?			
2. Are records of training provided and current?			
3. Do employees have knowledge of :			
a. Extinguisher type(s) and use			
b. Evacuation procedure			
c. Fire Systems (alarm-sprinkler-hose-detection)			
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)			

D. Fire Protection Equipment:	YES	NO	N/A
1. Are fire extinguishers provided?			
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?			
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: 2/1/10			
4. Are fire extinguishers fully charged and operational?			
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: ___/___/___			
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			
7. If building is sprinklered, is it 100% coverage?			
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			
9. Are hoses cabinets and racks unobstructed?			
10. Are hoses tested and inspected? Date tested: ___/___/___			
11. Is fire pump tested annually? Date tested: ___/___/___			
12. Are fire hydrants maintained?			
E. Fire Alarm Systems:			
1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: ___/___/___ (Attach copy of last inspection)			
2. Are smoke detectors operable?			
F. Special Problems:			
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Does the business have a special fire extinguishing system for hazardous operation?			
3. Does this business store/handle hazardous chemicals?			

Remarks: No Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

James Byrne x [signature] 2-2-11
Customer Name (Print) **Signature** **Date**

Klein 10809 x [signature] 2/2/11
Company Officer Name (Print) **Emp.#** **Signature** **Date and Time**

Form #: FSM 930 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner

06501

City of Orlando

Fed ID. 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Invoice

Invoice #: FF 112025
Billing Date: 2/1/2011
Due Date: 3/3/2011
Amount: 350.00

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description	Amount
False Fire Alarm #10	350.00
INVOICE TOTAL:	350.00

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 112025
Date: 2/1/2011

Invoice Total: 350.00

☐ Check # : _____

☐ MC/Visa/AMX # : _____

Expiration Date : ____/____

Signature : _____

Amount Paid: _____

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name	Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant 1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - A Shift	Station, Station 05, A	12/17/2010	01/01/2011

Occ Load:

BAR	430
TEMP CLUB	900

Mark box below if there is a deficiency.

- [ ] **1. Parking in a Fire Lane**
- [ ] **2. Occupant Load Not Posted**
- [ ] **3. Occupants in Excess of Posted Limit**
- [ ] **4. Emergency/Exit Lights Inoperable**
- [ ] **5. Exit Doors Locked**
- [ ] **6. Aisles Obstructed**
- [ ] **7. Exit Door or Hardware Inoperable**
- [ ] **8. Improper Locks on Required Exit Doors**
- [ ] **9. Self Closing Doors Blocked Open**
- [ ] **10. Obstructed Exit or Exitway**
- [ ] **11. Excessive Combustibles**
- [ ] **12. Combustibles in Exitway**
- [ ] **13. Other (Listed Below)**
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO NOTED VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)		Signature	Date
James Byrne	x	[signature]	1-26-11

Company Officer Name (Print)	Emp.#		Signature	Date and Time
Davis Odell	7508	x	[signature]	1-26-11

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - C Shift	Station, Station 05, C	10/17/2010	11/01/2010

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

Matthew Haines	x	
Customer Name (Print)	Signature	Date
Bob Drake	x	11-26-10 945
Company Officer Name (Print) Emp.#	Signature	Date and Time

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	11/17/2010	12/01/2010

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)	x Signature	Date
Company Officer Name (Print) **Emp.#**	x **Signature**	**Date and Time**

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO VIOLATION

(Note to Customer: Signature below is to acknowledge receipt of this report)

JAMES BYRNES	x		10/8/10
Customer Name (Print)		**Signature**	**Date**
M Klo 10807	x		10/8/10
Company Officer Name (Print) **Emp.#**		**Signature**	**Date and Time**

Form #: FSM 920 Rev 05/2002 ***Distribution:*** *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: JULSB
Business Phone: (407)649-3888
Station No: Station 05 Occupancy: Assembly

Contact Name	Fr/y	Mailing Address			Day Time Phone	After Hours Phone
JOAN MILLER	Occupant 1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities	Assigned to:	Assignment Date:	Schedule Date:
JULSB-Company Exit Check - A shift	Station, Station 05, A	08/17/2010	08/01/2010

Contact:
BAR 120
TEMP CLAP 210

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Noted Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Matthew Haines x _____ _____
Customer Name (Print) Signature Date

Doris Allen 7525 x _____ 10-1-10
Company Officer Name (Print) Emp.# Signature Date and Time

Form # FSM 930 Rev 05/2002 *Distribution: Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - FSM	Division, Fire Safety Mgmt	07/17/2010	08/01/2010

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WALK THRU
NO VIOLATIONS AT THIS TIME

(Note to Customer: Signature below is to acknowledge receipt of this report)

JAMES BYRNE	x		8-21-10
Customer Name (Print)		Signature	Date
Tom Blake	x		8-21-10
Company Officer Name (Print) Emp.#		Signature	Date and Time

ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05 **Occupancy:** Assembly

Contact Name		Prty	Mailing Address			Day Time Phone	After Hours Phone
JUAN MILLER	Occupant	1	1912 S ORANGE AVE	ORLANDO, FL	32801	(407)649-3888	(407)595-1432

Activities:	Assigned to:	Assignment Date:	Schedule Date:
INSP-Company Exit Check - B Shift	Station, Station 05, B	05/17/2010	06/01/2010

Occ Load:

BAR	430
TEMP CLUB	300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)
- [ ] _____
- [ ] _____
- [ ] _____
- [ ] _____

SCANNED
DATE:
BY:

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: _____

(Note to Customer: Signature below is to acknowledge receipt of this report)

JAMES BYRNE	x	James Byrne	6/10/10
Customer Name (Print)		Signature	Date
Glenn 10809	x		6/10/10
Company Officer Name (Print) Emp.#		Signature	Date and Time

CITY OF ORLANDO, FLORIDA
FIRE INSPECTION REPORT

File Number	Census Text
006501 FI-28	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-849-5249

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	016	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 13 00 00

Date	Time	Activity	Inspector	Terr.	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
1/20/98	0015	27	10718	05	FI	B	B	12	10347	12/03/97

	Due Inspection Date
FIRE HAZARD RE-INSPECTION	11/15/98

AN INSPECTION IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) DETAILED HEREIN IS A VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. A FOLLOW-UP INSPECTION WILL BE CONDUCTED.

	CODE SECTION	TYPE	COUNT	DESCRIPTION	APV
1	NFPA 70	V	02	Repair/Replace/Install Approved Wiring REMOVE EXTENSION CORDS	TCP
2	fpc 24.12 (a)	V	02	Remove Accumulation of Combustible Waste RMOVE COMBUSTABLE FROM AROUND OVEN	TCP
3	NFPA 70, 110-12	V	10	Install Electric In Workmanlike Manner REPAIR ALL SPLICED WIRES	TCP
4	NFPA 101, 5-2.1.5.3	V	02	Provide One Releasing Device Exit Doors REMOVE SLIDE BOLTSFROM EXITS	TCP
5	NFPA 101, 5-2.1.5.1	V	01	Provide Approved Exit Hardware PROVIDE APPROVED LOCKS ON EXITS	TCP
6	N1	N	01	NOTE 1 2ND EMERGENCY # 293-6762	

An alternate to the system, condition, arrangement, material, equipment or provision specified in this Notice may be accepted by the Fire Marshal which would afford a substantially equivalent level of safety. Each application for an alternate must be filled with the Fire Marshal in writing before the date set for compliance, and must be accompanied by evidence or supporting information as may be required to justify the request. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 246-2386.

REINSPECTION DATE _____

Building Owner	Owner Address	City and State
xRUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
x Scott Brandt	20 Jan 98	Terry N Pagan	1/20/98

907.87b

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

~~10347~~ 10718

File Number		Census Tract
006501	CS-26	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
10-31-97	:15	26	312	05	01	AB	B	12	05802	11/04/96

	Due Inspection Date
COMPANY SURVEY INITIAL INSPECTION	11/15/97

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

GENERAL FIRE PRECAUTIONS	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?		✓	
4. Are all electrical cords and extension cords in good repair?		✓	
5. Are electrical cover plates on all switches, plugs, and junction boxes?		✓	
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?	✓		
8. Are fire lanes unobstructed?	✓		
9. Is the yard around your business free of weeds or debris?			

MAINTENANCE OF EXITWAYS	YES	NO	N/A
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self closing devices functioning?	✓		
8. Is exit discharge clear?			

FIRE SAFETY EDUCATION	YES	NO	N/A
1. Is a written fire evacuation plan provided?		✓	
2. Are records of training provided and current?		✓	
3. Do employees have knowledge of:			
a. Extinguisher type(s) and use		✓	
b. Evacuation Procedures		✓	
c. Fire Systems (alarm-sprinkler-hose-detection)		✓	
d. Fire Safety Practices		✓	
e. Hazardous materials (M.S.D.S. - labeling-handling-storage-etc.)		✓	

FIRE PROTECTION EQUIPMENT	YES	NO	N/A
1. Are fire extinguishers provided?		✓	
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?		✓	
3. Are fire extinguishers tagged annually, and maintained properly? Date punched __/__/__		✓	
4. Are fire extinguishers fully charged and operational?		✓	
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched 9/__/97	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. Is building fully sprinklered?		✓	
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hose cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested __/__/__			✓
11. Is fire pump tested annually? Date tested __/__/__			✓

FIRE ALARM SYSTEMS	YES	NO	N/A
1. Is manual fire alarm system inspected by a licensed fire alarm contractor? (Attach copy of last inspection) Date tagged __/__/__			✓
2. Are smoke detectors operable?			✓

SPECIAL PROBLEMS	YES	NO	N/A
1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?		✓	
2. Do you have a special fire extinguishing system for hazardous operation?		✓	
3. Do you store/handle hazardous chemicals?		✓	

REMARKS: Remove extension cord's
Open wires near ice machine
Remove the combustable from around the oven & warmer

Building Owner	Owner Address	City and State
X RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
X	10-31-97	[signature]	

907.87b

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number		Census Tract
006501	CS-26	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exting	Special Instructions
75	05	1	12	08	08	08	08	01	01	~~00~~ 01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
11-4-96	0015	~~97~~ 96	5802	05	~~FI~~ 01	~~FC~~ A	B	12	02004	12/29/95

SPECIAL PROJECTS

Due Inspection Date: 11/15/96

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT FIRE SAFETY MANAGEMENT AT 246-2386.

GENERAL FIRE PRECAUTIONS	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?	✓	✓	
8. Are fire lanes unobstructed?	✓		
9. Is the yard around your business free of weeds or debris?			

MAINTENANCE OF EXITWAYS	YES	NO	N/A
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?			✓
7. Are door self closing devices functioning?	✓		
8. Is exit discharge clear?	✓		

FIRE SAFETY EDUCATION	YES	NO	N/A
1. Is a written fire evacuation plan provided?	✓		
2. Do employees have knowledge of:			
a. Extinguisher type(s) and use	✓		
b. Evacuation Procedures			✓
c. Fire Systems (alarm-sprinkler-hose-detection)			✓
d. Are records of training provided and current?			✓
e. Hazardous materials (M.S.D.S. - labeling-handling-storage -etc.)			✓

FIRE PROTECTION EQUIPMENT	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched 3/96	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched 10/96	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. Is building fully sprinklered?		✓	
8. Is sprinkler system inspected and tested? Date tested __/__/__			✓ TRM
9. Are hose cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested __/__/__			✓
11. Is fire pump tested annually? Date tested __/__/__			✓

FIRE ALARM SYSTEMS	YES	NO	N/A
1. Is manual fire alarm system inspected by a licensed fire alarm contractor at least annually? Date tagged __/__/__			✓
2. Are smoke detectors operable?			✓

SPECIAL PROBLEMS	YES	NO	N/A
1. Are flammable and combustible liquids properly stored? Permit # _____ Qty. _____			✓
2. Do you have a special fire extinguishing system for hazardous operation?			✓
3. Are hazardous chemicals properly stored? Permit # _____ Qty. _____			✓

REMARKS: NEED drop CEILING REPLACED IN Kitchen

Building Owner	Owner Address	City and State
RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
X Scott Brandt	11-4-96	Ft. J. Moore	

907.87b

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
FIRE INSPECTION REPORT

File Number	Census Text
006501	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr.	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
12-07-95	0020	97	2004	05	01	C	B	12	02987	11/09/95
12-22-95	0016									
12-29-95										

	Due Inspection Date
ANY SUBSEQ INITIAL INSPECTION	11/15/96

AN INSPECTION IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) DETAILED HEREIN IS A VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. A FOLLOW-UP INSPECTION WILL BE CONDUCTED.

	CODE SECTION	TYPE	COUNT	DESCRIPTION	APV
1	NFPA 101, 6-2.2.3.2	V	01	Enclose/Protect Openings Between Floors CEILING TILE MISSING IN THE KITCHEN	12-21-95
2	~~NI~~ NFPA 70, 373-4	V	01	NOTE 1 USING TAPE FOR BLANKS IN BREAKER BOX.	12-29-95

An alternate to the system, condition, arrangement, material, equipment or provision specified in this Notice may be accepted by the Fire Marshal which would afford a substantially equivalent level of safety. Each application for an alternate must be filled with the Fire Marshal in writing before the date set for compliance, and must be accompanied by evidence or supporting information as may be required to justify the request. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 246-2386.

REINSPECTION DATE ~~DEC 21~~ JAN 03

Building Owner	Owner Address	City and State
xRUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
x [signature]	12-07-95	[signature]	12-29-95

907.87b

Distribution: *Original (WHITE) - Fire Safety Mangement Division* *Copy (YELLOW) Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exting	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
11-09-95	0015	26	2987	05	01	C	B	12	03954	11/22/94

COMPANY SURVEY INITIAL INSPECTION

Due Inspection Date: 11/15/95

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT FIRE SAFETY MANAGEMENT AT 246-2386.

	YES	NO	N/A
GENERAL FIRE PRECAUTIONS			
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?		✓	
8. Are fire lanes unobstructed?	✓		
9. Is the yard around your business free of weeds or debris?	✓		
MAINTENANCE OF EXITWAYS			
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?			
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?			
5. Are exit signs and directional signs properly illuminated?			
6. Are emergency lights functioning?			
7. Are door self closing devices functioning?	✓		
8. Is exit discharge clear?			
FIRE SAFETY EDUCATION			
1. Is a written fire evacuation plan provided?	✓		
2. Do employees have knowledge of:			
a. Extinguisher type(s) and use	✓		
b. Evacuation Procedures	✓		
c. Fire Systems (alarm-sprinkler-hose-detection)	✓		
d. Are records of training provided and current?		✓	
e. Hazardous materials (M.S.D.S. - labeling-handling-storage -etc.)			✓

	YES	NO	N/A
FIRE PROTECTION EQUIPMENT			
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched 8/95	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched 8/95	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. Is building fully sprinklered?		✓	
8. Is sprinkler system inspected and tested? Date tested __/__/__			✓
9. Are hose cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested __/__/__			✓
11. Is fire pump tested annually? Date tested __/__/__			✓
FIRE ALARM SYSTEMS			
1. Is manual fire alarm system inspected by a licensed fire alarm contractor at least annually? Date tagged __/__/__			✓
2. Are smoke detectors operable?			✓
SPECIAL PROBLEMS			
1. Are flammable and combustible liquids properly stored? Permit # ____ Qty. ____			✓
2. Do you have a special fire extinguishing system for hazardous operation?			✓
3. Are hazardous chemicals properly stored? Permit # ____ Qty. ____			✓

REMARKS: ~~No Violations~~ On Premises Adviised They would take care of Closing Tile. They stated that this was a new problem. ~~I~~ Initially I wrote down "No Violations, But I see that this problem was here since last year.

Building Owner	Owner Address	City and State
RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
X [signature]	11-09-95	[signature]	

907876

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exting	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
11/22/94	00:15	26	3954	05	01	B	B	12	03970	2/23/93

COMPANY SURVEY INITIAL INSPECTION

Due Inspection Date: 11/15/94

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT FIRE SAFETY MANAGEMENT AT 246-2386.

GENERAL FIRE PRECAUTIONS	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?	✓		
7. Are shafts for pipes and cables sealed?		✓	
8. Are fire lanes unobstructed?			✓
9. Is the yard around your business free of weeds or debris?	✓		

MAINTENANCE OF EXITWAYS	YES	NO	N/A
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?	✓		
3. Are stairway doors closed?			✓
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?	✓		
6. Are emergency lights functioning?	✓		
7. Are door self closing devices functioning?	✓		
8. Is exit discharge clear?	✓		

FIRE SAFETY EDUCATION	YES	NO	N/A
1. Is a written fire evacuation plan provided?			✓
2. Do employees have knowledge of:			
a. Extinguisher type(s) and use	✓		
b. Evacuation Procedures			✓
c. Fire Systems (alarm-sprinkler-hose-detection)			✓
d. Are records of training provided and current?			✓
e. Hazardous materials (M.S.D.S. - labeling-handling-storage -etc.)			✓

FIRE PROTECTION EQUIPMENT	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?	✓		
3. Are fire extinguishers tagged annually, and maintained properly? Date punched 9/94	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched 9/94	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. Is building fully sprinklered?			✓
8. Is sprinkler system inspected and tested? Date tested __/__/__			✓
9. Are hose cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested __/__/__			✓
11. Is fire pump tested annually? Date tested __/__/__			✓

FIRE ALARM SYSTEMS	YES	NO	N/A
1. Is manual fire alarm system inspected by a licensed fire alarm contractor at least annually? Date tagged __/__/__			✓
2. Are smoke detectors operable?			✓

SPECIAL PROBLEMS	YES	NO	N/A
1. Are flammable and combustible liquids properly stored? Permit # ____ Qty. ____			✓
2. Do you have a special fire extinguishing system for hazardous operation?			✓
3. Are hazardous chemicals properly stored? Permit # ____ Qty. ____			✓

REMARKS: REPLACE MISSING CEILING TILES (KITCHEN AREA);

Building Owner	Owner Address	City and State
RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
X Scott Brown	11/22/94	[signature]	

907.87b

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

E5 "A"

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
022393	0015	26	3170	05	01	A	B	12	05369	2/25/92

COMPANY SURVEY INITIAL INSPECTION

Due Inspection Date: 2/25/93

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

GENERAL FIRE PRECAUTIONS	YES	NO	N/A
1. Is general storage orderly?	✓		
2. Are combustible waste materials disposed of properly?	✓		
3. Are electrical panels and/or meters unobstructed?	✓		
4. Are all electrical cords and extension cords in good repair?	✓		
5. Are electrical cover plates on all switches, plugs, and junction boxes?	✓		
6. Are combustible decorations flame retardant?			✓
7. Are shafts for pipes and cables sealed?			✓
8. Are fire lanes unobstructed?	✓		✓
9. Is the yard around your business free of weeds or debris?	✓		

MAINTENANCE OF EXITWAYS	YES	NO	N/A
1. Are exits clear and unobstructed?	✓		
2. Are doors in or leading to exits unlocked?			✓
3. Are stairway doors closed?	✓		
4. Are exit signs posted over or on required exit doors and exitways?	✓		
5. Are exit signs and directional signs properly illuminated?			✓
6. Are emergency lights functioning?	✓		✓
7. Are door self closing devices functioning?	✓		
8. Is exit discharge clear?			

FIRE SAFETY EDUCATION	YES	NO	N/A
1. Is a written fire evacuation plan provided?		✓	
2. Are records of training provided and current?			✓
3. Do employees have knowledge of:			
a. Extinguisher type(s) and use	✓		
b. Evacuation Procedures		✓	
c. Fire Systems (alarm-sprinkler-hose-detection)	✓		✓
d. Fire Safety Practices	✓		
e. Hazardous materials (M.S.D.S. - labeling-handling-storage -etc.)			✓

FIRE PROTECTION EQUIPMENT	YES	NO	N/A
1. Are fire extinguishers provided?	✓		
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?	✓	S/R	
3. Are fire extinguishers tagged annually, and maintained properly? Date punched 3-92	✓		
4. Are fire extinguishers fully charged and operational?	✓		
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched 11-92	✓		
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?	✓		
7. Is building fully sprinklered?		✓	
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			✓
9. Are hose cabinets and racks unobstructed?			✓
10. Are hoses tested and inspected? Date tested __/__/__			✓
11. Is fire pump tested annually? Date tested __/__/__			✓

FIRE ALARM SYSTEMS	YES	NO	N/A
1. Is manual fire alarm system inspected by a licensed fire alarm contractor? (Attach copy of last inspection) Date tagged __/__/__			✓
2. Are smoke detectors operable?			✓

SPECIAL PROBLEMS	YES	NO	N/A
1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?		✓	
2. Do you have a special fire extinguishing system for hazardous operation?			✓
3. Do you store/handle hazardous chemicals?		✓	

REMARKS: 1) Remount dining area extinguisher.

Building Owner	Owner Address	City and State
X RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
X [signature]	022393	[signature]	

907.876

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501	11400

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr. Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Inspector	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
2-25-92	:30	27	33184	05	01	P	B	12	02381	2/05/91

	Due Inspection Date
COMPANY SURVEY APPROVAL	2/05/92

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

GENERAL FIRE PRECAUTIONS	YES	NO	N/A
1. Is general storage orderly?			
2. Are combustible waste materials disposed of properly?			
3. Are electrical panels and/or meters unobstructed?			
4. Are all electrical cords and extension cords in good repair?			
5. Are electrical cover plates on all switches, plugs, and junction boxes?			
6. Are combustible decorations flame retardant?			
7. Are shafts for pipes and cables sealed?			
8. Are fire lanes unobstructed?			
9. Is the yard around your business free of weeds or debris?			

MAINTENANCE OF EXITWAYS	YES	NO	N/A
1. Are exits clear and unobstructed?			
2. Are doors in or leading to exits unlocked?			
3. Are stairway doors closed?			
4. Are exit signs posted over or on required exit doors and exitways?			
5. Are exit signs and directional signs properly illuminated?			
6. Are emergency lights functioning?			
7. Are door self closing devices functioning?			
8. Is exit discharge clear?			

FIRE SAFETY EDUCATION	YES	NO	N/A
1. Is a written fire evacuation plan provided?			
2. Are records of training provided and current?			
3. Do employees have knowledge of:			
a. Extinguisher type(s) and use			
b. Evacuation Procedures			
c. Fire Systems (alarm-sprinkler-hose-detection)			
d. Fire Safety Practices			
e. Hazardous materials (M.S.D.S. - labeling-handling-storage -etc.)			

FIRE PROTECTION EQUIPMENT	YES	NO	N/A
1. Are fire extinguishers provided?			
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?			
3. Are fire extinguishers tagged annually, and maintained properly? Date punched 1/91			
4. Are fire extinguishers fully charged and operational?			
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched 1/91			
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?			
7. Is building fully sprinklered?			
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)			
9. Are hose cabinets and racks unobstructed?			
10. Are hoses tested and inspected? Date tested __/__/__			
11. Is fire pump tested annually? Date tested __/__/__			

FIRE ALARM SYSTEMS	YES	NO	N/A
1. Is manual fire alarm system inspected by a licensed fire alarm contractor? (Attach copy of last inspection) Date tagged __/__/__			
2. Are smoke detectors operable?			

SPECIAL PROBLEMS	YES	NO	N/A
1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?			
2. Do you have a special fire extinguishing system for hazardous operation?			
3. Do you store/handle hazardous chemicals?			

REMARKS: No Violations

Building Owner	Owner Address	City and State
X RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Inspector	Compliance Date
X John Roberts	2-25-92		2-25-92

907.87b

Distribution: *Original (WHITE) - Fire Safety Management Division* *Copy (YELLOW) - Business Owner*

2381

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501	11400

Street Number	Dir	Street Name	Type	Bldg Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg.	Special Instructions
75	05	1	12	08	08	08	08	01	01	08 00 00 00 00

Date	Time	Activity	Officer	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
110990	120	~~22~~	3627	05	01	A	B	12	03627	11/29/89

12/26/90 0025 28 2381 05 F7 P B 12 Due Inspection Date ~~11/29/90~~ 02/05/92
FIRE HAZARD APPROVAL 02/05/91 0035 27 2381

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 849-2386.

	CODE SECTION	TYPE	COUNT	DESCRIPTION	APV
1	NFPA 96, 8-2	V	1	HOOD SYSTEM OUT OF DATE NEEDS TO BE SERVICED.	RJ
2	NFPA 10 4-4.1	V	1	FIRE EXTINGUISHER OUT OF SERVICE. NEEDS TO BE SERVICED.	RJ

Complied 02/05/91
Robert D Johnson

NOV 1990 RECEIVED Fire Prevention

REMARKS:

Building Owner	Owner Address	City and State
X RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Officer
X Jan Roberts	11/9/90	Lt. R.R. Fuller

907 . . . 87a

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501	11400

Street Number	Dir	Street Name	Type	Bldg Unit	Business Phone
1912	S	ORANGE	AV		407-425-4346

Business Name	Business Owner
LORENZO S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	407-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTUARANT	A1	161	000	3	75	2700

Yr Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg.	Special Instructions
75	05	1	12	08	08	08	08	01	01	00 00 00 00 00

Date	Time	Activity	Officer	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
112989	:15	22	3627	05	01	0A	8	12	02381	11/28/88

	Due Inspection Date
FIRE HAZARD APPROVAL	11/28/89

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 849-2386.

	CODE SECTION	TYPE	COUNT	DESCRIPTION	APV
1	NFPA 10 4-4.1	1	V	FIRE EXTINGUISHER TAG TORN OFF. NEEDS REPLACED.	

KP-1

RECEIVED NOV 1989 Fire Prevention

REMARKS:

Building Owner	Owner Address	City and State
X RUSTY CONTELLA	2413 HOPKINS AV	ORLANDO FL

Received By	Date	Signature of Officer
X R Stanfield	11/29/89	Lt. R.R. Parker

907 . . . 87a

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
006501	1140

Street Number	Dir	Street Name	Type	Bldg Unit	Business Phone
1912	S	ORANGE	AV		305-425-4646

Business Name	Business Owner
LORENZO'S	GARY BRANDT

Mailing Address	City and State	Zip	Emergency Phone
1912 S ORANGE AV	ORLANDO FL	328060000	305-295-3477

Type of Business	Occ Grp	Occ Cd	Complex	# of Exits	Maximum Load	Total Sq. Ft.
RESTURANT	A1	161	000	3	75	2700

Yr Const	Const Type	Stories	Height	Detectors	Alarm Sys	Standpipes	Sprnklr	Sp System	Exintg.	Special Instructions
75	05	1	12	08	08	08	08	01	01	01 00 00 00 00

Date	Time	Activity	Officer	Terr	Dist	Shift	Priority	Insp Prd	Last Inspector	Last Inspected
10-10-88	20	27	3724	05	01	F	8	12	07643	10/26/87
10-24/88	0030	28	2381	11/28/88	0030	22				

COMPANY SURVEY APPROVAL	Due Inspection Date
	11/24/88 11/28/89

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 849-2386.

	CODE SECTION	TYPE	COUNT	DESCRIPTION	APV
1	NFPA 70	V	1	HAVE COVER PUT ON JUNCTION BOX IN DINING ROOM SOUTH WALL	RJ
2	NFPA 70	V	1	PROVIDE PROPER WIRING FOR VIDEO GAME	RJ

Complied 11/28/88

OCT 1988 RECEIVED Fire Prevention

REMARKS:

Building Owner	Owner Address	City and State
X KIRBY LUNDELLA	2413 HOPKINS AV	ORLANDO FL

Received By:	Date	Signature of Officer
X Carolyn Silva	10/10/88	Lt. R. W. Hazelgrove

907 . . . 87a

CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number	Census Tract
6501	114.00

Street Number	Dir	Street Name	Type	Bldg. Unit	Business Name
1912	S	ORANGE	AV.		LORENZOS

Owner of Business	Business Phone	Mailing Address	Emergency Phone
GARY BRANDT	425-4346	1912 S. ORANGE AVE	295-3477

Type of Business	Occ Grp Class	Occ Code	Complex Code	City & State	Zip Code
RESTAURANT	A1	161	16	ORL. FL.	32806

Construction Type	Stories	Total square ft.	Height	Maximum Load	Year Constructed
5	1	2700	10	75	75

Required Exits	Detectors	Alarm System	Sprinkler Type	Special System	Standpipe	Fire Extinguisher
3	8	8	8	1	8	1

Date	Time	Activity	Inspecting Officer	Territory	District	Shift	Priority	Insp Period
092487	1:30	26	3627	5	1	A	B	10-12

Last Inspector	Date Last Inspected	Special Instructions	Due Inspection Date
		1	

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION BUREAU AT 849-2386.

Line #	Code Type	Code Section	Count	Description	Approved
1	V	NFPA 101, 5-10.3.	1	EXIT SIGN LIGHT OUT.	
1	V	NFPA 96, 8-2.	1	HOOD SYSTEM OUT OF SERVICE	
				NO PRESSURE IN CYLINDER.	

Reinspected 2 wks Oct 1987 Violation corrected 10/26/87

SEP 1987 RECEIVED Fire Prevention

REMARKS:

Bldg. Owner	Owner Address	City and State
KISTY CONTELLA	2413 HOPKINS AVE	ORL. FL.

Received By:	Date	Signature of Company Officer
G. Brandt	9/14/87	Lt. RANDY TUTEN

907a..86

ORLANDO FIRE DEPARTMENT COMPANY SURVEY

For Emergency - 911 or 422-7121

B

Address of Property	Company or Occupancy Name	Emergency Telephone	Date of Survey	Shift	Station
1912 S. ORANGE	LORENZO'S	295-3477/841311	2/12/85	B	5

Fixed Property Use	Name of Owner or Agent	Address of Owner/Agent	Person Authorizing Survey
RESTURANT	MR. CONTELLA	1912 S. ORANGE	RANDY STACKS

A- GENERAL FIRE PRECAUTIONS	YES	NO	N/A
A-1. Are waste materials disposed of properly? SFPC 33.201	✓		
A-2. Is general storage orderly and separated from heat sources? SFPC 33.203	✓		
A-3. Are vents, heating appliances and exhaust systems properly installed and maintained? SFPC 33.402	✓		
A-4. Are unlawful heating devices being used? SFPC 33.401		✓	
A-5. Is electric wiring or apparatus in obvious violation to electrical code? SFPC 33.405	✓		
A-6. Are fire lanes unobstructed? SFPC 18.106	✓		
B- MAINTENANCE OF EXITWAYS			
B-1. Are exitways clear and unobstructed? 15.01; NFPA 101,5-1.6.3	✓		
B-2. Are all doors in or leading to required exitways unlocked? 15.01 NFPA 101,5.2.1.2.1.1	✓		
B-3. Are exit signs posted over or on required exit doors and exitways? 15.01 NFPA 101,5.10.1			✓
B-4. Are exitways adequately enclosed? 15.01			✓
B-5. Are stairway doors kept closed? 15.01			✓
B-6. Are exit signs and directional signs properly illuminated? 15.01 NFPA 101,5-10.3			✓
B-7. Is panic hardware free of chains, locks, bars, or other devices? 15.01 NFPA 101, 5-2.1.2.2			✓
B-8. Are emergency lighting facilities properly arranged and maintained? 15.01 NFPA 101, 5-9.1			✓
B-9. Can power operated doors be manually opened? 15.01 NFPA 101, 5-2.1.3			✓
B-10. Are exit door self-closing devices present and functioning properly? 15.01 NFPA 101, 5-2.1.2.3			✓
B-11. Do required exit doors swing in the direction of exit travel? 15.01 NFPA 101, 5-2.1.1.4	✓		
B-12. Are "Number of Occupants Permitted" signs properly displayed? NFPA 101, 31-2.6.3			✓
C - FIRE PROTECTION EQUIPMENT			
C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-SFPC 18.201A	✓		
C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in the event of a fire? NFPA 10-18.202	✓		
C-3. Are fire extinguishers maintained properly? NFPA 10-18.202		✓	
C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly? 18.202 NFPA 96	✓		
C-5. Are the OS&Y and PIVs fully open? 18.202 NFPA 13.1-5			✓
C-6. Are fire department connections properly identified? 18.202 NFPA 13-2.7			✓

C - FIRE PROTECTION EQUIPMENT (Cont'd)	YES	NO	N/A
C-7. Are fire department connection caps in place? 18.202 NFPA 13-2-7			
C-8. Are sections marked as to areas of building covered? 18.213 NFPA 13-4-1.2			
C-9. Is a supply of replacement heads and wrench in accessible location? 18.202 NFPA 13-3-16.7			
C-10. Are sprinkler heads painted, corroded or damaged? SFPC 18.213 NFPA 13.3-16			
C-11. Is storage a minimum of 18" from heads and two feet from ceiling? 18.202 NFPA 13-4-2.5			
C-12. Are control valves readily accessible? 18.214 NFPA 13-A-3-14.2.1			
C-13. Does waterflow cause transmission of alarm to central station and sound local alarm? SFPC 18.213 NFPA 13-3-17			
C-14. Are hose cabinets or racks unobstructed and easily operable? 18.202 NFPA 14-4-1			
C-15. Are all fire pump valves open for operation and control devices in a ready state? 18.202 NFPA 14-7-2.3			
C-16. Does fire pump pass yearly test? 18.202 NFPA 20-11-3			
C-17. Is pump room clean, free from storage, well lighted and heated? 18.202 NFPA 20-11-3			
D - FIRE ALARM SYSTEM			
D-1. If provided, is fire alarm system or fire detection system maintained per 18.206?			
D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention) 18.206			NA
E - SPECIAL PROBLEMS			
E-1. Are utility shafts and other openings between floors enclosed or sealed? 15.01 NFPA 101-6-2			
E-2. Are doors in stairways and other vertical shafts (linen, trash chutes, etc.) equipped with self-closers and positive locking devices? 15.01 NFPA 101-6-2			
E-3. Are interior stairways enclosed or otherwise protected, if required? 15.01 NFPA 101-6-2			
E-4. Are spray painting booths properly installed and maintained? 19.203			
E-5. Are flammable and/or combustible liquids properly stored and handled? Chapter 20			
E-6. Are liquid petroleum gas installations properly installed, maintained and handled? 24.05 NFPA 58			
E-7. Are hazardous chemicals properly stored and handled? 24.03			
OTHER (DESCRIBE BELOW)			

REMARKS: HEAVY DUTY EXT. COND REQUIRED (A-5)
HAVE EXTINGUISHERS SERVICED (C-3)

THIS SURVEY IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS A VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT FIRE PREVENTION BUREAU AT 849-2386.

Thank you for your cooperation

☐ REFER TO FIRE PREVENTION

FIRE OFFICIAL Eng. A. M. Cathen

645-27 (revised 2-83)

① Mr Brandt - 295-3477 ② Randy Stack 841-3119 (B)

ORLANDO FIRE DEPARTMENT COMPANY SURVEY

FOR EMERGENCY - 422-7121

Address of Property	Company or Occupancy Name	Emergency Telephone	Date of Survey	Shift	Station
1912 S. ORANGE	LORENZO'S		2-29-84	A	5

Fixed Property Use	Name of Owner or Agent	Address of Owner or Agent	Person Authorizing Survey
RESTURANT	Mr Guntella	1912 S Orange	Natalie Layton

RECEIVED MAR 1 1984 Fire Prevention

A - GENERAL FIRE PRECAUTIONS	YES	NO	N/A
A-1. Are waste materials disposed of properly? 32.201	✓		
A-2. Is general storage orderly and separated from heat sources? 32.203	✓		
A-3. Are vents, heating appliance and exhaust systems properly installed and maintained? 32.402	✓		
A-4. Are unlawful heating devices being used? 28.10		✓	
A-5. Is electric wiring or apparatus in obvious violation to electrical code? 32.405		✓	
A-6. Are fire lanes unobstructed? 18.106	✓		
B - MAINTENANCE OF EXITWAYS			
B-1. Are exit ways clear and unobstructed? 15.03A	✓		
B-2. Are all doors in or leading to required exitways unlocked? 15.04	✓		
B-3. Are exit signs posted over or on required exit doors and exitways? 15.04			✓
B-4. Are exit ways adequately enclosed? 15.04			✓
B-5. Are stairway doors kept closed? 15.04			✓
B-6. Are exit signs and directional signs properly illuminated? 15.10	✓		✓
B-7. Is panic hardware free of chains, locks, bars, or other devices? NFPA 101, 5-2.1.2.2 15.01			✓
B-8. Are emergency lighting facilities properly arranged and maintained? NFPA 101, 5-9, 15.01			✓
B-9. Can power operated doors be manually opened? NFPA 101, 5-2.1.3 15.01			✓
B-10. Are exit door self-closing devices present and functioning properly? NFPA 101 5-2.1.2.3 15.01			✓
B-11. Do required exit doors swing in the direction of exit travel? NFPA 101 5-2.1.1.4.4;15.01	✓		
B-12. Are "Number of Occupants Permitted" signs properly displayed? NFPA 101, 17-2.6.3			✓
C - FIRE PROTECTION EQUIPMENT			
C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.201?	✓		
C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire? NFPA 10-18.202	✓		
C-3. Are fire extinguishers maintained properly? NFPA 10-18.202	✓		
C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly? 18.202	✓		
C-5. Are the OS & Y and PIV's fully open? NFPA 13.1-5 18.202			✓
C-6. Are fire department connections properly identified? NFPA 13-2-7; 18.202			✓

C - FIRE PROTECTION EQUIPMENT (Con't.)	YES	NO	N/A
C-7. Are fire department connection caps in place? NFPA 13-2-7; 18.202			
C-8. Are sections marked as to area of building covered? NFPA 13-3; 18.202			
C-9. Is a supply of replacement heads and wrench in accessible location? NFPA 13-3-15; 18.202			
C-10. Are sprinkler heads painted, corroded or damaged? NFPA 13.3-15; 18.202			
C-11. Is storage a minimum of 18" from heads and 2 feet from ceiling? NFPA 13-4-2.5; 18.202			
C-12. Are control valves readily accessible? 13-A-3-13.2.1; 18.202			
C-13. Does waterflow cause transmission of alarm to central station and sound local alarm? NFPA 13-3-16; 18.214			
C-14. Are hose cabinets or racks unobstructed and easily operable? NFPA 14-4-1; 18.202			
C-15. Are all fire pump valves open for operation and control devices in a ready state? NFPA 14-12-3; 18.202			
C-16. Does fire pump pass yearly test? NFPA 14-12-3; 18.202			
C-17. Is pump room clean, free from storage, well lighted and heated? NFPA 14-12-3; 18.202			
D - FIRE ALARM SYSTEM			
D-1. If provided, is fire alarm system or fire detection system maintained per 18.202?			
D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention) 18.202			
E - SPECIAL PROBLEMS			
E-1. Are utility shafts & other openings between floors enclosed or sealed? NFPA 101-6-1; 15.01			
E-2. Are doors in stairways & other vertical shafts (linen, trash chutes etc.) equipped with self-closers & positive locking devices? NFPA 101-6-1; 15.01			
E-3. Are interior stairways enclosed or otherwise protected, if required: NFPA 101-6-1; 15.01			
E-4. Are spray painting booths properly installed and maintained? 19.203			
E-5. Are flammable and/or combustible liquids properly stored and handled? Chapter 20			
E-6. Are liquid petroleum gas installations properly installed, maintained and handled? 25.04 NFPA 58			
E-7. Are hazardous chemicals properly stored and handled? 24.03			
OTHER (DESCRIBE BELOW)			

NA

REMARKS: _____

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THANK YOU FOR YOUR COOPERATION

☐ REFER TO FIRE PREVENTION

FIRE OFFICIAL Lt. R. G. Whitaker

645-27

① MR. BRANDT 295347 / ② RANDY STACK 8413119

ORLANDO FIRE & RESCUE DEPARTMENT COMPANY SURVEY

FOR EMERGENCY - 911 or 422-7121

Address of Property	Company or Occupancy Name	Emergency Telephone	Date of Survey	Shift	Station
1912 S. ORANGE AVE.	LORENZO'S		4/13/83	C	5

Fixed Property Use	Name of Owner or Agent	Address of Owner or Agent	Person Authorizing Survey
RESTAURANT	MR. CONTELLA	1912 S. ORANGE	[illegible]

A - GENERAL FIRE PRECAUTIONS	YES	NO	N/A
A-1. Are waste materials disposed of properly? 32.201	✓		
A-2. Is general storage orderly and separated from heat sources? 32.203	✓		
A-3. Are vents, heating appliance and exhaust systems properly installed and maintained? 32.402	✓		
A-4. Are unlawful heating devices being used? 32.401		✓	
A-5. Is electric wiring or apparatus in obvious violation to electrical code? 32.405		✓	
A-6. Are fire lanes unobstructed? 18.106	✓		
B - MAINTENANCE OF EXITWAYS			
B-1. Are exit ways clear and unobstructed? 15.01; NFPA 101-5-1.6.3	✓		
B-2. Are all doors in or leading to required exitways unlocked? 15.01 NFPA 101-5-2.1.2.1	✓		
B-3. Are exit signs posted over or on required exit doors and exitways? 15.01			✓
B-4. Are exitways adequately enclosed? 15.01			✓
B-5. Are stairway doors kept closed? 15.01			✓
B-6. Are exit signs and directional signs properly illuminated? 15.01 NFPA 101-5-10.3			✓
B-7. Is panic hardware free of chains, locks, bars, or other devices? 15.01 NFPA 101, 5-2.1.2.2			✓
B-8. Are emergency lighting facilities properly arranged and maintained? 15.01 NFPA 101, 5-9			✓
B-9. Can power operated doors be manually opened? 15.01 NFPA 101, 5-2.1.3			✓
B-10. Are exit door self-closing devices present and functioning properly? 15.01 NFPA 101 5-2.1.2.3	✓		
B-11. Do required exit doors swing in the direction of exit travel? 15.01 NFPA 101 5-2.1.1.4	✓		
B-12. Are "Number of Occupants Permitted" signs properly displayed? NFPA 101 5-3.1	✓		
C - FIRE PROTECTION EQUIPMENT			
C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.201?	✓		
C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire? NFPA 10-18.202	✓		
C-3. Are fire extinguishers maintained properly? NFPA 10-18.202	✓		
C-4. Is the fixed extinguishing system over the commerical cooking equipment maintained properly? 18.202	✓		
C-5. Are the OS & Y and PIV's fully open? 18.202 NFPA 13.1-5			✓
C-6. Are fire department connections properly identified? 18.202 NFPA 13-2-7			✓

C - FIRE PROTECTION EQUIPMENT (Con't.)	YES	NO	N/A
C-7. Are fire department connection caps in place? 18.202 NFPA 13-2-7			
C-8. Are sections marked as to area of building covered? 18.202 NFPA 13-3			
C-9. Is a supply of replacement heads and wrench in accessible location? 18.202 NFPA 13-3-16			
C-10. Are sprinkler heads painted, corroded or damaged? 18.202 NFPA 13.3-16			
C-11. Is storage a minimum of 18" from heads and 2 feet from ceiling? 18.202 NFPA 13-4-2.5			
C-12. Are control valves readily accessible? 18.202 NFPA 13-A-3-14.2.1			
C-13. Does waterflow cause transmission of alarm to central station and sound local alarm? 18.214 NFPA 13-3-17			
C-14. Are hose cabinets or racks unobstructed and easily operable? 18.202 NFPA 14-4-1			
C-15. Are all fire pump valves open for operation and control devices in a ready state? 18.202 NFPA 14-7-2.3			
C-16. Does fire pump pass yearly test? 18.202 NFPA 20-12-3			
C-17. Is pump room clean, free from storage, well lighted and heated? 18.202 NFPA 20-12-3			
D - FIRE ALARM SYSTEM			
D-1. If provided, is fire alarm system or fire detection system maintained per 18.206?			
D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention) 18.206			
E - SPECIAL PROBLEMS			N/A
E-1. Are utility shafts & other openings between floors enclosed or sealed? 15.01 NFPA 101-6-1			
E-2. Are doors in stairways & other vertical shafts (linen, trash chutes, etc.) equipped with self-closers & positive locking devices? 15.01 NFPA 101-6-1			
E-3. Are interior stairways enclosed or otherwise protected, if required: 15.01 NFPA 101-6-1			
E-4. Are spray painting booths properly installed and maintained? 19.203			
E-5. Are flammable and/or combustible liquids properly stored and handled? Chapter 20			
E-6. Are liquid petroleum gas installations properly installed, maintained and handled? 25.04 NFPA 58			
E-7. Are hazardous chemicals properly stored and handled? 24.03			
OTHER (DESCRIBE BELOW)			

REMARKS: _____

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THANK YOU FOR YOUR COOPERATION

☐ REFER TO FIRE PREVENTION

FIRE OFFICIAL Lt. W. C. Sunday

645-27 (Revised 82)

ORLANDO FIRE DEPARTMENT COMPANY SURVEY

FOR EMERGENCY - 422-7121

Address of Property	Company or Occupancy Name	Emergency Telephone	Date of Survey	Shift	Station
1912 S ORANGE AV	LORENZOS	MR BRANDT 295-3477	7-20-81	D	5

Fixed Property Use	Name of Owner or Agent	Address of Owner or Agent	Person Authorizing Survey
RESTAURANT	MR CONTELLA	ORLANDO	FRANCES BROWN

	YES	NO	N/A
A - GENERAL FIRE PRECAUTIONS			
A-1. Are waste materials disposed of properly? 32.201	✓		
A-2. Is general storage orderly and separated from heat sources? 32.203	✓		
A-3. Are vents, heating appliance and exhaust systems properly installed and maintained? 32.402	✓		
A-4. Are unlawful heating devices being used? 28.10		✓	
* A-5. Is electric wiring or apparatus in obvious violation to electrical code? 32.405	✓		
A-6. Are fire lanes unobstructed? 18.106	✓		
B - MAINTENANCE OF EXITWAYS			
B-1. Are exit ways clear and unobstructed? 15.03A	✓		
B-2. Are all doors in or leading to required exitways unlocked? 15.04	✓		
B-3. Are exit signs posted over or on required exit doors and exitways? 15.04	✓		
B-4. Are exit ways adequately enclosed? 15.04	✓		
B-5. Are stairway doors kept closed? 15.04	✓		
B-6. Are exit signs and directional signs properly illuminated? 15.10	✓		
B-7. Is panic hardware free of chains, locks, bars, or other devices? NFPA 101, 5-2.1.2.2 15.01			✓
B-8. Are emergency lighting facilities properly arranged and maintained? NFPA 101, 5-9, 15.01			✓
B-9. Can power operated doors be manually opened? NFPA 101, 5-2.1.3 15.01			✓
B-10. Are exit door self-closing devices present and functioning properly? NFPA 101 5-2.1.2.3 15.01			✓
B-11. Do required exit doors swing in the direction of exit travel? NFPA 101 5-2.1.1.4.4;15.01			✓
* B-12. Are "Number of Occupants Permitted" signs properly displayed? NFPA 101, 17-2.6.3		X	
C - FIRE PROTECTION EQUIPMENT			
C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.201?	✓		
C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire? NFPA 10-18.202	✓		
C-3. Are fire extinguishers maintained properly? NFPA 10-18.202	✓		
* C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly? 18.202		✓	
C-5. Are the OS & Y and PIV's fully open? NFPA 13.1-5 18.202			✓
C-6. Are fire department connections properly identified? NFPA 13-2-7; 18.202			✓
C - FIRE PROTECTION EQUIPMENT (Con't.)			
C-7. Are fire department connection caps in place? NFPA 13-2-7; 18.202			✓
C-8. Are sections marked as to area of building covered? NFPA 13-3; 18.202			
C-9. Is a supply of replacement heads and wrench in accessible location? NFPA 13-3-15; 18.202			
C-10. Are sprinkler heads painted, corroded or damaged? NFPA 13.3-15; 18.202			
C-11. Is storage a minimum of 18" from heads and 2 feet from ceiling? NFPA 13-4-2.5; 18.202			
C-12. Are control valves readily accessible? 13-A-3-13.2.1; 18.202			
C-13. Does waterflow cause transmission of alarm to central station and sound local alarm? NFPA 13-3-16; 18.214			
C-14. Are hose cabinets or racks unobstructed and easily operable? NFPA 14-4-1; 18.202			
C-15. Are all fire pump valves open for operation and control devices in a ready state? NFPA 14-12-3; 18.202			
C-16. Does fire pump pass yearly test? NFPA 14-12-3; 18.202			
C-17. Is pump room clean, free from storage, well lighted and heated? NFPA 14-12-3; 18.202			
D - FIRE ALARM SYSTEM			
D-1. If provided, is fire alarm system or fire detection system maintained per 18.202?			
D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention) 18.202			
E - SPECIAL PROBLEMS			
E-1. Are utility shafts & other openings between floors enclosed or sealed? NFPA 101-6-1; 15.01			
E-2. Are doors in stairways & other vertical shafts (linen, trash chutes etc.) equipped with self-closers & positive locking devices? NFPA 101-6-1; 15.01			
E-3. Are interior stairways enclosed or otherwise protected, if required: NFPA 101-6-1; 15.01			
E-4. Are spray painting booths properly installed and maintained? 19.203			
E-5. Are flammable and/or combustible liquids properly stored and handled? Chapter 20			
E-6. Are liquid petroleum gas installations properly installed, maintained and handled? 25.04 NFPA 58			
E-7. Are hazardous chemicals properly stored and handled? 24.03			
OTHER (DESCRIBE BELOW) SYS. SERVICED			

REMARKS: (C-4) HOOD SYSTEM DOES NOT COMPLY TO STANDARDS — ?

(A-5) DISCONTINUE USE OF MULTIPLE SOCKETS OK

(B-12) OCCUPANT SIGN NOT DISPLAYED (SECOND NOTICE) OK

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THANK YOU FOR YOUR COOPERATION

☒ REFER TO FIRE PREVENTION

Compliance K. Barnes 7/24/81

FIRE OFFICIAL H. W. Overtreat III

645-27

ORLANDO FIRE DEPARTMENT COMPANY SURVEY

FOR EMERGENCY - 422-7121

Address of Property	Company or Occupancy Name	Emergency Telephone	Date of Survey	Shift	Station
1912 S. Orange Ave	Lorenzos	Mr. Brandt 295-3477	10/10/80	A	5

Fixed Property Use	Name of Owner or Agent	Address of Owner or Agent	Person Authorizing Survey
Restaurant	Mr. Contella	Orlando	Mr. Brandt

	YES	NO	N/A
A - GENERAL FIRE PRECAUTIONS			
A-1. Are waste materials disposed of properly? 32.201	✓		
A-2. Is general storage orderly and separated from heat sources? 32.203	✓		
A-3. Are vents, heating appliance and exhaust systems properly installed and maintained? 32.402	✓		
A-4. Are unlawful heating devices being used? 28.10		✓	
A-5. Is electric wiring or apparatus in obvious violation to electrical code? 32.405		✓	
A-6. Are fire lanes unobstructed? 18.106		✓	
B - MAINTENANCE OF EXITWAYS			
B-1. Are exit ways clear and unobstructed? 15.03A	✓		
B-2. Are all doors in or leading to required exitways unlocked? 15.04	✓		
B-3. Are exit signs posted over or on required exit doors and exitways? 15.04	✓		
B-4. Are exit ways adequately enclosed? 15.04	✓		
B-5. Are stairway doors kept closed? 15.04	✓		
B-6. Are exit signs and directional signs properly illuminated? 15.10	✓		
B-7. Is panic hardware free of chains, locks, bars, or other devices? NFPA 101, 5-2.1.2.2 15.01	✓		
B-8. Are emergency lighting facilities properly arranged and maintained? NFPA 101, 5-9, 15.01			✓
B-9. Can power operated doors be manually opened? NFPA 101, 5-2.1.3 15.01			✓
B-10. Are exit door self-closing devices present and functioning properly? NFPA 101 5-2.1.2.3 15.01	✓		
B-11. Do required exit doors swing in the direction of exit travel? NFPA 101 5-2.1.1.4.4;15.01	✓		
B-12. Are "Number of Occupants Permitted" signs properly displayed? NFPA 101, 17-2.6.3			
C - FIRE PROTECTION EQUIPMENT			
C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.201?	✓		
C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire? NFPA 10-18.202	✓		
C-3. Are fire extinguishers maintained properly? NFPA 10-18.202		✓	
C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly? 18.202	✓		
C-5. Are the OS & Y and PIV's fully open? NFPA 13.1-5 18.202			✓
C-6. Are fire department connections properly identified? NFPA 13-2-7; 18.202			✓

	YES	NO	N/A
C - FIRE PROTECTION EQUIPMENT (Con't.)			
C-7. Are fire department connection caps in place? NFPA 13-2-7; 18.202			✓
C-8. Are sections marked as to area of building covered? NFPA 13-3; 18.202			✓
C-9. Is a supply of replacement heads and wrench in accessible location? NFPA 13-3-15; 18.202			✓
C-10. Are sprinkler heads painted, corroded or damaged? NFPA 13.3-15; 18.202			✓
C-11. Is storage a minimum of 18" from heads and 2 feet from ceiling? NFPA 13-4-2.5; 18.202			✓
C-12. Are control valves readily accessible? 13-A-3-13.2.1; 18.202			✓
C-13. Does waterflow cause transmission of alarm to central station and sound local alarm? NFPA 13-3-16; 18.214			✓
C-14. Are hose cabinets or racks unobstructed and easily operable? NFPA 14-4-1; 18.202			✓
C-15. Are all fire pump valves open for operation and control devices in a ready state? NFPA 14-12-3; 18.202			✓
C-16. Does fire pump pass yearly test? NFPA 14-12-3; 18.202			✓
C-17. Is pump room clean, free from storage, well lighted and heated? NFPA 14-12-3; 18.202			✓
D - FIRE ALARM SYSTEM			
D-1. If provided, is fire alarm system or fire detection system maintained per 18.202?			✓
D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention) 18.202			✓
E - SPECIAL PROBLEMS			
E-1. Are utility shafts & other openings between floors enclosed or sealed? NFPA 101-6-1; 15.01			✓
E-2. Are doors in stairways & other vertical shafts (linen, trash chutes etc.) equipped with self-closers & positive locking devices? NFPA 101-6-1; 15.01			✓
E-3. Are interior stairways enclosed or otherwise protected, if required: NFPA 101-6-1; 15.01			✓
E-4. Are spray painting booths properly installed and maintained? 19.203			✓
E-5. Are flammable and/or combustible liquids properly stored and handled? Chapter 20			✓
E-6. Are liquid petroleum gas installations properly installed, maintained and handled? 25.04 NFPA 58			✓
E-7. Are hazardous chemicals properly stored and handled? 24.03			✓
OTHER (DESCRIBE BELOW)			

REMARKS:

(C-3) Have fire extinguishers properly serviced
Post "number of occupants"

OCT 1980 RECEIVED Fire Prevention

THIS SURVEY IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS A VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT FIRE PREVENTION BUREAU AT 849-2386.

THANK YOU FOR YOUR COOPERATION

☐ REFER TO FIRE PREVENTION

FIRE OFFICIAL Ff. S. J. Bowerman
RCW

645-27

9

False Fire Alarm Incident Report

Report Print Date/Time 4/26/2010 2:03:55PM

Basic Incident Data

Date	Alarm	Code	PropUse	Station	File Number	06501
4/23/2010	0015437	743	140	05	Occ Name	
					Address	1912 S ORANGE Ave

Narratives

CAD Narrative

CAD Event #: FFD100423015437 Type: ALARM Dispo: C Operator: SEARS, NICHOLAS Priority: 1

Comments:***RMA. AFA - RIGHT WHITE ROOM/PULL ENTRY

Original Location : PULSE OP 407-649-388

Engine 5

Responded for a commercial AFA. Arrived to find a one story masonry building with nothing showing. On premise advised they had a smoke machine on the dance floor and it caused a smoke detector to activate. Engine 5 investigated the interior and found no problems. Engine 5 returned to service. Alarm was reset by on premise management.

SCANNED

DATE: JUL 21 2010

BY:

Letter Sent:

Invoice Sent:

Documentation Received:

Inspector Comments:

ORLANDO FIRE DEPARTMENT

*** Open Violations ***

Occupancy ID: 06501
Name of Business: PULSE

Description:
EC002 Occupant Load - Posting

Found Date:
01/22/2010

Code Requirement:
Provide signs for maximum occupant load.

Code Section:
CITY FIRE CODE, 24.24 (b) (1)

Comments:
MUST MAINTAIN ACCURATE OCCUPANCY COUNT AT ALL TIMES, UTILIZING HANDHELD CLICKERS

Description:
Z3 False Fire Alarm 7 or more

Found Date:
04/08/2010

Code Requirement:
A false fire alarm has occurred at this location within the last twelve months. The fee is $200.00. Please make the appropriate repairs to prevent a reoccurrence.

Code Section:
CITY FIRE CODE, 41.06

Comments:
#8 4-8-10 13168 malfunction Inv 102627

#9 4-23-10 1547 smoke machine

Description:
BUILDING PERMITS

Found Date:
04/30/2010

Code Requirement:
1.3.6.3 Repairs, renovations, alterations, reconstruction, change of occupancy, and additions to buildings shall conform with NFPA 101, Life Safety Code, and the adopted building code of the jurisdiction.

Code Section:
CITY FIRE CODE, 24.04h3

Comments:

Description:
OCC. LOAD POSTING

Found Date:
04/30/2010

Code Requirement:
Signs approved by the AHJ stating the maximum occupant content shall be conspicuously posted and maintained by the owner of the building... it shall be unlawful to remove or deface such notice

Code Section:
CITY FIRE CODE, 24.24(b)(1)

Comments:
OCCUPANT LOAD SET @ 300 PERSONS PER FIRE MARSHAL AS OF 4-30-2010
UNTIL SPRINKLER SYSTEM IS INSTALLED

Description:
SUPPRESSION SYSTEM REQUIRED

Found Date:
04/30/2010

Code Requirement:
Sprinkler system required in accordance with this code, NFPA 1, and NFPA 101

Code Section:
CITY FIRE CODE, 24.27

Comments:

Description:
OCCUPANT LOAD-DIAGRAM

Found Date:
05/12/2010

Code Requirement:
The AHJ shall be permitted to require an approved diagram to substantiate any increase in occupant load.

Code Section:
NFPA 101, 7.3.1.3.2

Comments:

ORLANDO FIRE DEPARTMENT

provide new floor plans (drawings) to the office of permitting services for occupant load evaluation

Description:
NOTE: SEE BELOW

Found Date:
05/12/2010

Code Requirement:

Code Section:

Comments:
per tim johnson no new plans required at this time (per prop.mgr after meeting with tim johnson)

08995

City of Orlando

Fed ID. 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

06501

Invoice

Invoice #: FF 103633
Billing Date: 5/18/2010
Due Date: 6/17/2010
Amount: 200.00

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description	Amount
False fire alarm #9	200.00
INVOICE TOTAL:	200.00

SCANNED
DATE: JUL 21 2010
BY:

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 103633
Date: 5/18/2010

Invoice Total: 200.00

☐ Check # : _____

☐ MC/Visa/AMX # : _____

Expiration Date : ____/____

Signature : _____

Amount Paid: _____

False Fire Alarm Incident Report

Report Print Date/Time 4/9/2010 10:52:01AM

Basic Incident Data

Date	Alarm	Code	PropUse	Station		
4/8/2010	0013168	733	162	05	File Number	04581
					Occ Name	Pulse
					Address	1912 S ORANGE Ave

Narratives

CAD Narrative

CAD Event #: FFD100408013168 Type: ALARM Dispo: C Operator: WILLIAMS, JENNIFER Priority: 2
Comments:***RMA. AFA SMK RIGHT RIGHT WHITE ROOM PULL ENTRY
OP 407 649 3888 Original Location : PULSE REF NO 7185475

E-5

E-5 arrived on scene and found nothing showing. Met with on premise who advises us that alarm panel showed pull station at front entry. No problem. no fire.

Mal

SCANNED
DATE: MAY 26 2010
BY:

4/19

Letter Sent:
Invoice Sent:
Documentation Received:
Inspector Comments:

ORLANDO FIRE DEPARTMENT