

ORLANDO FIRE DEPARTMENT **EXIT CHECK**



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Belainers Frome: (407)245-5838

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(49) 8965 C. Milwille. KALIKE WALH ETT BEALINE DESIGNER

Overgous 1 1911 9 (SEASURE A VERTICAL DEL TERRITOR) F107/649-1139 (197) 95-1332

- MAY 18 新维克斯公司的 - 李成宗的经济联系的特殊

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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	10. Obstruct 11. Excessive 12. Combust 13. Other (L	e Combustibl	es
7. Exit Door or Hardware Inoperable 8. Improper Locks on Required Exit Doors			
9. Self Closing Doors Blocked Open			
This review was cursory in nature and may not have revealed all possible premises. The deficiencies noted above must be corrected immediately. Conducted by the Fire Safety Management Division. For further information of the conducted by the Fire Safety Management Division.	Other fire code violations may	be noted by a full if	aintaining safe
(Note to Customer: Signature below is to acknowledge receipt of this report)			
Customer Name (Print)	Signature	3-17	Date
Company Officer Name (Print) Emp.#	Davie Signature	7 ·	07 23 5 e and Time

DEPARTMENT **ORLANDO**



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Company Officer Name (Print)

From the ECENT GOT Bow OSCICOT

Emp.#

City/State: ORLANDO, FL.

Business Name: PULSE

Business Phone: (407)649-3889

Station No: Station 05

Occupancy: Assembly

Contact Name JUAN MILLER Prty Mailing Address

Occupant 1 1912 S ORANGE AVE ORLANDO, FL 328010000 (407)649-3889

Day Time Phone After Hours Phone

(407)595-1432

	vities: P-Comp Survey I/U inspection	un organis com				Assig 12/04	ument Date: 2006	Schedule Date: 01/04/2007
TII AD	IS SURVEY IS PERFORMED BY THE VISES YOU OF FIRE ANDAIR LIFE REIN IS IN VIOLATION OF THE OR FICE AT 401-240-2480.	C 4 7 1 1	deby the reading the the little below to the be	c 21 24.	a language and the an alternation and the	Lake AL	T THE FIRE P	REVENTION
Mc	coss:	O	Provide exit sign(s)		Heating:	400%		ords for all installed
U	Address visible		Remove obstruction eigles/ext way		HVAC inadequate		Fire protection	n equipment
C	Fire protection equipment	()	Remove storage under stors		Provide/maintain proper clearance		**	sandant and to any
U	FOC connection		Remove unapproved locks/hardware)	around vents/exhaust/water healer		Detectors	namilesting:
O	Gate optical detector	O	Venical openings not protected		WAR NO	0		
	Hydrant access				Miscellaneous:		Fire Alami	1/2
C	Key box (verified)		e i-ire Alarm:	C	Clean dryer vents	0	Fire Extinguis	snear 1/ac
	Maintain fire lanes	C	1-3 20000	in	Housekeeping issues	Ü.	Fire Pump	
			4-6 NCCC		Illegal burning		Generator	i stud
Ele	ctrical:		7 + \$200.00	U	Interior finish inadequals		Hydrant(s)/p	
lad.	Circuit identification			[7]	Provide fuel shut off	5.00	Hood System	
17	Covers/blanks/junction box missing	Fin	čkůngmskeru:		Remove BBQ grill	13	Sprinklers	and the second
0	Defective equipment/wiring	U	Conspicuously located		Remove rubbish/ wade/trash or		Standgipe/H	1866
[7]	Door labeled	1-1	Not accessible		goibliud moff absew		P1 13-	tum al.
12	Improper breakers/fuses/focks						Signage Re	desserve.
U	Improper use/piecement of extension	n Fire	Protection:		Permit Issued:		Fire Lane	4
***	fuzzic bebanteroletron		Missing detector(s)	[18A/Tent		"No Smoking	1000
O	Panel accessibility	C	No sprinkler protection under stairs			-	Occupant Lo	299
7400	1 4114 1444 1414	U	No auperesion	O	Fram,/Comb. Liquida		Provide 704	
Ex	it:		Provide 18" clearance			C	Stair number	mg
17	Daniel imparable	i.	Provide apera heads/wrench	(2				
X	EmergencyExt sign(s) inoperable		Sprinkler head(s) painted/corroded/	C	Open Huming		Storage:	
1	Exis not adequately enclosed	-	damaged/ escutcheon plates missin				Disorderly	
u	Exis not properly ananged		Sprinkler impairment	M	Permit Required:		Too high	
	improper door swing	440	mpilitation and account			姓		
[77]	Mean fire doors dosed		Flammable Liquide:				Other:	
	Maintain self-clusers	T	improper use/storage/dispensing		Pro Fire Plan:	i.J	CEB action	
	Chetcloaqud		Emproper container/provide calinat	O	Conducted/Hewewed/Needed			formitting Semicas
	Provide approved door assembly		MSOS sharts needed	-	A 5-00-200-200-000 A 10-00-000	17	Unable to co	intact
	Provide approved don seemon		10 th lat of a 1 or	1	11147.			
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Reinspection Date

Signature



ORLANDO FIRE DEPARTMENT **COMPANY SURVEY**



Occupancy ID: 00501

Location: 1912 S ORANGE AVE

Chy/State: ORLANDO, NL

Business Name: PULSE

Business Phone: (407)649-3839

Station No: Station 05

Occupancy: Assembly

Contact	Name
	CALLAHAN

Priv Maillan Address

1912 E ORANGE AVE ORLANIXO, PL 328010000 Day Ima l'inuia

(407)649-3889

After House Phone

(407)236-9084

Analgumest Date: Scherinte Date: Activities Assigned for 11/01/2006 Stefano, Station 05, 19 INSP Comp Survey Initial Insp 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

A. General Fire Precautions:	YES	NO	N/A	D. Fire Protection Equipment:	YES	NO	N/A
1. Is general storage orderly?	-			1. Are fire extinguishers provided?		-	
2. Are combustible waste materials disposed of properly?				2. Are fire extinguishers conspicuously located			
3. Are electrical panels and/or meters unobstructed?				and immediately available in the event of fire?			
4. Are all electrical cords and extension cords				3. Are fire extinguishers tagged annually, and			
in good repair? Are extension cords used properly?				maintained properly?	-		-
5. Are electrical cover plates on all switches,				Date punched://			
plugs, and junction boxes?	-	_	_	4. Are fire extinguishers fully charged and			100
6. Are combustible decorations flame retardant?	-		_	operational?			_
7. Are shafts for pipes and cables sealed?	-		_	5. Is hood extinguishing system protecting commercial cooking equipment tagged			
8. Are fire lanes unobstructed?	-	_	-	semi-annually by a licensed fire equipment	4.00		
9. Is the yard around the business free of weeds or debris?				contractor?			-
10. If gated property, is optical opening device functioning? Is the				Date punched://			
emergency code correct?				6. Is commercial cooking equipment, hood			
B. Maintenance of Exitways:				and ducts free of accumulated grease?		-	-
Are exits clear and unobstructed? Are doors in or leading to exits unlocked?			_	7. If building is sprinklered, is it 100% coverage? 8. Is sprinkler system inspected and tested?			1 2 3 3
3. Are stairway doors closed?	-			(Attach copy of inspection record)			
4. Are exit signs posted over or on required	-		+ ,	9. Are hoses cabinets and racks	-		-
exit doors and exitways?			_	unobstructed?			1
5. Are exit signs and directional signs properly				10. Are hoses tested and inspected?	_	-	-
illuminated? 6. Are emergency lights functioning?				Date tested:// 11. Is fire pump tested annually?			
7. Are door self -closing devices functioning?				Date tested://			
8. Is exit discharge clear?		_	_	12. Are fire hydrants maintained?	·-		-
C. Fire Safety Education:				E. Fire Alarm Systems:			
Is a written evacuation plan provided?	-	100	-	1. Is fire alarm system inspected by a licensed			
Are records of training provided and current? Do employees have knowledge of:	1-1)		fire alarm contractor?			The same
a. Extinguisher type(s) and use	1221			Date tagged://(Attach copy of last inspection)			
b. Evacuation procedure				2. Are smoke detectors operable?	-		
c. Fire Systems (alarm-sprinkler-hose-detection)				F. Special Problems:	97.60		1105
d. Fire Safety Practices				Does this business store/handle flammable or		199	1 1
e. Hazardous materials (M.S.D.S labeling				combustible liquids in excess of 15 gallons?	- 	()	7
- handling - storage - etc.)	-	_		2. Does the business have a special fire extinguishing	1	V-	1
1320				system for hazardous operation? 3. Does this business store/handle hazardous chemicals?	and he		1
C/037				5. Does dus business storenande nazardous cientacais.		No.	
Remarks:	1.1	-					
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DREN	11515	30	15 C	N'PHONE.			
			(Chicken	note:			

Customer Name (Print)

Company Officer Name (Print)

Emp.#

Signature

Signature

Date and Time



ORLANDO FIRE DEPARTMENT COMPANY SURVEY



44949 part (988) (1881 - 321 (1884) garago avida a cola destidad Program and any sign of decreasions After Francisco Montes TARREST MORE STREET THE MORANIER AND CHILAMINA RE CERRITHIN Serverise . 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. VES NO N/A YES A. General Fire Precautions: D. Fire Protection Equipment: NO N/A 1. Is general storage orderly? 1. Are fire extinguishers provided? 2. Are fire extinguishers conspicuously located 2. Are combustible waste materials disposed of properly? and immediately available in the event of 3. Are electrical panels and/or meters unobstructed? fire? 4. Are all electrical cords and extension cords 3. Are fire extinguishers tagged annually, and in good repair? Are extension cords used properly? maintained properly? 5. Are electrical cover plates on all switches, Date punched: ___ plugs, and junction boxes? 4. Are fire extinguishers fully charged and 6. Are combustible decorations flame retardant? operational? 7. Are shafts for pipes and cables sealed? 5. Is hood extinguishing system protecting commercial cooking equipment tagged 8. Are fire lanes unobstructed? semi-annually by a licensed fire equipment 9. Is the yard around the business free of weeds or debris? 10. If gated property, is optical opening device functioning? Is the Date punched: __ emergency code correct? 6. Is commercial cooking equipment, hood and ducts free of accumulated grease? B. Maintenance of Exitways: If building is sprinklered, is it 100% coverage? 1. Are exits clear and unobstructed? 8. Is sprinkler system inspected and tested? 2. Are doors in or leading to exits unlocked? Are stairway doors closed? (Attach copy of inspection record) 4. Are exit signs posted over or on required 9. Are hoses cabinets and racks exit doors and exitways? unobstructed? 10. Are hoses tested and inspected? 5. Are exit signs and directional signs properly illuminated? Date tested: __ 11. Is fire pump tested annually? 6. Are emergency lights functioning? 7. Are door self -closing devices functioning? Date tested: ___/_ 12. Are fire hydrants maintained? 8. Is exit discharge clear? C. Fire Safety Education: E. Fire Alarm Systems: 1. Is fire alarm system inspected by a licensed 1. Is a written evacuation plan provided? 2. Are records of training provided and current? fire alarm contractor? 3. Do employees have knowledge of: Date tagged: ____/_ a. Extinguisher type(s) and use (Attach copy of last inspection) 2. Are smoke detectors operable? b. Evacuation procedure c. Fire Systems (alarm-sprinkler-hose-detection) F. Special Problems: d. Fire Safety Practices 1. Does this business store/handle flammable or e. Hazardous materials (M.S.D.S. - labeling combustible liquids in excess of 15 gallons? 2. Does the business have a special fire extinguishing - handling - storage - etc.) system for hazardous operation? 3. Does this business store/handle hazardous chemicals? Remarks: ANSWER (Note to Customer: Signature below is to acknowledge receipt of this report) Customer Name (Print) Signature Date

Company Officer Name (Print)



ORLANDO FIRE DEPARTMENT EXIT CHECK



JUAN MILLER

groups who can be the letter to the first

407-595-1432

Mark box below if there is a deficiency.	10. Obstructed Exit or Exitway
1. Parking in a Fire Lane	
2. Occupant Load Not Posted	11. Excessive Combustibles
3. Occupants in Excess of Posted Limit	12. Combustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Other (Listed Below)
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	
Joseff Groom Production - Personal Productio	
This review was cursory in nature and may not have revealed all possible premises. The deficiencies noted above must be corrected immediately. Conducted by the Fire Safety Management Division. For further informat Remarks:	Other fire code violations may be noted by a full inspection
(Note to Customer: Signature below is to acknowledge receipt of this report) Customer Name (Print)	MILER IIIIOG Signature Date
JJ White 19814 x Company Officer Name (Print) Emp.#	Signature H-1/- 06 Date and Time

Occupancy III Locuiton: 1912 S ORANGE AVE

ORLANDO FIRE DEPARTMENT EXIT CHECK Name: POLSE

Business Thome: (407)/49-3839

Station Not Station 05

Occupancy: Assembly

Chy/State: OKLANDO, FL	Station Not Melson O5 Company: Assembly
Comact Name Priv Mading Address KEVIN CALLAHAN Occupant 1 1912 S ORANGE AVE ORLAN	13ay 1 kme 1760ae - After 160ars 1760ae 113O, FL 328010500 (407)649-3539 (407)226-3054
S W# SEA S (187-04)	Assigned for Assignment Date: Schedule Date: Schedu
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 Doo 9. Self Closing Doors Blocked Open	
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Company Officer Name (Print)



ORLANDO FIRE DEPARTMENT **EXIT CHECK**



Company ID: (650)

Couract Name

ADMININE AND SCHANGE AVE

Priv Malling Address

Chychrane SMA-ANIMA EL

Michelesche Marrie: PRILSA

Marchenes Progress: (407)6.09-38.09

Brasian Das Hestres 25 Charapaney: Accounties

Day live Flore And Romes Phone

Hirs: «Comp Survey Earl Chrok	Assispeed (in Stateor, Station 05, C	Ausigenumii Daim 02/15/2006	Schoolië Date: 03-03/2000
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 Do	11. E	Obstructed Exitencesive Combustibles in Other (Listed Be	istibles Exitway
9. Self Closing Doors Blocked Open This review was cursory in nature and may not have revealed all safe premises. The deficiencies noted ablove must be corrected in conducted by the Fire Safety Management Division. For further in Remarks:	possible fire code violation mediately. Other fire code	e violations may be not	ssist in maintainir ed by a full inspe
280 Craeray - 299 Received By: (Signature below is to acknowledge receipt of this re		WACCE	2:23-

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



6. Aisles Obstructed

ORLANDO FIRE DEPARTMENT EXIT CHECK

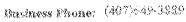


The Army Markey of the Markey Committee to the Agreement of the Committee of the March 1965 was to 是"我们"。"Ada "我的","就是我的。 - State Design Coeffee - Negon Coeffee Min 200 ali len dielektrasi de _{kree} die elektroelektrikande et letzen in desperata disektrikalieri dielektrikalieri b Andrew Carlos Services Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 13. Other (Listed Below) 4. Emergency/Exit Lights Inoperable **5. Exit Doors Locked**

7. Exit Door or Hardware Inoperable 8. Improper Locks on Required Exit Door 9. Self Closing Doors Blocked Open	:s	
This review was cursory in nature and may not have revealed all possible premises. The deficiencies noted above must be corrected immediately conducted by the Fire Safety Management Division. For further inform Remarks:	 Other fire code violations may b 	ew is to assist in maintaining safe be noted by a full inspection
(Note to Customer: Signature below is to acknowledge receipt of this report) Customer Name (Print) Customer Name (Print)	Signature A	1/13/06 10
Company Officer Name (Print) Emp.#	Signature	Date and Time

Occupancy II) Lacation: 1912 S ORANOE AVE City/State: ORLANDO, FL

ORLANDO FIRE DEPARTMENT EXIT CHECK NAME: PORSE



Station No: Station 05

Occupancy: Assembly

Coulact Name Priv Mailing Addivsy GEVIN CALLAHAN Occupant 1 1912 S ORANGE AVE ORLAN	NEO, FL 328010000	4 distriction described the description of the second	After Figure Phome (407)256-8084
	Assigned to: Station, Station 65, C	Assignment Date 10/26/2005	Schodule Date: 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 6. Aisles Obstructed 7. Exit Door or Hardware Inoperable 8. Improper Locks on Required Exit Door 9. Self Closing Doors Blocked Open	11. E	bstructed Exit xcessive Comb ombustibles in ther (Listed Be	ustibles Exitway
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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

Mins: -Comp Survey Initial Insp HIS SURVEY IS PERFORMED BY THE CITY OF ORI DVISES YOU OF FIRE AND/OR LIFE SAFETY HAZA EREIN IS IN VIOLATION OF THE ORLANDO FIRE F				Assigned to: Assign			
DVISES YOU OF FIRE AND/OR LIFE SAFETY HAZA EREIN IS IN VIOLATION OF THE ORLANDO FIRE F	LANDOF		nach hammen (cores	Station, Station 95, C 10/2	\$/2005 	11/01/2	005
PPICE A1 407-240-2300.	ARDS WH	IICH RE	OUIRE Y	OUR IMMEDIATE ATTENTION, EACH O	F THE HAZAKI	ארחאוז (פ)ר	AILD
General Fire Precautions:	YES	NO	N/A	D. Fire Protection Equipment:		YES	NO
Is general storage orderly?	· marin			1. Are fire extinguishers provided?		_	
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Are electrical panels and/or meters unobstructed?				and immediately available in the event of fire?		-	
Are all electrical cords and extension cords				3. Are fire extinguishers tagged annually, and			
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Are electrical cover plates on all switches,				Date punched:/ 6 3			
plugs, and junction boxes?	<u> </u>			4. Are fire extinguishers fully charged and			
Are combustible decorations flame retardant?	<u> </u>			operational?			—
Are shafts for pipes and cables sealed?				 Is hood extinguishing system protecting commercial cooking equipment tagged 			
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Maintenance of Exitways:				and ducts free of accumulated grease?	•		
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illuminated?				Date tested:/			
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•		**-		E. Fire Alarm Systems:			
Fire Safety Education: Is a written evacuation plan provided?				1. Is fire alarm system inspected by a licensed			
Are records of training provided and current?				fire alarm contractor?			
Do employees have knowledge of :	/			Date tagged:/			
a. Extinguisher type(s) and use	-/-			(Attach copy of last inspection) 2. Are smoke detectors operable?			
b. Evacuation procedure c. Fire Systems (alarm-sprinkler-hose-detection)	<i></i>						
d. Fire Safety Practices				F. Special Problems: 1. Does this business store/handle flammable or	r		
e. Hazardous materials (M.S.D.S labeling	_			combustible liquids in excess of 15 gallons?			
- handling - storage - etc.)	_			Does the business have a special fire extingu	ishing		<u> </u>
				system for hazardous operation? 3. Does this business store/handle hazardous ch	emicals?		_
				3. Does this dustriess store/handle hazardous cr	emeas.		
Remarks:							
							
(Note to Cystomer, Signature below is to adknowle	edae rece	int of t	his repor	n/ <i>f/</i> // // //			
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Customer Name (Print)		ſ	` 1/~	Signature)	./.	Date	
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ORLANDO FIRE DEPARTMENT EXIT CHECK

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Customer Name (Print) Pau Pauchal 10315 x Company Officer Name (Print) Emp.#	Signature Date 9.24.05 Z 2 50 Signature Date and Time

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

Company Officer Name (Print)

ORLANDO FIRE DEPARTMENT

EXIT CHECK Emines Name: PULSE



Musimess Picone: (407)649-3889

Station No. Station 05

Georgiancy: Assembly

	Assigned to: Station, Station 05, C	Assignment Date: 06/20/2005	Schedule Date: 07/01/2003
fark box below if there is a deficiency.	10.0	hatmustad Evit a	n Evitway
1. Parking in a Fire Lane		bstructed Exit o	_
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3. Occupants in Excess of Posted Limit		ombustibles in E	-
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Ma Marsais			
No MOLASTONS	1		

Date and Time

Signature

Emp.#



ORLANDO FIRE DEPARTMENT COMPANY SURVEY



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Chy/State: ORLANDO, FL.

Business Name: PULSE

Business Phone: (407)649-3889

Station No: Station 05

Occupancy: Assembly

Comact Name KEVIN CALLAHAN SCOTT RESDER	Occupant		19128	<u>Address</u> ORANGE A ORANGE A				328010000 32805	Day Time Phone (407)649-3889 (407)649-3888	After House (407)256-94	
Activities: NSP-Comp Survey Exit Ch			A. P. L. W.			······································	Assigned		Assignment IX 05/20/2005		
THIS SURVEY IS PERFO ADVISES YOU OF FIRE HEREIN IS IN VIOLATIO OFFICE AT 407-246-2380 A. General Fire Precautions: 1. Is general storage orderly? 2. Are combustible waste mater 3. Are electrical panels and/or in 4. Are all electrical cords and even in good repair? Are extension 5. Are electrical cover plates on plugs, and junction boxes? 6. Are combustible decorations 7. Are shafts for pipes and cable 8. Are fire lanes unobstructed? 9. Is the yard around the busines 10. If gated property, is optical emergency code correct? B. Maintenance of Exitways: 1. Are exits clear and unobstructed. 2. Are doors in or leading to exit doors and exitways? 5. Are exit signs posted over or exit doors and exitways? 5. Are exit signs and directional illuminated? 6. Are emergency lights function? 7. Are door self-closing devices 8. Is exit discharge clear? C. Fire Safety Education: 1. Is a written evacuation plan p 2. Are records of training provid 3. Do employees have knowled; a. Extinguisher type(s) and u b. Evacuation procedure c. Fire Safety Practices e. Hazardous materials (M.S. handling - storage - etc.)	AND/OR LI ON OF THE (6). ials disposed of the ters unobstructension cords a cords used property all switches, flame retardances sealed? is free of weed opening device ted? ts unlocked? on required signs properly ling? if functioning? rovided? ted and current ge of: se kler-hose-detect. D.S labeling.	FE SAI ORLAI of proper octed? operly?	FETY HAZ	YES N	1 REQUICOD	UIRE YO	DUR IMME TURTHER I D. Fire Pro 1. Are fire and imm fire? 2. Are fire and imm fire? 3. Are fire operation 5. Is hood a commerce semi-and contracte Date 6. Is commerce semi-and ducts 7. If buildi 8. Is sprink (Attach a sprink) (Attach a sprink) 10. Are hose Date 11. Is fire pure to pate 12. Are fire E. Fire Ala 1. Is fire als fire alart Date (Attach a sprink) 2. Are smo F. Special I 1. Does this combust 2. Does the system for the property of the pate to the system for the property of the pr	dection Equipment: extinguishers provide extinguishers conspice diately available in extinguishers tagged extinguishers fully cl al? punched: extinguishing system cial cooking equipment extinguishing system cial cooking equipment extinguishers fully cl al? extinguishers fully cl al? extinguishers fully cl al? extinguishing system cial cooking equipment extinguishing system cooking equipment is prinklered, is ler system inspected cop of inspection re es cabinets and racks cted? es tested and inspect tested: hydrants maintained rm Systems: arm system inspecte n contractor? tagged: ch copy of last inspect en contractor? tagged: business store/hand business store/hand business store/hand business have a spe or hazardous operati	ION. EACH OF THE HAPLEASE CONTACT THE ded? cuously located the event of lannually, and protecting ent tagged are equipment ment, hood agrees? it 100% coverage? and tested? cord) ded? ded. ded.	ZARD(S) INDIC	ATED
	D V10,	IAT	10NS	NOTEL)						
(Note to Customer: Sig	M) (A) NM	wystro 110 HER	acknowl 2753 Emp.#	edge receipt o	of this	report)	Signatu		6,	Date Date and T	100



ORLANDO FIRE DEPARTMENT EXIT CHECK



Application of the control of the co

Mark box below if there is a deficiency.	
1. Parking in a Fire Lane	10. Obstructed Exit or Exitway
2. Occupant Load Not Posted	11. Excessive Combustibles
3. Occupants in Excess of Posted Limit	12. Combustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Other (Listed Below)
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	
This review was cursory in nature and may not have revealed all possible premises. The deficiencies noted above must be corrected immediately. O conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division.	ther fire code violations may be noted by a full inspection
(Note to Customer: Signature below is to acknowledge receipt of this report) Customer: Signature below is to acknowledge receipt of this report) **Customer: Aime (Print) **ACCOMMENTAL ACCIONAL CHEEN ACCOMMENTAL ACCIONAL CHEEN AC	Signature $\frac{4/2}{\sqrt{3}}$
Company Officer Name (Print) / () Emp.#	Signature Date and Time



ORLANDO FIRE DEPARTMENT ORLANDO FIRE DEPARTMENT FIRE INSPECTION REPORT

Page: 1



Occupancy ID: 06501

Location: 1912 S ORANGE AV

Unit No .:

Today's Inspection Results:

Code Section

Name:

PULSE

Description

Complex:

Station No:

Station 05

Business Phone: (407)649-3889

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

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

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.

OCCUPAN ISSUE WILMBER BASE UN Protection WILL aloke OF Received By: (Signature below is only to acknowledge receipt of this report) Re-Tospection Date: OCCUPANT LOND Form # FSM900 Rev 05/2003

FIRE INSPECTION REPORT Page: 1



Day Time Phone

Occupancy ID: 06501

Name:

PULSE

LOCATION: 1912 S ORANGE AV

Complex:

Business Phone: (407)649-3889

CERT NO:

Station No:

Station 05

Contact Name KEVIN CALLAHAN

Malling Address

Orlando, FL

328010000 (407)649-3889 (407)256-9084

After Hours Phone

Activities

Assigned To

Assignment Date

Schodule Date

INSP-Comp Survey Exit Check

Today's Inspection Results:

Station, Station 05, E005, A

1912 S ORANGE AV

13/01/2004

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.

Code Section	Description	1 WASA
Nole	WAIK THUR EXH Check COMPletED	States produce and states produced by the states of the st
NFDA 101, 13.2,5.9	PROVIDE DETAIL DRAWING OF LAYOUT (CURRENT)	Avo
	SETUP OF CLUB, IN ORDER to DETERMINE	Vin
V	OCCUPANT LOAD	3/41
	AFTER These Plans ARR REVIEWES	111400-1270
	Signage Sholl Be Postes	
Received By: (Signature below is only a	o priknosviedge receupt o this report)	6=
Scott A Red	Signature In Date	

Tim Hursh 10/23/04 & Jan 11/2014

Was UP UN 11/2014

Plans Still Being worked on



was readed.

1. 7 464

3. 3. 36 2 X 2 3 2 3 3 1 3 1 5 1

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Lichard Herrich Stagen Son Strategy

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			 	-			

407 648 3889

KENEN CALLAHAN (407) 236 9084

Notre

EXH Check/Approved walk Thin occupant Load Posted at 212 will need to Approve Layat/ Drawing FOR this new Set-UP.

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			, 1010		



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Pulse Club

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ORLANDO FIRE DEPARTMENT ORLANDO FIRE DEPARTMENT FIRE INSPECTION REPORT

Page: 3



1

2 - Type II (Noncombustible

Supplemental Information

Occupancy ID: 06501 Name of Business: PULSE

Building Features

Floor Area:

4,025 sq ft.

Occupancy Class: A1 - Assembly

Property Use:

162 - Bar or nightclub

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 3 Fire Extinguishers-Standard Full Coverag

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

Construction Type:

Year of Construction: 2003

Number of Stories:

0



ORLANDO FIRE DEPARTMENT ORLANDO FIRE DEPARTMENT FIRE INSPECTION REPORT

Page: 2



Occupancy ID: 06501 Name of Business: PULSE *** Open Violations ***

Description:

Capacity - Occupant Load

Code Requirement:

Maintain approved occupant load.

Comments:

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

Description:

NOTE: See below

Code Requirement:

Comments:

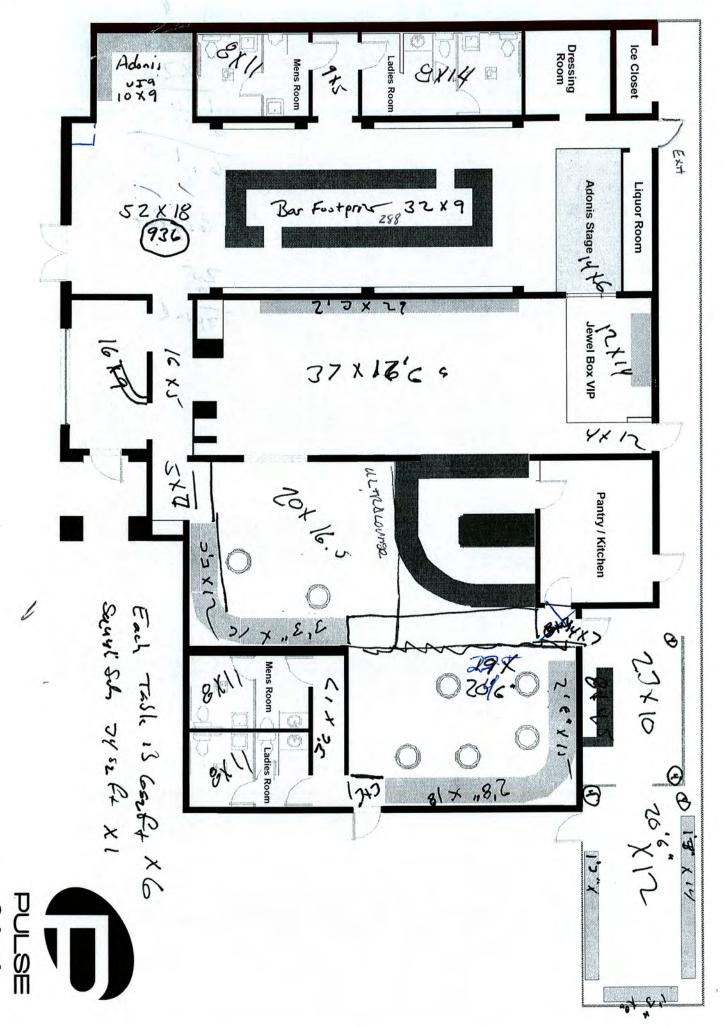
PROVIDE SET OF PLANS/DRAWINGS OF LAYOUT FOR OCCUPANT LOAD.

Found Date: 10/22/2004

Code Section: NFPA 101, 7.3.1

Found Date: Code Section: MAN

Copy (YELLOW) - Business Owner

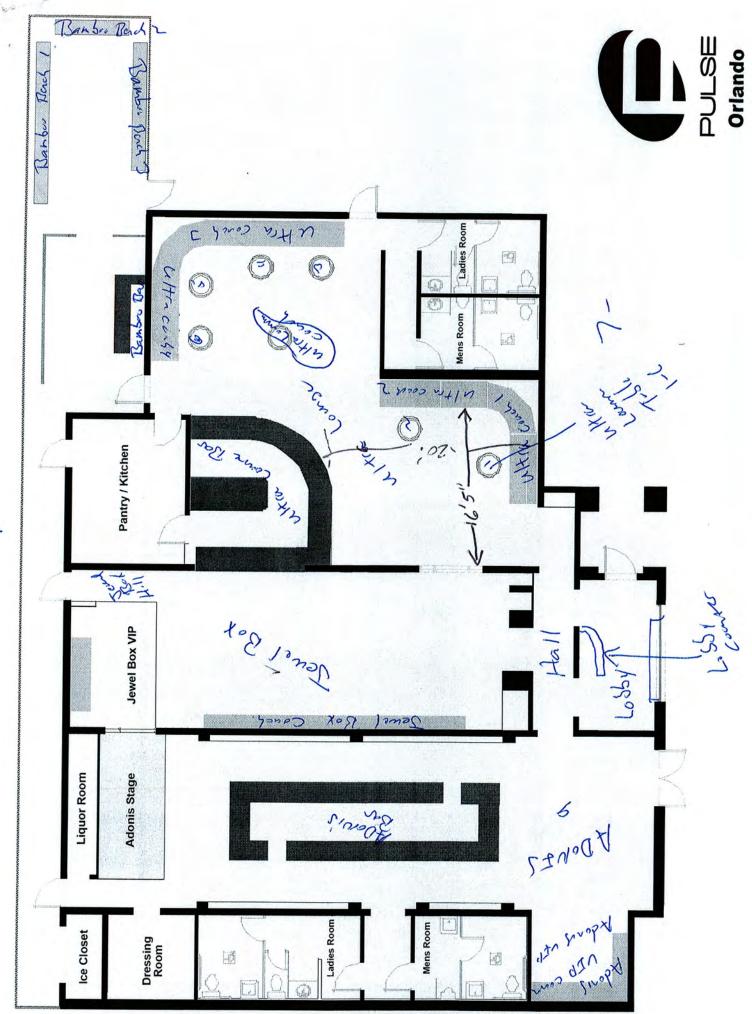


Orlando

PULSE SQUARE FEET WORKSHEET

PULSE Interior Square Fee	et	3983.70		PULSE Exterior Square Feet	:	476	
Interior Occupied Square Fee	et	898.9		Exterior Occupied Square Feet	:	78.5	
Total Open Square Fee	et	3084.80		Total Open Square Feet	:	397.5	
INTERIOR AREAS				EXTERIOR AREAS			
Area	Wide	Deep	Total	ITEM	Wide	Tall	Total
Adonis Main Room Adonis VIP Adonis RR Hall Adonis Mens Room Adonis Ladies Room Adonis Stage Lobby Entrance Hall Jewel Box Jewel Box VIP Jewel Box Hall ultralounge Entry ultralounge 1 ultralounge 1 ultralounge Mens Room ultralounge Ladies Room	18 9 5 8 8 14 16 17.5 14 4 5 20.25 22.5 3.6 8	52 10 9 11 14 6 8 6 37 12 12 7 36 24 17 11	936.00 90.00 45.00 88.00 112.00 84.00 128.00 96.00 647.50 168.00 48.00 35.00 729.00 540.00 61.20 88.00 88.00 0.00	Bamboo Under Cover Bamboo Open	10 12	23 20.5	230 246 0 0 0 0 0 0 0 0 0 0
	Total Sq F	eet Interior	3983.70		Total Sq Fe	eet Exterior	476
INTERIOR AREAS - OCCUPIED				EXTERIOR AREAS - OCCUP	PIED		
Area	Wide	Deep	Total	ITEM	Wide	Tall	Total
Adonis Bar Footprint Adonis Closet ultralounge Bar lobby counter Adonis VIP Couch Jewel Box Couch ultralounge couch 1 ultralounge Couch 2 ultralounge Couch 4 bamboo entry ultralounge table 1 ultralounge table 2 ultralounge table 3 ultralounge table 4 ultralounge table 5 ultralounge table 6 ultralounge Couch —	9 3.5 15.6 5 2.5 2.25 3.25 3.25 2.75 2.75 4 2.5 2.5 2.5 2.5 2.5	31.5 3 14 4.5 7 29 12 16 18 15 7 2.5 2.5 2.5 2.5	283.50 10.50 218.40 22.50 17.50 65.25 39.00 52.00 49.50 41.25 28.00 6.25 6.25 6.25 6.25 6.25 6.25 6.25 34.00	Bamboo Bar Bamboo Bench 1 Bamboo Bench 3	8 1.25 1.25 1.25	4.5 14 8 12	36 17.5 10 15 0 0 0 0 0 0 0
Total Oc	cupied Sq F	eet Interior	898.90	Total Occ	upied Sq Fe	et Exterior	78.5

THIS AREA NOT COUNTED AS PART OF TOTAL OCCUP LOAD



344 Juns Approx Can Post @ Zgg persons, until EIR Alann 1912 S: Orange AVE / Pulse": SYSTE ADONIS VIP - 15 PENSONS ADONIS MAIN- GU PENSONS Jewel By VID Sentins ADDROX 13, 7 STONDIN Jewel Box Floor SPACE - 32x 15 Ft. BAR PONTABle - 2x6 12 5 73 Pensons & Couches- seating Ares - 18 peasons ULTAR Louige open AN 20 × 16.5 mesho To the cucho Seating on couches (16) Bodis 1/19/03 PINSU Beins Relocated BAR CHAIN Not set- up During weekens TOTAL APPROX (63) person ULTRA LOUNGE/- 1659 Pt Pron East Door SubTract X1EMS + · cuch - 34 sq+ ADD 7 PERSONS to Seat on this are 144 Perus Wirns Loung couch 3 & 4- 5059Pt to (41) SAPI Seatons ARiea-364 TOTAL (16) BODY'S TABLOS 3,4.5,6 - 6.25 X4 (25 Sq R4) 540 755590 - 475-27=65 + 16 F 81 pa



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. Senior Fire Inspector

Orlando Fire Department

James R Hursh Jo



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)





The second secon

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





Sweff

12-10-04

Annual de la company de la com



BUILDING PERMIT

Issue Date:

Parcel #:

December 07, 2004

Expiration Date:

December 13, 2004 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

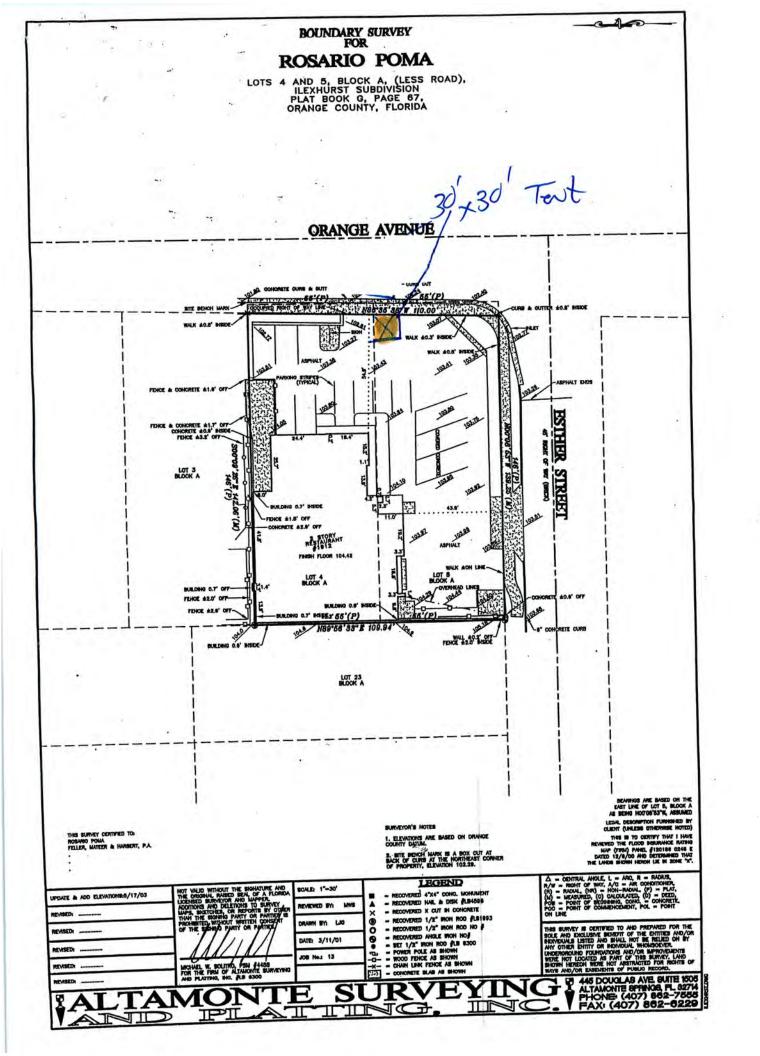
48 Hours before you dig call SUNSHINE 1.800.432.4770. It's the Law in Florida.

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.

> Thomas 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.



Certificate of Alame Aesistance

SSUED BY

KIRBY TENT RENTAL

Division of Kirby Rental Service & Sales

MANUFACTURERS OF THE FINISHED TENT PRODUCT DESCRIBED HEREIN Orlando, FL 32805 411 Hames Avenue

Jacksonville, FL 32256 8711 Phillips Highway



30 × 30 Freet

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

Polse night Club FOL

, 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

CONCERN NO. APPLICATION REGISTERED

Signed:

TENT DEPARTMENT

FIRE SAFETY DATA ENTRY

June 29, 2004

Case #: BLD2003-08240

Case Address: 1912 S ORANGE AV

> Subtype: BALTERATION

Project Name:

No associated FIR Permits

Case Description:

Interior and exterior alterations

Fire General and Life Safety

Occup Group Class Code: A1

Occupancy Code: 162

Complex Code:

of Stories:

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



A. General Fire Precautions:

ORLANDO FIRE DEPARTMENT **COMPANY SURVEY**



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.

L General Fire Precautions:	YES/ NO	N/A	D. Fire Protection Equipment:	YES NO N/	A
L General Fire Precautions: Is general storage orderly? Are combustible waste materials disposed of properly? Are electrical panels and/or meters unobstructed? Are all electrical cords and extension cords in good repair? Are extension cords used properly? Are electrical cover plates on all switches, plugs, and juction boxes? Are combustible decorations flame retardant? Are shafts for pipes and cables sealed? Are fire lanes unobstructed? Is the yard around the business free of weeds or debris?	YES NO	N/A	D. Fire Protection Equipment: 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 property? Date punched: ////OD 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: ///OD	YES NO N/	A
Are exits clear and unobstructed? Are doors in or leading to exits unlocked? Are stairway doors closed? Are exit signs posted over or on required exit doors and exitways? Are exit signs and directional signs properly illuminated? Are emergency lights functioning? Are door self closing devices functioning? Is exit discharge clear? Fire Safety Education: Is a written evacuation plan provided? Are records of training provided and current? Do employees have knowledge of: a. Extinguisher type(s) and use b. Evacuation procedure c. Fire Systems (alarm-sprinkler-hose-detection			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:		<u> </u>
Received By: Signature below s to ack Company Officer: Print Name Mean K. Phints Print Name	nowledge receipt of x	this report	Does this business store/handle flammable or combustible liquids in excess of 15 gallons? Does the business have a special fire extinguishing system for hazardous operation? Does this business store/handle hazardous chemicals.		



CITY OF ORLANDO, FLORIDA



File Number	File Number 0 0 6 5 0 1								RVE	1		FIRE DEPT.					11400			
Street Numbe			oir Str	eet Name						Тур		Bldg. Unit		1=1	100000000000000000000000000000000000000	s Phone	20 /	1605		
1912			S (DRANGE							AV				4 ()	7-9	3 7 (1605		
Business Nam DANTE		STA	URANI	ľ					ess Own		FAN	MILY	LTD	PART	NERSH	IP				
Mailing Addres		ANG	E AVE	C			y and State	DO FL				Zip 3		0000	Emergen 407	cy Phone		164		
Type of Busin RESTU		T/G	RILL			OF STREET	-11-	Occ Grp A 1	0cc C		Complex () 1.6	# of Exi	3	in the state	num Load 7 5		tal Sq. F	40:		
r. Const 1975	Const Ty	A.J.	Stories 1	Height 1.2	Detectors 0 B	A	larm Sys	Standpipes 0 @		Sprnklr () (3		System Q 1	Exintg 0 1		0 1 0 0		00	00		
Date 110901		Time	030	Activity 2 6	Inspector	80	Terr	5 Dist 0 1	Shi	逃	Priority B		Prd 1.Z	Last Inspe	ctor 908	Last I	nspected 1, 0 / 2			
COMPA		URV		IITIAL	INSPE	CTIC	14(Due	Inspection		5/200	1				
NERAL FIRE	PRECAUT	TIONS		PREVENT	YES	NO	N/A	FIRE PROT 1. Are fire 2. Are fire	extinguis extinguis	shers pr	ovided?	sly located, a	accessible	and	<u> Y</u>	ES	NO	N/A		
	I panels and ical cords a I cover plate	d/or mete and exter es on all	ers unobstru sion cords i switches, p	cted? n good repair? lugs, and junction	学上			3. Are fire Date 4. Are fire 5. Is hood	extinguis punched extinguis extinguis	hers tag hers ful shing sy	ly charged stem prote	ally, and ma I and operatecting comm	tional?		actor?	1				
Are shafts for Are fire lanes is the yard ar	r pipes and s unobstruc	cables sted?	sealed?		7	Ξ	\equiv	Date pu	nercial co	ooking e	OI quipment, ed?	hood and o		of accumula	-		~			
AINTENANCE Are exits clea Are doors in Are stairway Are exit signs Are exit signs Are emergen Are door self Is exit discha	ar and unob or leading to doors close s posted over s and directory ights further to following de	ostructed to exits u ed? er or on tional sig	required exi ns properly	it doors and exity illuminated?	yays? J			9. Are hos 10. Are hos 11. Is fire po	e cabine es testec ump teste M SYST ual fire a	ts and radians and instance annual mediannum EMS	spected? I ally? Date stem inspe	Date tested tested	//_	alarm cont	ractor?			7		
RE SAFETY E Is a written fi Are records c Do employee a. Extinguis b. Evacuatic c. Fire Syst d. Fire Safe e. Hazardou storage-e	EDUCATION ire evacuation of training pes have known wher type(s) on Procedurems (alarm onty Practices us materials	on plan provided and use and use ares	and current of: or-hose-dete	ction) g-handling-		<u> </u>	1/144/-	SPECIAL P 1. Do you gallons'	ROBLEN store/hair?	MS ndle flar	erable? mmable or ire extingu	combustibl	le liquids in	excess of fardous opera	-		<u></u>			
EMARKS: _			No 1	Jiolatu	ins (rote	NO'	V 16	2001	+										
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CITY OF ORLANDO, FLORIDA COMPANY SURVEY



Census Tract

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Street Numb	per	SDir		et Name ANGE						T _i	Vpe (V	Bldg. Unit		No.	Busines 4 0 7	S Phone	9-0	605 605
Business Na	me RES	TAURA	NT						ness Ow VTEL	ner LA	FAMI	LY L	TD PA	RTN	ERSHI	P	928	796
Mailing Addr	ess ORA	NGE A	VE			City a	nd State ANDO	FL				3 Z	80100	00	Emerger 407-		7.9	64
Type of Busi RESTUA	iness ARANT.	/GRII	L				Occ Grp Occ C A 1 1 5 1				Complex 6		# of Exits		Maximum Load 7.5		Total Sq. Ft.	
Yr. Const 1 9 7 5	sst Const Type Stories Height Detectors 1 2 0 8						m Sys	Standpipe () 8	Standpipes Sp 08 0			System 1			cial Instruction	ons 0 0	00	00
Date	0100	Time	0	Activity 9726	Inspector 890	8	Terr 0.5	Dist	Si	nijt A	Priority B		Prd L	ast Inspi			Inspecto 4/2	
SPECIA	AL PR	OJECT	rs	-								Due	Inspection D	ate /15	/2000			
INDICATE	ED HERE	EIN IS II	N VIOL	ATION O	SAFETY H THE ORL ON OFFICE YES	ANDO	FIRE	PREVEI 6. FIRE PRO	TECTION	I CO	DE. FO	EDIATE R FURT	HER IN	FORM	IATION	OR AS	NO HAZA	AHD(S FANCE
GENERAL FIF 1. Is general 2. Are combus 3. Are electric 4. Are all electric boxes? 6. Are combus 7. Are shafts 8. Are fire lan 9. Is the yard MAINTENANC 1. Are exits cl 2. Are doors i	storage orde stible waste in call panels and call panels and call cover plat stible decorate for pipes and des unobstruction around your	rly? materials dis d/or meters and extensio es on all sw tions flame d cables sea sted? business fre	unobstructor cords in cords in cords in cords in vitches, plus retardant? sled?	ted? good repair? igs, and junction	7			1. Are fir immed 2. Are fir immed 3. Are fir Dat 4. Are fir 5. Is hoo equipr Date p 6. Is con grease 7. Is buil 8. Is spri (Attac 9. Are he	re extingue extingualiately ava extingue extingue e punche extingue de extingual de	ishers dishers dishers dishers fishing sed sem cooking sprinklitem insinspectets and	provided? conspicuous in the event agged annu- ully charged system proto ii-annually be equipment,	of fire? vally, and m d and opera ecting comin ova license hood and tested?	mercial cooki d fire equipm ducts free of	operly?	actor?			
3. Are stairwa	ay doors clos gns posted ov gns and direct ency lights fu elf closing de	ed? ver or on rec stional signs unctioning? evices functi	quired exit properly i	doors and exite	ways?			11. Is fire FIRE ALA 1. Is ma (Attac	RM SYS	TEMS alarm s	nually? Date	e tested		alarm cor	ntractor?		=	
b. Evacuac. Fire Syd. Fire Sa	n fire evacuates of training prees have knuisher type(s) ation Procedingstems (alarmafety Practice dous material e-etc.)	ion plan pro provided and owledge of:) and use ures n-sprinkler-h	d current? nose-detec	tion) -handling-	1	1		gallor 2. Do yo 3. Do yo	u store/h as? u have a u store/h	andle fl specia andle h		uishing syst	le liquids in e		-		1	=
REMARKS:	-	REPLA	HCE	X-	CORD TO	in	gm	OKING			らも も							
					NOV	17	2000											
Building C	Owner	AMIL	Y LT	D PART		MANAGE	IVER.	SITY ignature of	B L D	or/			ØR:	_	State OO FL ance Date	327	92	



CITY OF ORLANDO, FLORIDA **COMPANY SURVEY**



Census Tract

File Number CS-26 006501 Street Number Dir Street Name Bldg. Unit Business Phone 407-425-4346 1912 ORANGE S Business Name **Business Owner** GARY BRANDT LORENZO Mailing Address City and State Zip 328060000 Emergency Phone 407-849-5249 1912 S ORANGE AV ORLANDO FL Total Sq. Ft. 4025 Type of Business Occ Grp Occ Cd Complex # of Exits 3 A1 161 016 RESTUARANT Yr. Const Const Type Stories Height Detectors Alarm Sys Standpipes Sprnklr Sp System Exintg Special Instructions 00 00 00 08 01 01 01 00 05 12 08 08 08 75 1 Date Last Inspected 1/20/98 Time Activity Inspector Terr Dist Shift Priority Insp Prd Last Inspector 12 10718 11-17-98 05 PI B COMPANY SURVEY APPROVAL **Due Inspection Date** 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. **FIRE PROTECTION EQUIPMENT** YES NO N/A N/A **GENERAL FIRE PRECAUTIONS** 1. Are fire extinguishers provided? 1. Is general storage orderly? 2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire? 2. Are combustible waste materials disposed of properly? 3. Are electrical panels and/or meters unobstructed? 3. Are fire extinguishers tagged annually, and maintained properly? 4. Are all electrical cords and extension cords in good repair? Date punched __/_/_ 4. Are fire extinguishers fully charged and operational? 5. Are electrical cover plates on all switches, plugs, and junction boxes? 5. Is hood extinguishing system protecting commercial cooking 6. Are combustible decorations flame retardant? equipment tagged semi-annually by a licensed fire equipment contractor? 7. Are shafts for pipes and cables sealed? Date punched __/_/_ 8. Are fire lanes unobstructed? 6. Is commercial cooking equipment, hood and ducts free of accumulated 9. Is the yard around your business free of weeds or debris? grease? 7. Is building fully sprinklered? 8. Is sprinkler system inspected and tested? MAINTENANCE OF EXITWAYS (Attach copy of inspection record) 1. Are exits clear and unobstructed? 9. Are hose cabinets and racks unobstructed? 10. Are hoses tested and inspected? Date tested 2. Are doors in or leading to exits unlocked? 3. Are stairway doors closed? 11. Is fire pump tested annually? Date tested 4. Are exit signs posted over or on required exit doors and exitways? 5. Are exit signs and directional signs properly illuminated? FIRE ALARM SYSTEMS 6. Are emergency lights functioning? 7. Are door self closing devices functioning? 1. Is manual fire alarm system inspected by a licensed fire alarm contractor? 8. Is exit discharge clear? (Attach copy of last inspection) Date tagged ___/_ 2. Are smoke detectors operable? FIRE SAFETY EDUCATION 1. Is a written fire evacuation plan provided? SPECIAL PROBLEMS 2. Are records of training provided and current? 1. Do you store/handle flammable or combustible liquids in excess of 15 3. Do employees have knowledge of: gallons? a. Extinguisher type(s) and use 2. Do you have a special fire extinguishing system for hazardous operation? Evacuation Procedures b. 3. Do you store/handle hazardous chemicals? c. Fire Systems (alarm-sprinkler-hose-detection) Fire Safety Practices Hazardous materials (M.S.D.S. - labeling-handling-RECEIVED storage-etc.) REMARKS: 23 1998 cara FIRE SAFETY MANAGEMENT **Building Owner** City and State Owner Address ORLANDO FL 2413 HOPKINS MUSTY CONTELLA Received By Compliance Date Date Signature of Inspecto 907.87Ь

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2 OWNER: MR. CONTECLA OCCUPANT: LORGYZOS ADDRESS: 1912 S. ORANGE AJE OCCUPANCY: RESTAURANT EMERGENCY. TELEPHONE: MAR. BRANKE 295-ELECT. WIRING: (SOCO) STANDPIPE SYSTEM_NONE FIRE EXTINGUISHERS: (- 00) STORAGE: COOR HOUSEKEEPING: 6000 HEATING SYSTEM: CONTRAC ELECT. DUCTS: YES DATE: 8-2-79 COMPANY: 5"B OFFICER: 4. W.B. Thomas REMARKS:____ RT (SSLICE) TO: CAROLIN WHUKER 605 ... 10 ORLANDO FIRE DEPT. INSPECTION FORM NO. 2 OWNER: MR. PONTELLA OCCUPANT: LORENZOS EMERGENCY. TELEPHONE: 295-3477 MR. BRANST ELECT. APPLIANCES: 6000 ELECT. WIRING:___ ELECT. EXTENSION CORDS: MARMAL USE EXITS: A COMOT EXIT LIGHTS: MONTE PANIC HARDWARE: NONE SPRINKLER SYSTEM: NONE SEALED: STANDPIPE SYSTEM NONE FIRE EXTINGUISHERS: 6000 HOUSEKEEPING: (7000) DUCTS: 48 DATE: 4-26-18 COMPANY: SC OFFICER: LT. D.J. R. LENDOR REMARKS:____

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2 OCCUPANT: LOTENZO ADDRESS: 1912 S. Drange AVE OCCUPANCY: Redurant EMERGENCY. TELEPHONE: 425-4346 MR BYGAND ELECT. APPLIANCES: 1/ PARTS GOOD ELECT. WIRING:___ ELECT.EXTENSION CORDS: A SEAL SPRINKLER SYSTEM: NOW SEAL STANDPIPE SYSTEM NOW & FIRE EXTINGUISHERS: Good STORAGE: 600 HOUSEKEEPING: 600 d HEATING SYSTEM: 2/C DUCTS: VES DATE: 8-2-37 COMPANY: 5 O OFFICER: AT. R.E. Cross REMARKS: All N. F.C. Volume 5 teslace cover on landien Bo 605 ... 10 ORLANDO FIRE DEPT. INSPECTION FORM NO. 2 OWNER:___ 1912 SOUPAINE AVE OCCUPANCY: SEC REMARKS EMERGENCY. TELEPHONE:____ ELECT. WIRING: ELECT. APPLIANCES:____ ELECT.EXTENSION CORDS:____ EXITS:____EXIT LIGHTS:____ SPRINKLER SYSTEM:____ PANIC HARDWARE:____ STANDPIPE SYSTEM FIRE EXTINGUISHERS: STORAGE: HOUSEKEEPING: HEATING SYSTEM:__ DUCTS: DATE: 9-29-76 COMPANY: # 5 A OFFICER: 67 P. G REMARKS:

605 ... 10

gui

25 W APR 27, 78

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: Licensee: NORMAN E FOREMAN - TRESIDENT 1. Business Name: ___THE FOREMAN CORPORATION 2. Business Location: 1912 S PRANCE AVE, ORLANDO FLA 32805 3. 4. Telephone: Licensee's Home Address: 732 E MICHIGAN MT9, ORLANDO FLA 5. Telephone: 6. Check one: Occupational use/professional use Change in type of occupational use New occupational use/professional use Bond _____ 7. 8. Competency Card _____ State Certificate 9. Name of Card/Certificate Holder: 10. Address:

SW.

CITY OF ORLANDO, FLORIDA NOTIFICATION

OF ISSUANCE OF OCCUPATIONAL LICENSE



OCT 29 1976

ODLANDO FIDE DEDT

This	will advise that an Occup fired to promptly inspect the	national License has been issued to the following licensee, and the depart ne premises to insure Code compliance:	ment designated is
1.	Licensee:	Kurt L. Gudat & W Garey Brandt	
2.	Business Name:	Lorenzo's Italian Postourant	
3.		1912 South Orange Avenue	
4.	Business Mailing Address:	1912 South Orange Avenue, Orlando, Fla.	
	Telephone: WA		
5.	Licensee's Home Address:	1615 Americana Blvd, Apt. 18B, Orlando	
		Telephone:	857-1191
6.	Check one:	Occupational use/professional use	
7.	Bond		
8.	Competency Card		
9.	State Certificate		
0.	Name of Card/Certificate	Holder:	
	Address:		
1.	Type of Business:	75 Contract 75 Contract	

LUCATION: 17/2 S. OLAN.	UMBER: 76-192 (mereuntile
OCCUPANT: LORENZ'S I/T BLDG OWNER (AGENT): Rosty CANT	Hello PHONE: 898-4450
DESIGNERS:	DUONE .
CONTRACTOR: Rusty CANtell	10 PHONE: 898-4450
TYPE CONSTRUCTION:	TYPE PLANS:
New Structure Addition Exterior Alterations Interior Alterations Standpipe System Automatic Sprinkler	Preliminary Revision Date: Final for Construction
OTHER:	
APPROVED NOT APPROV	ED BY: J. R. Flems
PERMIT # 0056 FINAL INSPECTION INSPECTION IN THE PERMIT # 0056 FINAL INSPECTION IN THE PERMIT FINAL INSPECTION IN THE PE	TION 10-10-76BY: H.D. Rucker.
Pleas	e assignthis. Orlando, Florida

City of Orlando, Florida

To Charles Time 9 30

WHILE YOU WERE OUT

Mr. Judat

Phone 425-4346

TELEPHONED PLEASE CALLAIM) HER C

J. K. Whitaker, Division Commander 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

8-3-76 File. 1912 S. ORONGE AYE. Lokenz's Iltalian RESTUARANT Rusty CANTello - 898 - 4450 1. Limit Interior Finishes to class A B or C Flame Sprend Roting. 2 Provide one hour separation between storage from AND septing AREA, DOOR to be self-closing. (HEPA 101 8-1731 a) 3. Exit door Locks shall not require the use of Key for operation from inside of the Building (NFPA 101 5-2/31) 4. Exit Light WEST (REAR) Exit door.
(NERA 101 8-1281) 5. HYAC System must camply with NFRA 90A (NFRA 101 7-1111)

Septory Approx 60

J.R. FLEMING

SER mit # 0056

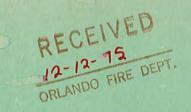
ORLANDO FIRE DEPT. INSPECTION FORM NO. 2 __ OCCUPANT: VUN-YUM HUT OWNER: R.M. CONTELLO ADDRESS: 1912 S. ORANGE AVE. OCCUPANCY: RESTURBNIT EMERGENCY. TELEPHONE: 876-2477 MIKE MC DONALD ELECT. WIRING: APPEARS GOOD ELECT. APPLIANCES: 6000 ELECT. EXTENSION CORDS: GOOD EXITS: ADS QUATE EXIT LIGHTS: NONE PANIC HARDWARE: NONE SPRINKLER SYSTEM: NONE SEALED:___ STANDPIPE SYSTEM NONE FIRE EXTINGUISHERS: YES - SEE STORAGE: 6000 _HOUSEKEEPING:_6000 HEATING SYSTEM: CENTRAL - ELECTIC DUCTS: YES DATE: 7-14-75 COMPANY: STA. 5 -B" OFFICER: Q.Q. WOO REMARKS:____ FIRE EXTINGUISHERS & HOOD SUSTEW PROPERLY SERVIED, 1-23-76 NOT CONGER YUM-YUM HUT NOT OPEN 9-15-75 MEPORT ISSUED TO! MIRE MEDONALD

To Jim	1	ando, Florida 5 Time //:25						
Date 2	1	Time //						
WHILE	YOU	WERE OUT						
Mr. Ban	ń	ster						
of Op.	6							
Phone 8/3		442-7697						
TELEPHONED	V	PLEASE CALL HIM/HER						
CALLED TO SEE YOU		WILL CALL AGAIN						
WANTS TO SEE YOU		RUSH						
Message A								

To C. S. C	lando, Florida 1						
Date 3/11/74 Time 45:45 WHILE YOU WERE OUT Mr. Ken Regal							
Phone 293-	6337						
TELEPHONED	PLEASE CALL CHIMATER						
CALLED TO SEE YOU	WILL CALL AGAIN						
WANTS TO SEE YOU	RUSH						
Message Edgewater High School Miss KALN CLASS							
	Belly						

cember 8, 1975

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:

Licensee:	Angelo Salemi
Business Name:	Papa Angelo's
Business Location:	1912 South Orange Avenue Orlando Fla 32806
Business Mailing Address:	Same
Telephone: 949-9224	
Licensee's Home Address:	5253 Lake Jessamin Drive, Orlando, Fla.
	Telephone:
	Occupational use/professional use Change in type of occupational use New occupational use/professional use
Bond	
Competency Card	
State Certificate	
Name of Card/Certificate	Holder:
Address:	

July 18, 1974

Mr. A. Banester
Banester Fire & Nafety
Equipment Company
129 East Micsouri Avenue
New Port Richey, Florida 23552

Subject: Automatic Fire Extinguishing System - Yum Unt, 1912 South Orange Avenue, Orlande, 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 Manu-facturer'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 1 inspected another of your Casco "Flood System" installations at kosie 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

W10/rs

They los

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.

Ken Regal, Vice President Engineering

KR/jv

attachment: Copy of specifications for the system

Copy of the telegram from A. Banester Company



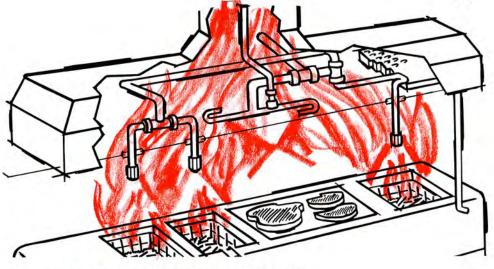
Telegram

ORA101(1257)(2=016604E038)PD 02607/75 1257 1975FEB -7 PN 1:18 ICS I PMBNG Z CSP 8138429075 TDBN NEW PORT RICHEY FL 02-07 1257P EST PMS 2-008605E038 PD DUPLICATE OF TELEPHONED TELEGRAM TOBN 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 QEARWATER HOOD SYSTEM JUNIOR HIGH SCHOOL ORLANDO INSTALLED IN COMPLIANCE M-F-P-A 96-17 ART BANESTER MNN



CONTINUOUS FIRE PROTECTION with INSTANT OPERATION

for Hotel and Restaurant Kitchens Protect Your Business and Your Equipment



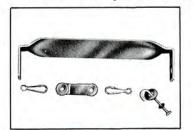
CASCO KEM-S DRY CHEMICAL FIRE EXTINGUISHING SYSTEM

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.

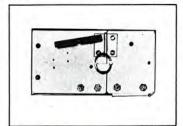
Fusible link assemblies, located in key high hazard areas will detect a fire and discharge fire-killing dry chemical into the hidden areas of the chimney, hood, filters and plenum. Within seconds the entire contents of the cylinder will be emptied making a chemical reaction with heated grease that prevents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



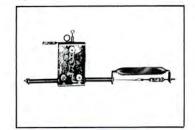
Fusible Link Assembly

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.



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



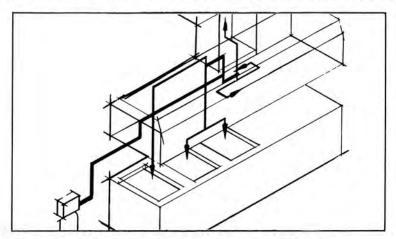
Gas and/or Electric Shut Off attachment

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

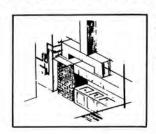
PRE-ENGINEERED - QUALITY FEATURES

- · 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 Casco systems protect cooking applisimply adding on additional components
- Casco systems protect ducts with 18" for single story restaurants
- · Gas and/or Electric full cut-off can be installed into system
- ances directly under the duct
- rise and right angle turns . . . important . Manual and remote pull stations easily installed

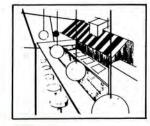
CASCO GIVES YOU OVER 500 COMBINATIONS OF INSTALLATIONS WITH A SINGLE BASIC SYSTEM



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

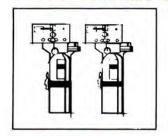


Protect for dual hood, dual ducts, remote control pull station, gas and/or electric shutoffs.

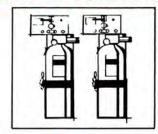


Protect modern
1 story restaurants,
where 18" ducts rise
and right angle turns
present engineering
problems

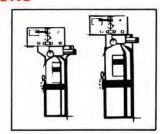
CASCO SYSTEMS USED IN COMBINATIONS



2 10 lb. System

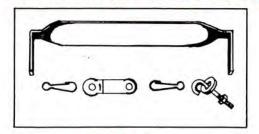


2 30 lb. Systems



1 10 lb. System 1 30 lb. System

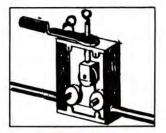
CASCO SUPPLEMENTARY ACCESSORIES



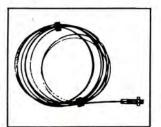
Fusible Link Assemblies



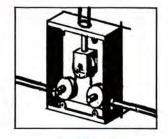
Pulleys



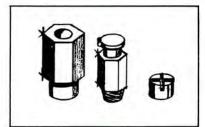
Remote Manual Pull Station



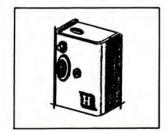
Stainless Steel Wire Rope



Junction Box



Nozzles



Gas and/or Electric Shut-Off Attachment

SPECIFICATIONS:

Model ESR-30 30 lb., Height 28 1/8" 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 25 1/8" Diameter 5" Charged 190 P.S.I. exceeds U.L. burst test of 1200 P.S.I. Charged weight 27 lbs.

June 4, 1974

CITY OF ORLANDO, FLORIDA

RECEIVED 6-7-74 ORLANDO FIRE DEPT.

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: Hutco Inc. Licensee: ____ 1. Yum Yum Hut 2. Business Name: _ Business Location: 1912 South Oran e Avenue, Orlando, Fla. 3. Business Mailing Address: Same as 4. Telephone: ____N/A 2462 Sunderland Road, Maitland, Fla. 5. Licensee's Home Address: _ Telephone:_ Occupational use/professional use Check one: 6. Change in type of occupational use New occupational use/professional use 7. Competency Card ___ 8. State Certificate _ 9. Name of Card/Certificate Holder: __ 10. Address: _ Restaurant - Take - Out Bervice 16 Seats Type of Business: __ 11. 11-18-74 OK WIC 306.5.2 FIRE DEPARTMENT 6-10-14 A.2 pot ready

> 5-8-14 BLDG, FINAL 1912 S. DRANGE AUE. A.T. CONTELLA CO. PERMIT # 8047 APPROVED - The

C.S. Parker, Chica Orlando Fire Dent.

Fay 5, 1975

Building Official

FINAL BUILDING APPROVALS

2500 West Colonial, addition to Montgomery Ward

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 OFLANDO FIRE DEPARTMENT

CSP/rs

ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

OCCUPANT:		TYPE OCCUPANCY:	2 X 1 3 2
ADDRESS			
OWNER-AGENT	LO	ADDRESS	
BUILDING CONSTRUCTION	THE LE - FRANKE		
NO. TENANTS	NO. FLOORS	NO. PEOPLE	
ROOF CONSTRUCTION	TED STEEL FLO	OOR CONSTRUCTION	
WALL CONSTRUCTION			
BASEMENT	ATTICATTIC	FIRE	STOPS (NO.)
FIRE WALLS (NO.)	FIRE DOORS (NO.)	FIRE ESCAPES	(NO.)
STAIRWAYS (NO.)IN	TERIOR		
EXTERIOR	CONDITION		
ELEVATOR (NO.)			
DUMB WAITER (NO.)	LOCATION		
DUMB WAITER (NO.)	LOCATION		, ·
PIPE SHAFT (NO.)	LOCATION		
ELECTRICAL SHAFT (NO.)	LOCATION		
EXITS (NO.)			
CLEAR AISLES VES			
PANIC BOLTS OR BARS	CONDITION		
CONDITION OF WIRING	ARS ECOD	EXTENSION CORDS AUT MAN	1 U3/2
PANIC BOLTS OR BARSCONDITION OF WIRINGTYPE FUSES	SIZE_30-/50	OPEN JUNCTION BOXES	NE
LOCATION MAIN SWITCH	DE REAR-CENTER	OCATION GAS SHUT-OFF	WAS TERMAN STAN
TYPE GAS L.P.	NATURAL YES	COMPANY	10,
TYPE HEAT OF NICHOIL			
NATURAL GASAIR CONDITIONING	DUCT WORK VES	TYPE OF NEADLE CONDI	TION + 7700
WATER CUT-OFF	JUE SIDE WHILE	_ TIPECONDI	TION
FIRE PROTECTION	SPRINKLER SYSTEM: WET-DRY	CONDITIO	ON
LOCATION MAIN VALVE			
LOCATION FIRE DEPT. CONNECTIO	N	SINGLE	DOUBLE
STANDPIPE SYSTEM	NO OUTLETS LOC	ATION F.D. CONNECTION	DOOBLE
CONDITION OF HOSE			
FIRE EXTINGUISHERS S &	A FOAM	PRESSURIZED WATER	
DRY CHEMICAL 7 - 10 165	CO 2 VAT SYSTEMETE	PROPERLY SERVI	CED VAS
COMPANY BANDISTER F	IRE 4 SAFFTY FOUR	176 F. MISSOURI AU	MEWHER RECEIVED
COMPANY DAWNS FR	INGE & ESTHER	SIZE MAIN - ACCESS	IRLE VES
ALARM SYSTEMLOCAL_	AUTOMATIC	NIGHT WATCHMAN	
EXPOSURE: NORTH / 370KY /	11450NCY	SOUTH PHICKING LET	
EAST PRANCE A	VE TO THE TOTAL PROPERTY OF THE PARTY OF THE	WEST 15 TORN MINSON	IPP & GEANNE
EAST	15T & SOUTH SIDE	OF BUSINES (PO	WAS THE YEST WAS
WALL LADDER SPOTTING:NORTH	VES SOUTH	VES FACT VES	W-C- 05-3
FIRE HAZARDS: OILS			WEST
EXPLOSIVES	GA		
STORAGE CLEARANCE	ACIDS	CHEMICALS	
MATERIALS	DINING DIE IN	AISLES	
MATERIALS	A Company of the Comp	- V. Cl C. F. Co.	
CONTRACTOR AND ASSESSED.	1 1 1		
DATE INSPECTED V-76-7	1 5 ()		
DATE INSPECTED	DATE RE-IN	SPECTED	
DEM A DIKG			
REMARKS:			
F A	/ 1	1	
TORMER OCCUP	ANT SUN	tuninum (a	
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Charles to the same	C Marc 197 A.	37707 ()	
	- 1 2 (1-76 5		
			1 11 11
	INSPECT	OR	

ORLANDO FIRE DEPARTMENT

FIRE INSPECTION REPORT

OCCUPANT:	TYPE OC	CCUPANCY:	BUCIES SALES IN AVAIL
ADDRESS	EMERGE	ENCY PHONE	DISTRICT
OWNER-AGENT	ADDRES	STYLY CO. WATHINGT	and
BUILDING CONSTRUCTION			
NO. TENANTS NO. FLOORS	CITE NO	PEOPLE	
ROOF CONSTRUCTION	THE THE FLOOR CO.	NET PHETION	ST HAT
WALL CONSTRUCTION BACKER CONTRACTOR	14 SIDE & DECE	NSTRUCTION	50.000000
BASEMENT NOWE	TTIC MOUNT		Caralla Violenza de la composición della composi
FIRE WALLS (NO.) ACAD FIRE DO	and the state of the	FIRE	STOPS (NO.)
STAIRWAYS (NO.)	JORS (NO.)	FIRE ESCAPES (NO.)
STAIRWAYS (NO.)			
EXTERIOR CONDITION)N		
ELEVATOR (NO.) LOCATION	- in the second		
DUMB WAITER (NO.) LOCATION			
LAUNDRY CHUTE (NO.) LOCATIO	N		
LOCATION _			
ELECTRICAL SHAFT (NO.) LOCAT	10N		
EXITS (NO.) FOUR	EXIT LIGH	ITS ALCINE	
CLEAR AISLES	CLEAR	HALLWAVS	
PANIC BOLTS OR BARS	CONDITION		
CONDITION OF WIRING	FYTENC	ION CORDS	
TYPE FUSES SIZE 20	MANY OPEN	UNICTION BOXES	
LOCATION MAIN SWITCH	VIL DO LOCATION	N. CAS CHURT ST	
TYPE GAS AMALE L. R. NATURA	LOCATIO	N GAS SHUT-OFF	
TYPE GAS ALONG L.P. NATURA	COMP	ANY	
TYPE HEAT ACCOUNTS OIL	ELECTRIC ELECTRIC	STEAM.	
NATURAL GAS	L.P. G	AS	
AIR CONDITIONING DUCT	WORK _ TYPE	DANDOUT ZIALIT CONDIT	ION AND AND AND AND AND AND AND AND AND AN
WATER COT-OFF			
FIRE PROTECTION SPRINKLER SY	STEM: WET-DRY	CONDITIO	N
LOCATION MAIN VALVE		SF	ALED
LOCATION FIRE DEPT. CONNECTION		SINGLE	DOUBLE
NO. OUTLETS	LOCATION F	D. CONNECTION	
CONDITION OF HOSE		DATE OF HOSE	a fine a war and a second and a
DRY CHEMICAL CO 2	CTC	PROPERI V SERVIC	ED 1915 Fares 11 1 70
NEAREST FIRE HYDRANT	SIZ SIZ	E MAIN // ACCESSIO	1 - 5% -
ALARM SYSTEM LOCAL	UTOMATIC	NICHT WATCHARD	all a when
EXPOSURE: NORTH	SOUTH	NIGHT WATCHMAN	20702
FAST CHANGE White	50011	Vangule	
EAST	WEST	V 87 (29 N 1) 601	
AERIAL LADDER SPOTTING	the state of the s		
WALL LADDER SPOTTING: NORTH	SOUTH	EAST	WEST
FIRE HAZARDS: OILS		- vone	
EXPLOSIVES ACIDS _	NONE	CHEMICALS	15
STORAGE CLEARANCE		AISI FE CANA	
MATERIALS AFFICE FEITE NOT (1726	E 6 18118 1115	JT, HAND 7000	S AND
METHE TREDUCTS.			
DATE INSPECTED	DATE RE-INSPECTE		N. A.DEL MARKET MARKET
REMARKS: MACO	117		The same of the sa
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CONTROL OF STREET	Programme and the second		
The state of the s			S. S
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REWALT WOMED TO FREE LEST THE	,	161	
	INSPECTOR	() And the second	221 11
OBM 605 1			to the same of the

ORLANDO FIRE DEPT. INSPECTION FORM NO. 2 OWNER: So Contella Trust OCCUPANT: SUN ALUMINUM CO. ADDRESS: 1912 S. Crange AVE, OCCUPANCY: ALUMINUM PRODUCTS STACS +1 EMERGENCY. TELEPHONE: 855-5967 __SEALED:__ STANDPIPE SYSTEM NONE FIRE EXTINGUISHERS: STORAGE: Face HEATING SYSTEM: Roverse cycle Wallunit DUCTS: NOM DATE: MAY 2, 72 COMPANY: B5 OFFICER: Landern REMARKS:____ ORLANDO FIRE DEPT. INSPECTION FORM NO. 2 ADDRESS: 1912 S ORGAGE OCCUPANT: VACANT EMERGENCY. TELEPHONE:____ ELECT. WIRING:____ ELECT. APPLIANCES: ELECT.EXTENSION CORDS: ____EXITS: ____EXIT LIGHTS: _____SPRINKLER SYSTEM: _____SE STANDPIPE SYSTEM______FIRE EXTINGUISHERS:____ STORAGE:____ HOUSEKEEPING:____ HEATING SYSTEM:____ DUCTS: DATE: 8-21-73 COMPANY: "A"-5 OFFICER: U.W. Tulling REMARKS:____ Building under Ro NOVATION.

Chief Col has 2/12/15

BUILDING CONSTRUCTION	Masonry
	NO. FLOORS 1 NO.PEOPLE 6
ROOF CONSTRUCTION Tolled ro	
FLOOR CONSTRUCTION Concret	te slab
BASEMENTNone	FIRE WALLS NO
ATTIC None	FIRE STOPS None FIRE DOORS No
EXTERIOR	CONDITION
	DUMBWAITER None
	PIPE SHAFTS No
	EXIT LIGHTS No
PANIC BOLTS No	CONDITION
	OCATION MAIN SWITCH Inside office building
TYPE FUSES Breakers	SIZE20
OPEN JUNCTION BOXES None	EXTENSION CORDS Yes
LOCATION GAS SHUT-OFF No gas	TYPE GASCO
	ELECTRIC R/C
STEAM	L.PNATURAL GAS
AIR CONDITIONING Yes DUCTWORK	None TYPE Window unit CONDITION Good
	one condition
Water cut-off: Front park	
LOCATION MAIN VALVE	
LOCATION F.D.CONNECTION	
	SLOCATION F.D.CONNECTION
STANDPIPE SYSTEM No NO. OUTLET	
STANDPIPE SYSTEM NO NO.OUTLET	SLOCATION F.D.CONNECTIONSTRUCTURE
STANDPIPE SYSTEM NO NO.OUTLET	SLOCATION F.D.CONNECTION STRUCTURECONDITION OF HOSE
STANDPIPE SYSTEM NO NO.OUTLET ROOF TANK PORTABLE FIRE EXTINGUISHERS: S.& A.	SLOCATION F.D.CONNECTION STRUCTURECONDITION OF HOSE 1 FOAMPRESSURIZED WATERCO.2
PORTABLE FIRE EXTINGUISHERS: S.& A DRY CHEMICAL	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.& A DRY CHEMICAL 1 CTC NEAREST FIRE HYDRANT Esther at	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.B.A. PORY CHEMICAL NEAREST FIRE HYDRANT ESTAPPORT ALARM SYSTEM: A.D.T. NO NO.OUTLET NO.OUTLET	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.& A DRY CHEMICAL 1 CTC NEAREST FIRE HYDRANT Esther at ALARM SYSTEM: A.D.T. None LOCAL EXPOSURE NORTH Service S	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.B.A. PORY CHEMICAL NEAREST FIRE HYDRANT EXPOSURE NORTH EXPOSURE NORTH Service S HAZARDS: EAST Orange Ave.	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.B.A. PORTABLE FIRE EXTINGUISHERS: S.B.A. PORY CHEMICAL 1 CTC NEAREST FIRE HYDRANT ESTHER AND ALARM SYSTEM: A.D.T. None LOCAL EXPOSURE NORTH Service S HAZARDS: EAST Orange Ave. ALERIAL LADDER SPOTTING Orange	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.B.A. PORY CHEMICAL NEAREST FIRE HYDRANT ESTHER ALARM SYSTEM: A.D.T. EXPOSURE NORTH EXPOSURE NORTH Service S HAZARDS: EAST Orange Ave. WALL LADDER NORTH Yes	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.B.A. PORTABLE FIRE EXTINGUISHERS: S.B.A. PORY CHEMICAL 1 CTC NEAREST FIRE HYDRANT Esther at ALARM SYSTEM: A.D.T. None LOCAL EXPOSURE NORTH Service S.B.A. HAZARDS: EAST Orange Ave. AERIAL LADDER SPOTTING Orange WALL LADDER NORTH Yes SPOTTING: EAST Yes	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.& A PORTABLE FIRE EXTINGUISHERS: S.& A PORY CHEMICAL 1 CTC NEAREST FIRE HYDRANT Esther at ALARM SYSTEM: A.D.T. None LOCAL EXPOSURE NORTH Service S. HAZARDS: EAST Orange Ave. AERIAL LADDER SPOTTING Orange WALL LADDER NORTH Yes SPOTTING: EAST Yes FIRE HAZARDS: OILS None	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S. A PORTABLE FIRE HYDRANT ESTHER AVE. ALARM SYSTEM: A EXPOSURE NORTH Service S. ALARM SYSTEM: A PORTABLE FIRE EXTINGUISHERS: S. A PORTABLE F	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S.& A PORTABLE FIRE HYDRANT ESTHER LOCAL EXPOSURE NORTH SERVICE S PORTABLE FIRE HAZARDS: OILS NONE EXPLOSIVES NONE EXPLOSIVES NONE EXTORAGE: CLEARANCE GOOD AIS	SLOCATION F.D.CONNECTION
PORTABLE FIRE EXTINGUISHERS: S. A PORTABLE FIRE HYDRANT ESTHER AVE. ALARM SYSTEM: A EXPOSURE NORTH Service S. ALARM SYSTEM: A PORTABLE FIRE EXTINGUISHERS: S. A PORTABLE F	SLOCATION F.D.CONNECTION

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

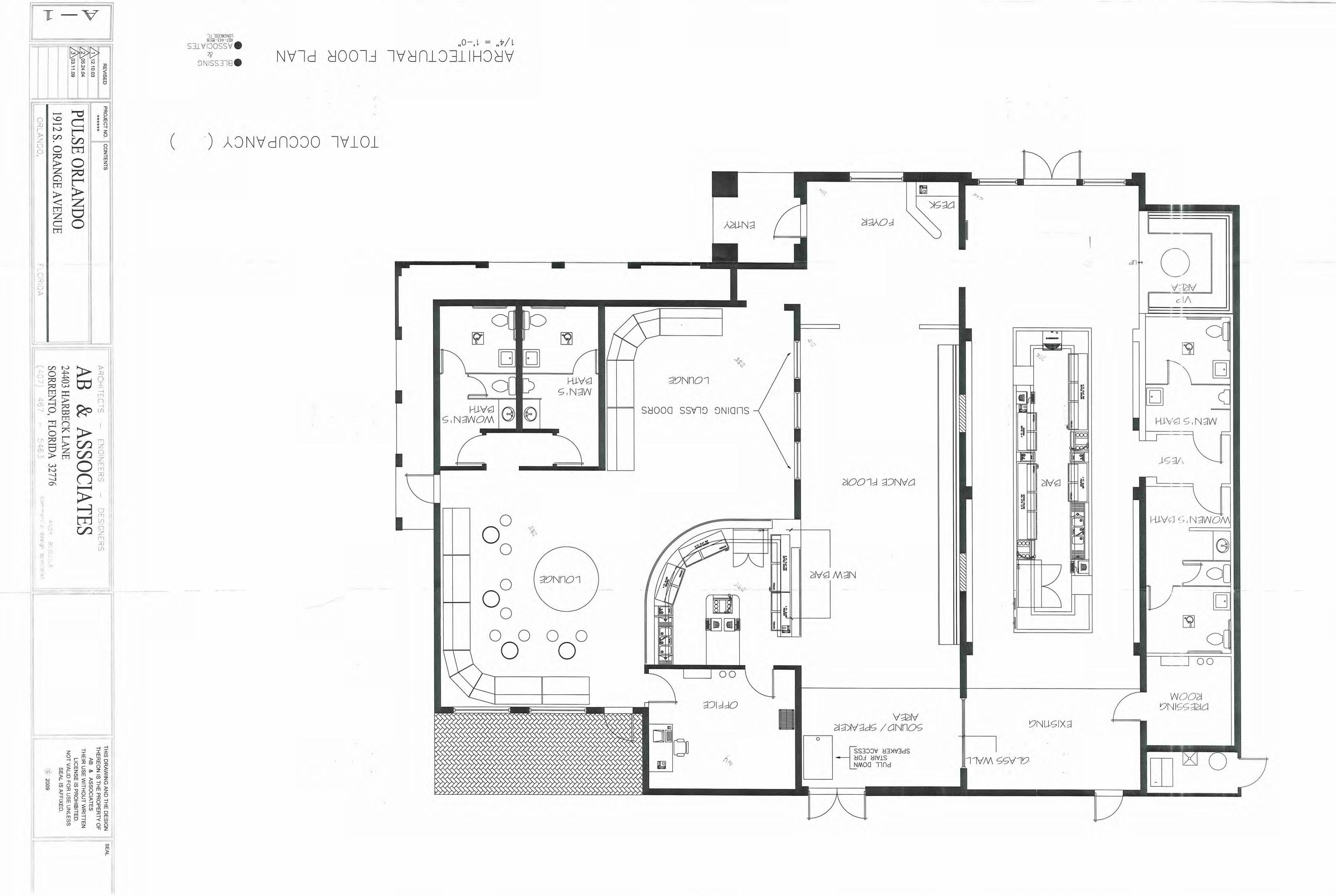
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DATE	co.	INSPECTING OFFICER	REPORT ISSUED TO	DATE	ION	2	REQU 3		TED 5		17	the second property and the	-INSF		- Name and Address of the Owner, where the Owner, which the Owner, where the Owner, which t	
5/12/	71 5	Lt. Turrisi	Mr. Freytag	DATE:							-					
		Capt. Hobby	Mr. Fretag		x											
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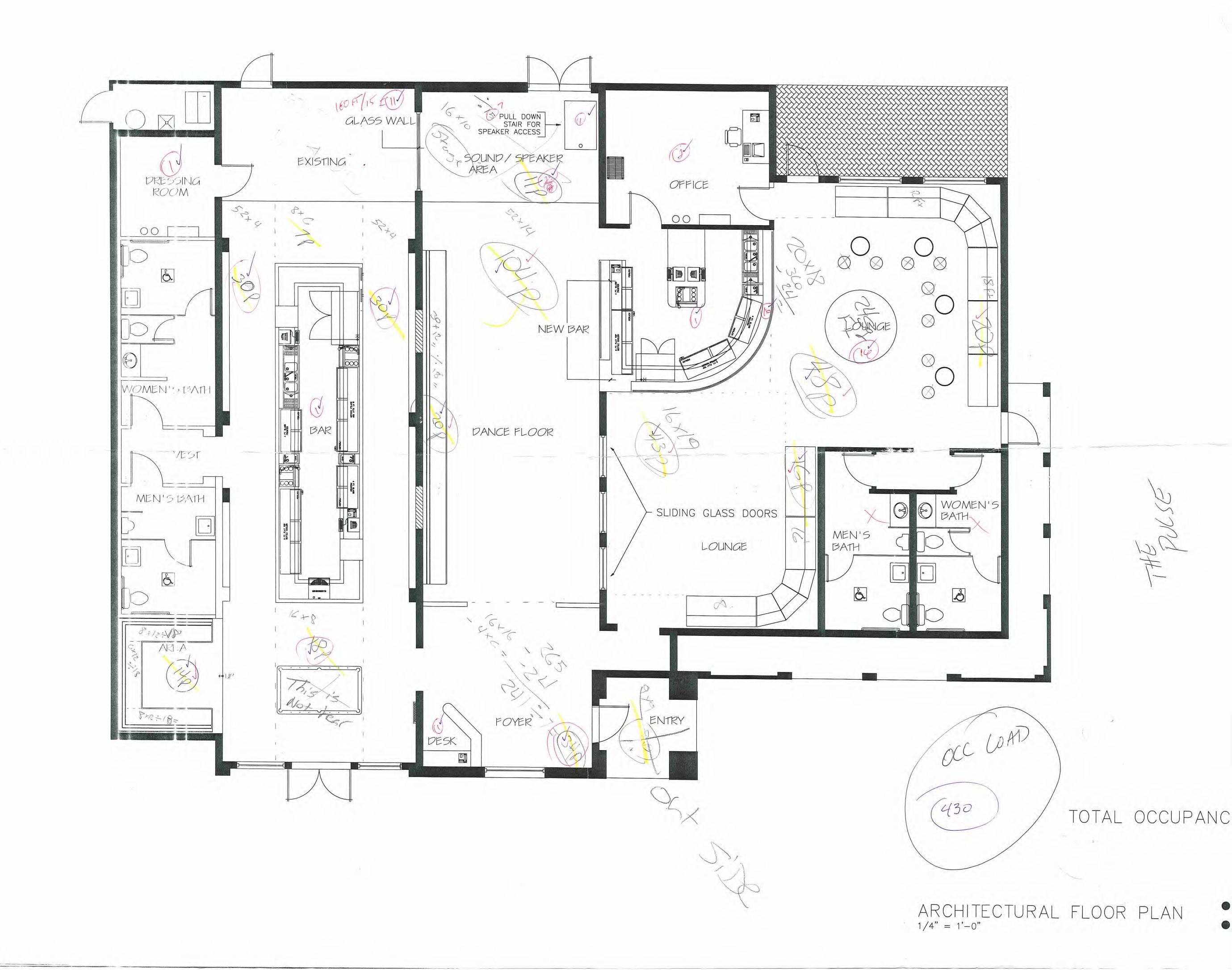
1912 S. ORANGE AVENUE

AB & ASSO

24403 HARBECK LANE

SORRENTO, FLORIDA 32









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

	RLANDO, FL RLANDO, FL	32806	Day Time Phone (407)649-3888 (407)649-3888	After Hours Phone (407)718-5582 (321)624-0434
Activities: INSP-Company Exit Check - B Shift	Assigned Station, S	to: tation 05, B	Assignment Da	ate: Schedule Date: 05/01/2016
Occ Load: BAR 430 TEMP CLUB 300				
Mark box below if there is a deficiency.				
1. Parking in a Fire Lane] 10. Obs	structed Exit o	r Exitway
2. Occupant Load Not Posted		7 11. Exc	essive Combus	stibles
3. Occupants in Excess of Posted Limit			nbustibles in E	Exitway
4. Emergency/Exit Lights Inoperable		_	er (Listed Bel	-
5. Exit Doors Locked		- 7 Core D	lithauisher n	, ,
6. Aisles Obstructed	<u> </u>		Marine Park	01 1011 3111
7. Exit Door or Hardware Inoperable		 ገ	· · · · · · · · · · · · · · · · · · ·	
_		┙ <u></u> -		
8. Improper Locks on Required Exit Do	oors	 -		
9. Self Closing Doors Blocked Open	<u> </u>	J		
This review was cursory in nature and may not have revealed all po premises. The deficiencies noted above must be corrected immediat conducted by the Fire Safety Management Division. For further informarks:	ely. Other fire	code violation	s may be noted by a	
(Note to Customer: Signature below is to acknowledge receipt of this report of the state of the	Signatur	des	5	Date - /21 / / (6
Company Officer Name (Print) Emp.#	Signatur	·e		Date and Time





Occupancy ID: 06501 **Business Name: PULSE** Location: 1912 S ORANGE AVE Business Phone: (407)649-3888 City/State: ORLANDO, FL Station No: Station 05 Occupancy: Assembly **Contact Name Day Time Phone After Hours Phone** Prty Mailing Address BRIAN REGAN 1912 S ORANGE AVE (407)649-3888 (407)718-5582 Other ORLANDO, FL 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: 430 ₹ BAR TEMP CLUB Mark box below if there is a deficiency. 1. Parking in a Fire Lane 10. Obstructed Exit or Exitway 2. Occupant Load Not Posted 11. Excessive Combustibles 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) 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 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	rece	ipt of this report)	
bear & Ahrami	x		
Customer Name (Print)		Signature	Date
MANUEL CINTRON	x	Slaw a lata	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)





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

	RLANDO, FL RLANDO, FL	32806	Day Time Phone (407)649-3888 (407)649-3888	After Hours Phone (407)718-5582 (321)624-0434
Activities: INSP-Company Exit Check - B Shift	Assigned Station, S	to: tation 05, B	Assignment Da	ate: Schedule Date: 05/01/2016
Occ Load: BAR 430 TEMP CLUB 300				
Mark box below if there is a deficiency.				
1. Parking in a Fire Lane] 10. Obs	structed Exit o	r Exitway
2. Occupant Load Not Posted		7 11. Exc	essive Combus	stibles
3. Occupants in Excess of Posted Limit			nbustibles in E	Exitway
4. Emergency/Exit Lights Inoperable		_	er (Listed Bel	-
5. Exit Doors Locked		- 7 Core D	lithauisher n	, ,
6. Aisles Obstructed	<u> </u>		Marine Park	01 1011 3111
7. Exit Door or Hardware Inoperable		 ገ	· · · · · · · · · · · · · · · · · · ·	
_		┙ <u></u> -		
8. Improper Locks on Required Exit Do	oors	 -		
9. Self Closing Doors Blocked Open	<u> </u>	J		
This review was cursory in nature and may not have revealed all po premises. The deficiencies noted above must be corrected immediat conducted by the Fire Safety Management Division. For further informarks:	ely. Other fire	code violation	s may be noted by a	
(Note to Customer: Signature below is to acknowledge receipt of this report of the state of the	Signatur	des	5	Date - /21 / / (6
Company Officer Name (Print) Emp.#	Signatur	·e		Date and Time

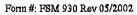




Occupancy ID: 06501 **Business Name: PULSE** Location: 1912 S ORANGE AVE Business Phone: (407)649-3888 City/State: ORLANDO, FL Station No: Station 05 Occupancy: Assembly **Contact Name Day Time Phone After Hours Phone** Prty Mailing Address BRIAN REGAN 1912 S ORANGE AVE (407)649-3888 (407)718-5582 Other ORLANDO, FL 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: 430 ₹ BAR TEMP CLUB Mark box below if there is a deficiency. 1. Parking in a Fire Lane 10. Obstructed Exit or Exitway 2. Occupant Load Not Posted 11. Excessive Combustibles 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) 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 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	rece	ipt of this report)	
bear & Ahrami	x		
Customer Name (Print)		Signature	Date
MANUEL CINTRON	x	Slaw all alta	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)







Occupancy ID: 06501

Location: 1912 S OR ANGE AVE

Company Officer Name (Print)

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
ADD DOLLA	0.11	4		CODY ABITS C DY	20005	(A07)CAD 2000	(301)604-0434

BARB POMA Other Assignment Date: Schedule Date: Activities: Assigned to: 12/05/2015 01/01/2016 Station, Station 05, A INSP-Company Exit Check - A Shift Occ Load: BAR TEMP CLUB 300 Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 13. Other (Listed Below) 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 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:	<u> </u>
keep an accurate cont on occupincy	
(Note to Customer: Signature below is to acknowledge receipt of this report)	
CINDY BANGAGOOL * MOMMAN	
Customer Name (Print) Signature	Date
Davis Odell 7508	1-30-16

Signature

Date and Time



ORLANDO FIRE DEPARTMENT



Business Name: PULSE Occupancy ID: 06501 Location: 1912 S ORANGE AVE Business Phone: (407)649-3888 Occupancy: Assembly Station No: Station 05 City/State: ORLANDO, FL **After Hours Phone** Day Time Phone Prtv Mailing Address **Contact Name** (773)551-4563 (407)649-3888 TIM GIDEON 1912 S ORANGE AVE ORLANDO, FL Other (407)649-3888 (321)624-0434 ORLANDO, FL 32806 BARB POMA Other Assignment Date: Schedule Date: Assigned to: Activities: 10/05/2015 11/01/2015 Station, Station 05, B INSP-Company Survey Initial - B Shift Access: Exit: Flammable Liquids: Pre Fire Plan: Address visible Door(s) inoperable Improper use/storage/dispensing Conducted/Reviewed/Needed Fire protection equipment Emergency/Exit sign(s) inoperable Improper container/provide cabinet FDC connection Emergency Lights MSDS sheets needed Shift Date Gate optical detector Exits not adequately enclosed Heating: Hydrant access Provide Records for all installed: Exits not properly arranged HVAC inadequate Fire protection equipment Key box (verified) Improper door swing Provide/maintain proper clearance Maintain fire lanes Keep fire doors closed Service/Maintain/Test/Tag: around vents/exhaust/water heater Maintain self-closers AED: **Detectors** Miscellaneous: Overcrowding AED Maintenance date_ Fire Alarm Clean dryer vents Provide approved door assembly AED Register _____ yes ____no Fire Extinguisher___ Housekeeping issues AED Trained yes ____no Provide/maintain rated corridor Fire Pump__ Illegal burning Provide exit sign(s) Battery expiration date___ Generator Interior finish inadequate Remove obstruction aisles/exit way Brand Name____ Hydrant(s)/painted_ Remove storage under stairs Provide fuel shut off Emp. CPR Trained___ yes ____no Remove BBQ grill Hood System_ Remove unapproved Location Sprinklers Remove rubbish/ waste/trash or locks/hardware Model#. Standpipe/Hoses_ weeds from building Vertical openings not protected Onsite Other: Pads expiration date___ Fire Extinguishers: Signage Required: \Box CEB action required Public Access ____ yes ____no FDC Connection Conspicuously located \Box Referral to Permitting Services City Code: Not accessible Fire Lane Unable to contact Change of Occupancy/use Lightweight Truss Fire Hazard/Remedy Fire Protection: "No Smoking" Permit Issued: Missing detector(s) Standby Personnel Occupant Load 18A/Tent No sprinkler protection under stairs Stop Work Fireworks/Pyro/Sp. Effects Provide 704 Placard No supervision Flam./Comb. Liquids Electrical: Stair numbering Provide 18" clearance Hazardous Material Circuit identification Storage: Provide spare heads/wrench Temp. Assembly Covers/blanks/junction box missing Disorderly Sprinkler head(s) painted/corroded/ Open Burning Defective equipment/wiring Too high damaged/ escutcheon plates Door labeled Permit Required: missing Improper breakers/fuses/locks Provide permit for work being done Sprinkler impairment Improper use/placement of extension cords/overloaded circuit Panel accessibility No Confact 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) Klin Company Officer or Fire Inspector Name





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 After Hours Phone Day Time Phone TIM GIDEON Other 1912 S ORANGE AVE ORLANDO, FL (407)649-3888 (773)551-4563 BARB POMA Other 1 ORLANDO, FL (407)649-3888 (321)624-0434 32806 Activities: Assigned to: Assignment Date: Schedule Date: INSP-Company Exit Check - C Shift 08/05/2015 Station, Station 05, C 09/01/2015 Occ Load: 430 TEMP CLUB 300 Mark box below if there is a deficiency. 1. Parking in a Fire Lane 10. Obstructed Exit or Exitway 11. Excessive Combustibles 2. Occupant Load Not Posted 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) 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 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. NO INFRACTIONS

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



ORLANDO FIRE DEPARTMENT



Rusiness Name: PULSE Occupancy ID: 06501 Location: 1912 S ORANGE AVE **Business Phone:** (407)649-3888 Occupancy: Station No: Station 05 Assembly City/State: ORLANDO, FL After Hours Phone Day Time Phone Prty Mailing Address Contact Name (407)649-3888 .(773)551-4563-1912 S ORANGE AVE TIM GIDEON Other ORLANDO, FL (321)624-0434 32806 (407)649-3888 BARB POMA Other ORLANDO, FL 407-718-59 rian Assignment Date: Schedule Date: Assigned to: Activities: 12/05/2015 01/01/2016 FIGUEROA, Merari INSP-Occupancy Load Evaluation Access: Exit: Pre Fire Plan: Flammable Liquids: Address visible Door(s) inoperable Improper use/storage/dispensing Conducted/Reviewed/Needed Fire protection equipment Emergency/Exit sign(s) inoperable Improper container/provide cabinet FDC connection **Emergency Lights** MSDS sheets needed Date Gate optical detector Exits not adequately enclosed Heating: Hydrant access Provide Records for all installed: Exits not properly arranged **HVAC** inadequate Key box (verified) Improper door swing Fire protection equipment Provide/maintain proper clearance Maintain fire lanes Keep fire doors closed around vents/exhaust/water heater Service/Maintain/Test/Tag: Maintain self-closers AED: Detectors Miscellaneous: Overcrowding AED Maintenance date__ Fire Alarm AED Register _____ yes ___ Provide approved door assembly Clean dryer vents Fire Extinguisher_ Housekeeping issues Provide/maintain rated corridor yes AED Trained Fire Pump Battery expiration date___ \Box Illegal burning Provide exit sign(s) Interior finish inadequate Generator Remove obstruction aisles/exit way Brand Name Hydrant(s)/painted_ Provide fuel shut off Emp. CPR Trained____ yes _ Remove storage under stairs Remove BBQ grill Hood System___ Remove unapproved Location_ Remove rubbish/ waste/trash or Sprinklers_ Model#_ locks/hardware Standpipe/Hoses_ Vertical openings not protected weeds from building Onsite Pads expiration date__ Other: Fire Extinguishers: Signage Required: Public Access ____ yes ____no CEB action required Conspicuously located FDC Connection Referral to Permitting Services City Not accessible Fire Lane Unable to contact Change of Occupancy/use Lightweight Truss Fire Protection: Fire Hazard/Remedy Permit Issued: "No Smoking" Missing detector(s) Standby Personnel 18A/Tent Occupant Load No sprinkler protection under stairs Stop Work Fireworks/Pyro/Sp. Effects Provide 704 Placard No supervision Electrical: Flam./Comb. Liquids Stair numbering \Box Provide 18" clearance Hazardous Material Circuit identification Storage: Provide spare heads/wrench Temp. Assembly Covers/blanks/junction box missing Disorderly Sprinkler head(s) painted/corroded/ Open Burning Defective equipment/wiring Too high damaged/ escutcheon plates Door labeled Permit Required: improper breakers/fuses/locks missing Provide permit for work being done Sprinkler impairment Improper use/placement of extension cords/overloaded circuit Panel accessibility in Floor 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 Orlango Fire Department will conclude a follow-up inspection on Company Officer or Fire Inspector Name Signature/ Employee Number





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 TIM GIDEON

Other

Prty Mailing Address

1912 S ORANGE AVE

ORLANDO, FL

Day Time Phone (407)649-3888

After Hours Phone

(773)551-4563

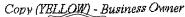
(321)624-0434 (407)649-3888 BARB POMA Other ORLANDO, FL 32806 Activities: Assignment Date: Schedule Date: Assigned to: 05/01/2015 INSP-Company Exit Check - B Shift Station, Station 05, B 04/17/2015 Occ Load: BAR TEMP CLUB Mark box below if there is a deficiency. 1. Parking in a Fire Lane 10. Obstructed Exit or Exitway 11. Excessive Combustibles 2. Occupant Load Not Posted 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) 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 This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe

Remarks:	111	1110/0/10	_				
	// •	<i>U</i>				 	
						 	
			1			 	
(Note to Custome	r: Sigmature below is	acknowledge receipt of	this report)	i	/ \	7)

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.

Company Officer Name (Print) Emp.#



ORLANDO FIRE DEPARTMENT



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Contact Name

Prty Mailing Address

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

Occupancy: Assembly

Day Time Phone

After Hours Phone

BARB POMA Other	I ORL	LANDO, FL 32806 (407	7)649-3888 (321)624-0434
Activities: INSP-Occupancy Load Evaluation		Assigned to: ROBBINS, Susanta	Assignment Date: Schedule Date: 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	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	Provide fuel shut off Remove BBQ grill Remove rubbish/ waste/trash of 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:	Appar. Shift Date Provide Records for all installed: Fire protection equipment Service/Maintain/Test/Tag: Detectors Fire Alarm Fire Extinguisher 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
An inspection is required by tradvise business owners of fire	Sprinkler impairment OFF COMP Takins Dhinins De City of Orlando Fire Prevention Compandor life safety hazards. All violation on the conduct a follow-up inspection on the city of Orlando Fire Prevention Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the city of Orlando Fire Prevention on Company in the C	ode to mitigate and prevent the itions identified on this report re	loss of life or property, and to equire immediate attention. The

Other

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

<u>After Hours Phone</u> (321)624-0434

4	Conta	ict l	Vam	e
ŊВ	ARB	PC	MA	

Prty Mailing Address

ORLANDO, FL 32806

Day Time Phone (407)649-3888

Activities:

Company Officer Name (Print)

INSP-Full Fire Inspection

Assignment Date: Schedule Date: Assigned to: 11/01/2014 10/17/2014 ROBBINS, Susanna

Reinspection Date

תעור ז זרועה

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.

Acc	ess:		Provide exit sign(s)		Heating:		Provide Records for all installed:
Ö	Address visible		Remove obstruction aisles/exit way		HVAC inadequate		Fire protection equipment
	Fire protection equipment		Remove storage under stairs		Provide/maintain proper clearance		
	FDC connection		Remove unapproved locks/hardware		around vents/exhaust/water heater	_	Service/Maintain/Test/Tag:
	Gate optical detector		Vertical openings not protected				Detectors
	Hydrant access				Miscellaneous:	H	Fire Alarm 3/13
	Key box (verified)	Fak	re Fire Alarm:		Clean dryer vents		Fire Extinguisher 9/14
	Maintain fire lanes		1-3 \$00.00		Housekeeping issues		Fire Pump
			4-6 \$100.00		Illegal burning		Generator
Ele	etrical:		7 + \$200.00		Interior finish inadequate		Hydrant(s)/painted
	Circuit identification				Provide fuel shut off		Hood System
	Covers/blanks/junction box missing	Fire	Extinguishers:		Remove BBQ grill		Sprinklers
	Defective equipment/wiring		Conspicuously located		Remove rubbish/ waste/trash or		Standpipe/Hoses
	Door labeled		Not accessible		weeds from building		
	Improper breakers/fuses/locks						Signage Required:
	improper use/placement of extension) Fire	Protection:		Permit Issued:		Fire Lane
	cords/overloaded circuit		Missing detector(s)		18A/Tent		"No Smoking"
	Panel accessibility		No sprinkler protection under stairs		Fireworks/Pyro/Sp. Effects		Occupant Load
	•		No supervision		Flam /Comb. Liquids		Provide 704 Placard
Exit			Provide 18" clearance		Hazardous Material		Stair numbering
	Door(s) inoperable		Provide spare heads/wrench		Temp. Assembly		
	Emergency/Exit sign(s) inoperable		Sprinkler head(s) painted/corroded/		Open Burning		Storage:
	Exits not adequately enclosed		damaged/ escutcheon plates missing)			Disorderly
	Exits not properly arranged		Sprinkler impairment		Permit Required:		Too high
	Improper door swing		,		Provide permit for work being done		-
	Keep fire doors dosed		Flammable Liquids:				Other:
	Maintain self-closers		Improper use/storage/dispensing		Pre Fire Plan:		CEB action required 📗
	Overcrowding				Conducted/Reviewed/Needed		Referral to Permitting Services
	Provide approved door assembly		MSDS sheets needed				Unable to contact
	Provide/maintain rated corridor			i			38
	mark Fine Alain	1	est & Tuso. nee	عل	1 (7)	1_	1 A Lawrence
	Ofine Alarm Such	· pe	in trouble Nood	ے میں	Service needed 3	Δ	1113/Alivo
6	Means DE E	anc				Σ	INDVIVA IV
	Oxtension Cor	cls			7 ,		SP(N)
U	1919 600 500) lt.
				A			
(N	ote to Customer. Signature helow	is to	acknowledge receipt of this rep	Sy .	The second section is a second section in		12/
4	O Brown Klus	61	X All	1/_			1/30/15
73	ustomer Vame (Print)		71000	S	Endture / /	-	Date 1



ORLANDO FIRE DEPARTMENT FIRE INSPECTION REPORT



Occupancy ID: 06 50 /

Name:

Pulse

Location:

1912 sorange fre. Orlando E)

Complex:

Business Phone:

City/State:

Station No:

Contact Name

Prty Mailing Address

Day Time Phone After Hours Phone

<u>Activities</u>	Assigned To	Assignment Date	Schedule Date
which require your immediate attenti will be conducted. If it is claimed tha Building and Fire Code Board of App	on. Each of the hazard(s) detailed here t the true intent of the Code has been t	of life or property. This report advises you on the in is a violation of the Orlando Fire Prevent misinterpreted or is not applicable, the Ownance, please contact the Fire Safety Management.	ition Code. A follow-up inspection ner or Agent may appeal to the
Today's Inspection Results: Code Section		Description	Apv
Code Section	Provide Fire		
	provide for	re watch log	
Nofe: -	> Tested F/1	7 system Ca	el from
	disposet (ocises)	
		3	1) / 19 4
		U I	,
		4	
Received By: (Signature below is on Print Name) Fire Inspector: Print Name	y to acknowledge receipt of this repo	Signature Signature Re-Inspection Date	2 13 15 Date Date







Business Name: PULSE Occupancy ID: 06501 Location: 1912 S ORANGE AVE **Business Phone:** (407)649-3888 Station No: Station 05 Occupancy: Assembly City/State: ORLANDO, FL After Hours Phone Day Time Phone **Contact Name** Prty Mailing Address (321)624-0434 (407)649-3888 BARB POMA Other ORLANDO, FL 32806 Assignment Date: Schedule Date: Activities: Assigned to: 12/17/2014 01/01/2015 Station, Station 05, A INSP-Company Exit Check - A Shift Occ Load: 430 BAR 300 TEMP CLUB Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 13. Other (Listed Below) 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 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: VO (Mote to Customer: Signature below is to acknowledge receipt of this report) Date

Company Officer Name (Print)





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

<mark>Activities:</mark> NSP-Company Exit Check - B Shift	Assigned to: Station, Statio	Assignment Date n 05, B 04/07/2014	e: Schedule Date 05/01/2014
Occ Load: 430 SAR 430 TEMP CLUB 300			
Mark box below if there is a deficiency.			
1. Parking in a Fire Lane		10. Obstructed Exit o	or Exitway
2. Occupant Load Not Pos	ted	11. Excessive Combu	stibles
3. Occupants in Excess of	Posted Limit	12. Combustibles in I	Exitway
4. Emergency/Exit Lights	Inoperable	13. Other (Listed Bel	ow)
5. Exit Doors Locked			
6. Aisles Obstructed			
7. Exit Door or Hardware	Inoperable		
8. Improper Locks on Req	uired Exit Doors		
9. Self Closing Doors Bloc	ked Open		
This review was cursory in nature and may not premises. The deficiencies noted above must be conducted by the Fire Safety Management Divi	e corrected immediately. Other fire co	ode violations may be noted by a	



Ensiness Name: PULSE

Business Phone: (407)649-3888



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL		Station No: Station (05 Occupancy: As	sembly
Cortact Name BARB POMA Othe	Prv Mailing Address	ORLANDO, FL 32896	BURGON DE LA CONTRACTOR	<u>fter Hours Phone</u> 21)624-0434
ictivities: MSP-Company Exit Check - A S	Ski B .	Assigned to: Station, Station 05, A	Assignment Date: 12/17/2013	Schedule Date: 01/01/2014
Occ Load: Sar Temp Club	49Q 300	·		
Mark box below if there is a			1 4 4 1171 4	The day of the same of the sam
1. Parking in	n a Fire Lane	 	bstructed Exit or	-
2. Occupant	Load Not Posted	11. Ex	xcessive Combust	tibles
3. Occupants	s in Excess of Posted Lin	nit 12. Co	ombustibles in Ex	kitway
4. Emergence	y/Exit Lights Inoperable	e 13. O	ther (Listed Belo	w)
5. Exit Doors	s Locked			
6. Aisles Obs	structed			
7. Exit Door	or Hardware Inoperabl	le		
	Locks on Required Exit			
	ng Doors Blocked Open		<u> </u>	
9. Sell Closh	ig Doors Diocked Open			
premises. The deficiencies	n nature and may not have revealed a noted above must be corrected immety Management Division. For further	nediately. Other fire code violat	tions may be noted by a fi	n maintaining safe ull inspection
(Note to Customer: Signatur Brian M. W. Customer Name (Print)	re below is to acknowledge receipt of the	Signature		L/14 Date
Company Officer Name (I	944 7508 x 4	Signature		Date and Time
<u> </u>		· ————		

ORLANDO, FL







Occupancy ID: 065

Location: 19128 ORANGE AVE

City/State: ORLANDO, FL

Contact Name BARE POMA

Other

Pity Mailing Address

Business Name: PULSE

33806

(407)649-3888 **Eusiness Phone**:

Station No: Station 05

Occupancy:

Day Time Phone

Assembly

(407)649-3888

After Hours Phone (321)624-0434

Activities ACP-Occupancy Load Evaluation	A CONTRACTOR OF THE STATE OF TH			w.	Assign 12/17//	Date	Schede 01/01/2	le Date: 1014
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 Brand Name Pmp. 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	Emergency Exits not a Exits not p Improper d Keep fire d Maintain sc Overcrowd Provide ap Provide ap Provide ex Remove ot Remove st Remove ur locks/hards Vertical op Fire Extinguish Conspicuou Not access Fire Protection: Missing det No sprinkle No supervis Provide 18"	y/Exit sign(s) inoperable y Lights dequately enclosed roperly arranged loor swing loors closed elf-closers ling proved door assembly aintain rated corridor it sign(s) ostruction aisles/exit way orage under stairs happroved ware enings not protected eers: usly located dible ector(s) r protection under stairs c' clearance are heads/wrench ead(s) painted/corroded/ escutcheon plates	000 00 0000000 000 000000 0	Flammable Liquids: Improper use/storage/dispensir Improper container/provide cab MSDS sheets needed Heating: HVAC inadequate Provide/maintain proper clearal around vents/exhaust/water he. Miscellaneous: Clean dryer vents Housekeeping issues Illegal burning Interior finish inadequate Provide fuel shut off Remove BBQ grill Remove rubbish/ waste/trash o 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 d	inet ince ater ince ince ince ince ince ince ince inc	Appar. Provide Fire prote Gervice/ Detectors Fire Alarr Fire Extir Fire Extir Fore Alarr Fire Eyen Generato Hood Syy Forinkler Standpip Signage FDC Corr Fire Lang Lightweig No Smo Occupan	Shift Records ection equivalent in the section equivalent eq	d

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

Remarks: NO Changes in 71000 plans

Signature

0 Company Officer or Fire Inspector Name

Signature/Employee Number

Date

Customer, Name (Print)





		CTYPE
Occupancy	ID:	06501
Location:	191:	2 3 OR <i>i</i>

ANGE AVE

City/State: OPLANDO, FL

Business Name: PULSE

32806

Pusiness Phone: (407)649-3888

Station No: Station 05

Occupancy:

Assembly

Contact Name BARB POMA

Other

Prty Mailing Address

ORLANDO, FL

<u>Day Time Phone</u> (407)649-3888

After Hours Phone

(321)624-0434

<i>}</i>	ľψ	Stawart

Activities: INSP-Full Fire Inspection

Assignment Date: Schedule Date:

ROBBINS, Susanna

10/17/2013

11/01/2013

400	:ess:	Exi			Flammable Liquids:		Pre Fire Plan:
_	Address visible	a	Door(s) inoperable		Improper use/storage/dispensing		Conducted/Reviewed/Needed
_	Fire protection equipment		Emergency/Exit sign(s) inoperable		Improper container/provide cabinet		
_	FDC connection Gate optical detector		Emergency Lights		MSDS sheets needed		Appar. Shift Date
٦ ٦	Hydrant access		Exits not adequately enclosed		Heating:		Provide Records for all installed:
_	Key box (verified)		Exits not properly arranged		HVAC inadequate		Fire protection equipment
_	Maintain fire lanes		Improper door swing	a	Provide/maintain proper clearance	_	The protection equipment
			Keep fire doors closed Maintain self-closers		around vents/exhaust/water heater		Service/Maintain/Test/Tag:
E		ū	Overcrowding		Miscellaneous:		Detectors 2 2
_	AED Maintenance date	ä	Provide approved door assembly		Clean dryer vents	X	Detectors Fire Alarm 3 2013
	AED Register yesno AED Trained yesno	ū	Provide/maintain rated corridor	ā	Housekeeping issues	4	Fire Extinguisher 8113
╣	Retton expiration data	_	Provide exit sign(s)	ā	Illegal burning		Fire Pump
_	Battery expiration date	_	Remove obstruction aisles/exit way	ā	Interior finish inadequate		Generator
_	Brand Nameno	ā	Remove storage under stairs		Provide fuel shut off		Hydrant(s)/painted
-	Location	_	Remove unapproved		Remove BBQ grill		Hood System
- -	Location Model #	_	locks/hardware		Remove rubbish/ waste/trash or		Sprinklers
_	Onsite		Vertical openings not protected		weeds from building		Standpipe/Hoses
- ว	Pads expiration date				Other:		Signage Required:
- -	Public Accessyesno		Extinguishers:		CEB action required	\Box	FDC Connection
- `i#\;	Code:		Conspicuously located Not accessible	a	Referral to Permitting Services		Fire Lane
∕ily ¬	Change of Occupancy/use	ш	Not accessible	a	Unable to contact	ā	Lightweight Truss
1	Fire Hazard/Remedy	Fire	Protection:		Permit Issued:	_	"No Smoking"
<u>.</u>	Standby Personnel		Missing detector(s)		18A/Tent	ā	Occupant Load
<u>-</u>	Stop Work		No sprinkler protection under stairs	ā	Fireworks/Pyro/Sp. Effects	ā	Provide 704 Placard
 :10:	ctrical:		No supervision	ā	Flam./Comb. Liquids	ā	Stair numbering
.;e.	Circuit identification	a	Provide 18" clearance	_	Hazardous Material	_	- ·
1	Covers/blanks/junction box missing		Provide spare heads/wrench	ā	Temp. Assembly	_	Storage:
1	Defective equipment/wiring		Sprinkler head(s) painted/corroded/	ā	Open Burning	ū	Disorderly
<u>-</u>	Door labeled		damaged/ escutcheon plates		,		Too high
5	Improper breakers/fuses/locks		missing	_	Permit Required:		
3	Improper use/placement of		Sprinkler impairment		Provide permit for work being done		
_	extension cords/overloaded circuit						

0		0.1		-trouble		<i>(</i> , , , , , , , , , , , , , , , , , , ,	4.4		_
Remarks:	Fire	Alarm	System	- trouble	mode (under	Now	proposo	$u \setminus$
_	, ,,		l	<u> </u>	•			, ,	,

An inspection is required by the City of Orlando Fire Prevention Code to mitigate an	nd prevent the loss of life or property, and to
advise business owners of fire and/or life safety hazards. All violations identified of	n this report require immediate attention. The
Orlando Fire Department will conduct a followup inspection on)

Panel accessibility

Form #: FSM-MPF 12/201

br or Fire Inspector Name

Signature/Employee Number

Date

Date



W(0)

Company ID: 06501

Location: 1912 8 ORANGE AVE

City/State: ORLAMDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

Occupancy:

Assembly

Contact Name

BARE POMA

Priv Mailing Address

Other

ORLANDO, FL 32806

Day Time Phone (407)649-3888

After Hours Flione (321)624-0434

Activities:

IMSP-Exit Check F/U Inspection

Assigned to:

ROBBINS, Susanna

Assignment Date: Schedule Date: 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 HAZARDS) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

Assessed.

- Addens visible 0
- Fire protection equipment
- FEX correction
- G ate optical detector
- Hydran access
- Keybox (verified)
- Maintain fire lane

Electricat:

- Circuit i demilication: 0
- Covers'blanks' junction boar aussing Ø
- Defective equipment/wiring
- Dog izbaled
- langra per breakera fræslocks
- Improper used lacemen of extrassion and shive landed air out.
- Panel amenability

E-37:

- Doct's icon ealth
- Emergency/Exit sign(s) inoperable
- Exits not adequately earliered
- Same not properly arranged
- haysoper door swing
- Elep fire doors closed
- Main sincelf-closers
- Overcrowding
- Provide approved duer assaubly
- Provide/maintainratedocendos.
- Trades culturgidat

- Remove obstruction aides exit way
- Remove storage un der stars
- Remove unapproved Lock s'hardwae
 - Venical openings not protected

False Fire Alarms

- 1 2 \$0.00
- 3 -4 \$250.00
- 5 6 \$30000 Ō
- 7 + \$350.00

Fire Extinguishers:

- Conspicuously located
- eBerman toN

Fire Pretection:

- Miszng detector(s)
- No spinkle protection under sturs
- No supervision ė
- Provide 18" dearance
- Provide spare headelw reach. 0
- Sprinkler bead(\$) puntel/coroded/ damaged/escutchesm plates missing
- Sprinkler impairment

Manunchie Liquids:

- Improper usa/storage/dispersing
- Improper containst/upovide calmos.
- MSDS sheats norded

Heating:

- HV AC inadequate
- Provi de/maintain proper d'earance zo und vents/exhalst/water heater

Miscellaneous:

- Clean dryer verits
- Housekeeping issues Ġ
- Megal barning 0
- Interior finish inadequate Ø,
- Provide fuel shut off 60
- Remove BBQ gril
- Remo ve rubb ish/waste/trash or weeds from building

P canit I smed:

- 12:AToric
- Firework of PyroiSp Effects
- Ham Comb. Leonids Ó'n
- Hozadous Material
- Temp. Assembly
- Open Burning

Permit Required:

Provide penuit for work being done

Pre Fire Plan:

Conducted/Reviewed/Needed

Provide Records for all installed:

Fire protection equipment

Service/ Maintain/Text/Tag:

Detectors Fire Alarm 3

- Fire Extinguid
- Fire Punto
- Generator Ô
- Hydrant(s)/painted
- H and System O
- Sprinklers
- Since of the Since

Signage Required

- Fae Lane Ú
- "NoSmoking" ð OccupantLoad
- Provide 704 Placard
- Star membering

Storage:

- Discoderly
- Too high

Other:

- CEB action required O
- Referral to Fermitting Services
- Upuble toContact

Service Fire Alarm System - trouble mode

astomer: Signature below is to acknowledge repaint of this

Surany Officer Name (Print)

Signature

Signature

Reinspection Date

Occupancy ID: 063 Name of Business: PULSE Description: Maintenance-General

*** Open Violations ***



Found Date: 07/20/2013

Code Section: NFPA 72, 7-4

Pode Requirement:

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

Journents:

"ire panel holding trouble/ silence signal needs serviced/repaired

Description:

NOTE: SEE BELOW

Zede Requirement:

Found Date:

07/20/2013

Code Section:

Comments

nanager on duty signed for notice concerning use of sparkler within club/lounges

16571

Mld: - Moon - 2: wan





Aydam 171.27 PE

Brishass Bancel PHISE

Brandaeth Andreas (1947)440 8866

Station throughout States (S. Occupancy: Assembly

Tarinalara Buli Buliara Albert Tarinalar Buliara	See See and Statement State Statement State Statement State Statement State Statement State Stat
•	issign (4 to) — Alangamber Vares - Bribailde Oute: Briblion, Free (Lieu Pignet - UNES VOLC - UNES VOLC
OCCUPANT LOSO STANGE - 34014	MONTHLY EXH Check
Mark box below if there is a deficiency.	
1. Parking in a Fire Lane	10. Obstructed Exit or Exitway
2. Occupant Load Not Posted	11. Excessive Combustibles
3. Occupants in Excess of Posted Limit	[12. Combustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Other (Listed Below)
5. Exit Doors Locked	13. Other (Listed Below) Line Panel to Thing Left SELENCE MODE
6. Aisles Obstructed	STLENCE MODE
7. Exit Door or Hardware Inoperable	Bleose Hove Services
8. Improper Locks on Required Exit Doors	s [wext week
9. Self Closing Doors Blocked Open	
This review was cursory in nature and may not have revealed all possible premises. The deficiencies noted above must be corrected immediately, conducted by the Fire Safety Management Division. For further information in the same of the safety of the safe	Other fire code violations may be noted by a full inspection ation, please call 407-246-2386.
(Note to Customer: Signature below is to acknowledge receipt of this report) Customer Name (Print)	Signature 1/20/13 Date





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

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

Emp.#

Prty Mailing Address

Day Time Phone

After Hours Phone

BARB POMA Other ORLANDO, FL (407)649-3888 (321)624-0434 32806 Activities: Assigned to: Assignment Date: Schedule Date: INSP-Company Exit Check - FSM 10/17/2013 Division, Fire Safety Memt 11/01/2013 Occ Load: BAR 430 TEMP CLUB 300 Mark box below if there is a deficiency. 1. Parking in a Fire Lane 10. Obstructed Exit or Exitway 2. Occupant Load Not Posted 11. Excessive Combustibles 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) 5. Exit Doors Locked 6. Aisles Obstructed 7 System 7. Exit Door or Hardware Inoperable 8. Improper Locks on Required Exit Doors 9. Self Closing Doors Blocked Open 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.

Form #: FSM 920 Rev 05/2002

Distribution: Original (WHITE) - Fire Safety Management Division

Signature

Copy (YELLOW) - Business Owner





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 **After Hours Phone**

Contact Name Prty Mailing Address 1912 S ORANGE AVE Officer

ORLANDO, FL

Day Time Phone (407)649-3888

(773)551-4563

BARB POMA	Other	1	ORLANDO, FL	32806	(407)649-3888 (3	321)624-0434
Activities: INSP-Company Exit O	Check - A Shift		Assigned Station, S	il to: Station 05, A	Assignment Date	: Schedule Date: 01/01/2016
Occ Load: BAR TEMP CLUB	-	430 300				
Mark box below if t		•	ļ	10_OL 4	4. 1 17-44	E-::4
2. Occi	-	d Not Posted	L.	11. Exce	cructed Exit or essive Combust abustibles in Ex	ibles
4. Eme 5. Exit 6. Aisle 7. Exit	ergency/Ex Doors Lo es Obstruc Door or H		rable		er (Listed Belov	
9. Self	Closing D	oors Blocked O	pen ealed all possible fire co	ode violations. Th	is review is to assist in	n maintaining safe
premises. The def conducted by the Remarks:	Fire Safety Ma	nagement Division. For	ed immediately. Other first further information, ple	re code violation: ease call 407-246	s may be noted by a fu-2386.	III Inspection
Note to Customer W D Customer Name	BANDIE	w is to acknowledge receip	pt of this report) Signa	Haln ture		Date
Davis	Odes	C 7508 x	Signa			30-16

Signature

Emp.#

Company Officer Name (Print)

DISHAMMAN OLIXING (MITTE) - I. HE HOLE'S ISTONORED PRINCES Form #: FSM 930 Rev 05/2002



ORLANDO FIRE DEPARTMENT



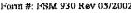
Business Name: PULSE Occupancy ID: 06501 Business Phone: (407)649-3888 Location: 1912 S ORANGE AVE Station No: Station 05 Occupancy: Assembly City/State: ORLANDO, FL Day Time Phone After Hours Phone Prty Mailing Address **Contact Name** (407)649-3888 (773)551-4563 1912 S ORANGE AVE ORLANDO, FL TIM GIDEON Other (321)624-0434 (407)649-3888 ORLANDO, FL 32806 BARB POMA Other Assignment Date: Schedule Date: Activities: Assigned to: 10/05/2015 11/01/2015 Station, Station 05, B INSP-Company Survey Initial - B Shift Access: Exit: Flammable Liquids: Pre Fire Plan: Address visible Door(s) inoperable Improper use/storage/dispensing Conducted/Reviewed/Needed Fire protection equipment 0 Emergency/Exit sign(s) inoperable Improper container/provide cabinet FDC connection **Emergency Lights** MSDS sheets needed Shift Date Appar. Gate optical detector Exits not adequately enclosed Heating: Hydrant access Provide Records for all installed: Exits not properly arranged **HVAC** inadequate Key box (verified) Improper door swing Fire protection equipment Provide/maintain proper clearance Maintain fire lanes Keep fire doors closed around vents/exhaust/water heater Service/Maintain/Test/Tag: Maintain self-closers AED: Detectors Miscellaneous: Overcrowding AED Maintenance date_ Fire Alarm ō Clean dryer vents Provide approved door assembly AED Register _____ yes Fire Extinguisher Housekeeping issues Provide/maintain rated corridor AED Trained yes __ Fire Pump_ 00 Illegal burning Provide exit sign(s) Battery expiration date_ Interior finish inadequate Generator_ Remove obstruction aisles/exit way Brand Name_ Hydrant(s)/painted_ Provide fuel shut off Remove storage under stairs Emp. CPR Trained___ yes Hood System___ Remove BBQ grill Remove unapproved Location_ Sprinklers Remove rubbish/ waste/trash or locks/hardware Model#_ Standpipe/Hoses_ weeds from building Vertical openings not protected Onsite Other: Pads expiration date_ Signage Required: Fire Extinguishers: Public Access ___ yes ___no CEB action required **FDC Connection** Conspicuously located Referral to Permitting Services City Not accessible Fire Lane Unable to contact Change of Occupancy/use Lightweight Truss Fire Protection: Fire Hazard/Remedy Permit Issued: "No Smoking" Missing detector(s) Standby Personnel 18A/Tent Occupant Load No sprinkler protection under stairs Provide 704 Placard Stop Work Fireworks/Pyro/Sp. Effects No supervision Flam./Comb. Liquids Stair numbering Electrical: Provide 18" clearance Circuit identification Hazardous Material Storage: Provide spare heads/wrench Temp. Assembly Covers/blanks/junction box missing Disorderly Sprinkler head(s) painted/corroded/ Open Burning Defective equipment/wiring Too high damaged/ escutcheon plates Door labeled Permit Required: missing Improper breakers/fuses/locks Provide permit for work being done Improper use/placement of Sprinkler impairment extension cords/overloaded circuit Panel accessibility No Confact 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)

Kkin Company Officer or Fire Inspector Name

Signature/ Employee Number





ORLANDO FIRE DEPARTMENT



Business Name: PULSE Occupancy ID: 06501 **Business Phone:** (407)649-3888 Location: 1912 S ORANGE AVE Station No: Station 05 Occupancy: Assembly City/State: ORLANDO, FL After Hours Phone Day Time Phone Prty Mailing Address Contact Name (407)649-3888 .(773)551-4563-1912 S ORANGE AVE ORLANDO, FL THM GIDEON Other (321)624-0434 (407)649-3888 ORLANDO, FL 32806 BARB POMA Other 407-718-59 Y1 am Assignment Date: Schedule Date: Assigned to: Activities: 01/01/2016 FIGUEROA, Merari 12/05/2015 INSP-Occupancy Load Evaluation Access: Exit: Flammable Liquids: Pre Fire Plan: Address visible Door(s) inoperable Improper use/storage/dispensing Conducted/Reviewed/Needed Fire protection equipment Emergency/Exit sign(s) inoperable Improper container/provide cabinet FDC connection **Emergency Lights** MSDS sheets needed Shift Date Appar. Gate optical detector Exits not adequately enclosed Heating: Hydrant access Provide Records for all installed: Exits not properly arranged П HVAC inadequate Key box (verified) Improper door swing Fire protection equipment Provide/maintain proper clearance Maintain fire lanes Keep fire doors closed around vents/exhaust/water heater Service/Maintain/Test/Tag: Maintain self-closers AED: Detectors Miscellaneous: Overcrowding AED Maintenance date_ Fire Alarm Clean dryer vents AED Register __ Provide approved door assembly yes Fire Extinguisher Provide/maintain rated corridor Housekeeping issues AED Trained yes Fire Pump Illegal burning Provide exit sign(s) Battery expiration date_ Generator Interior finish inadequate Remove obstruction aisles/exit way Brand Name Provide fuel shut off Hydrant(s)/painted_ Remove storage under stairs Emp. CPR Trained___ yes Hood System_ Remove BBQ grill Location Remove unapproved Remove rubbish/ waste/trash or Sprinklers locks/hardware Model#. Standpipe/Hoses weeds from building Vertical openings not protected Onsite Pads expiration date_ Fire Extinguishers: Signage Required: CEB action required Public Access ____ yes ___ FDC Connection Conspicuously located Referral to Permitting Services City Code: Not accessible Fire Lane Unable to contact Lightweight Truss Change of Occupancy/use Fire Hazard/Remedy Fire Protection: Permit Issued: "No Smoking" Missing detector(s) Standby Personnel 18A/Tent Occupant Load No sprinkler protection under stairs Stop Work Fireworks/Pyro/Sp. Effects Provide 704 Placard \Box No supervision Flam./Comb. Liquids Stair numbering Electrical: Provide 18" clearance Circuit identification Hazardous Material Storage: Provide spare heads/wrench Covers/blanks/junction box missing Temp. Assembly Disorderly Sprinkler head(s) painted/corroded/ Defective equipment/wiring Open Burning Too high Door labeled damaged/ escutcheon plates Permit Required: Improper breakers/fuses/locks missing Provide permit for work being done improper use/placement of Sprinkler impairment extension cords/overloaded circuit Panel accessibility

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 Oriangly Fire Department will conduct a follow-up inspection on Customer Name (Print) Signature/ Employee Number Company Officer or Fire Inspector Name





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

After Hours Phone Day Time Phone Prty Mailing Address **Contact Name** (773)551-4563 ORLANDO, FL (407)649-3888 TIM GIDEON 1912 S ORANGE AVE Other (321)624-0434 (407)649-3888 BARB POMA ORLANDO, FL 32806 Other Assignment Date: Schedule Date: Assigned to: Activities:

08/05/2015 09/01/2015 Station, Station 05, C INSP-Company Exit Check - C Shift Occ Load: 430 BAR TEMP CLUB Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 13. Other (Listed Below) 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 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. NO INFRACTIONS Remarks: (Note to Customer: Signature below is to acknowledge receipt of this repor





Occupancy ID: 06501

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

32806

Assembly Occupancy:

Contact Name TIM GIDEON

Other

Prty Mailing Address

1912 S ORANGE AVE

ORLANDO, FL

(407)649-3888

Day Time Phone

After Hours Phone (773)551-4563

Other

1

ORLANDO, FL

(407)649-3888

(321)624-0434

BARB POMA

Assigned to:

Station, Station 05, B

04/17/2015

Assignment Date: Schedule Date: 05/01/2015

INSP-Company Exit Check - B Shift Occ Load:

Activities:

Company Officer Name (Print)

430

BAR

Emp.#

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division

TEMP CLUB	300			
Mark box below if there is a deficience	cy.			
1. Parking in a Fir	e Lane	10. C	Obstructed Exit or Exitwa	ıy
2. Occupant Load	Not Posted	11. E	Excessive Combustibles	
3. Occupants in Ex	xcess of Posted Limit	12. C	Combustibles in Exitway	
4. Emergency/Exit	Lights Inoperable	13. C	Other (Listed Below)	
5. Exit Doors Lock	ked			• .
6. Aisles Obstructe	ed			
7. Exit Door or Ha	ardware Inoperable			
8. Improper Locks	s on Required Exit Doors			
9. Self Closing Do	ors Blocked Open			
premises. The deficiencies noted a	and may not have revealed all possible bove must be corrected immediately. I gement Division. For further information of the control of the c	Other fire code viol	ations may be noted by a full inspect	ing safe on
(Note to Customer: Signature below	is he calcouled as receipt of this report)			

Signature





Occupancy ID: 06501

Form #: FSM-MPF 12/2011

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Contact Name

Prty Mailing Address

ORLANDO FI

32806

Business Name: PULSE

Station No: Station 05

Business Phone: (407)649-3888

Occupancy: Assembly **Day Time Phone**

(407)649-3888

After Hours Phone

(321)624-0434

Activities:			Assignment Date: Schedule Date:
INSP-Occupancy Load Evaluation	N. COME A PROPERTY OF THE COMMON PROPERTY OF THE PROPERTY OF THE COMMON PROPERTY OF THE COM	ROBBINS, Susanna	12/17/2014 01/01/2015
ccess: Address visible Fire protection equipment FDC connection Gate optical detector Hydrant access Key box (verified) Maintain fire lanes ED: AED Maintenance date AED Register	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	Flammable Liquids: Improper use/storage/dispensing Improper container/provide cabit MSDS sheets needed Heating: HVAC inadequate Provide/maintain proper clearanaround vents/exhaust/water heatiscellaneous: Clean dryer vents Housekeeping issues Illegal burning Interior finish inadequate Provide fuel shut off Remove BBQ grill	Appar. Shift Date Provide Records for all install Fire protection equipment
Location Model # Onsite Pads expiration date Public Access yesno	□ Remove unapproved locks/hardware □ Vertical openings not protected Fire Extinguishers: □ Conspicuously located	 Remove rubbish/ waste/trash or weeds from building Other: CEB action required 	
ity Code: Change of Occupancy/use Fire Hazard/Remedy Standby Personnel Stop Work lectrical: Circuit identification Covers/blanks/junction box missing Defective equipment/wiring Door labeled	□ 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	Referral to Permitting Services Unable to contact Permit Issued: 18A/Tent Fireworks/Pyro/Sp. Effects Flam./Comb. Liquids Hazardous Material Temp. Assembly Open Burning	Fire Lane Lightweight Truss "No Smoking" Occupant Load Provide 704 Placard Stair numbering Storage: Disorderly Too high
Laurenner brookerelfusee Booke	missing Sprinkler impairment YIS VIII COMP Taking Dhining	Permit Required: Provide permit for work being do Permit Required: Provide permit for work being do	LUBH EVBC.
Remarks:	Taking Duning	Visit"	. A
Also Sig	ves off FEW	OPEN ISSUES	Densine Vist
advise business owners of fire	ne City of Orlando Fire Prevention Co and/or life safety hazards. ALL violate conduct a follow-up inspection on	ode to mitigate and prevent the lations identified on this report re-	3/U/15





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

ISP	ities: -Full Fire Inspection			I	ROBBINS, Susanna	10/17/	2014	Schedule Dat 11/01/2014
M V	TOTAL STATE OF THE TANKS AND A TURE OF	AUGT	OF ORLANDO FIRE DEPARTMENT I Y HAZARDS WHICH REQUIRE YOU VENTION CODE, FOR FURTHER INF	к им	MEDIALE ALTENTION, EACH OF	THE LIV	TOUTH IN THAT	CLETTED TITUTE
cer	ess:	0	Provide exit sign(s)		Heating:			ords for all instal
	Address visible	ā	Remove obstruction aisles/exit way		HVAC inadequate		Fire protection	n equipment
	Fire protection equipment		Remove storage under stairs		Provide/maintain proper clearance			A COLUMN
	FDC connection		Remove unapproved locks/hardware		around vents/exhaust/water heater		Service/Main	tain/Test/Tag:
	Gate optical detector		Vertical openings not protected				Detectors	
1	Hydrant access	-	3		Miscellaneous:	1	Fire Alarm 3	113
5	Key box (verified)	Fale	e Fire Alam:		Clean dryer vents		Fire Extinguis	her 9/14
	Maintain fire lanes		1-3 \$00.00	0	Housekeeping issues		Fire Pump	
]	Manifall life idnes	ö	4-6 \$100.00	ū	Illegal burning		Generator	
ilno	delecale	ā	7 + \$200.00	0	Interior finish inadequate		Hydrant(s)/pa	inted
	trical: Circuit identification	ш	7 7 \$230.00	ā	Provide fuel shut off	U	Hood System	
		Ciro	Extinguishers:	ū	Remove BBQ grill		Sprinklers	
	Covers/blanks/junction box missing	Luc	Conspicuously located		Remove rubbish/ waste/trash or		Standpipe/Ho	565
]	Defective equipment/wiring	0		-	weeds from building	-	- contract of the contract of	
]	Door labeled		Not accessible		weens non banding		Signage Req	uired:
1	Improper breakers/fuses/locks		D 4 4		Permit Issued:		Fire Lane	
]	Improper use/placement of extension		Protection:	-		ū	"No Smoking	
	cords/overloaded circuit	0	Missing detector(s)		18A/Tent	ä	Occupant Los	
]	Panel accessibility		No sprinkler protection under stairs		Fireworks/Pyro/Sp. Effects		Provide 704 F	Hanned
			No supervision	0	Flam /Comb. Liquids	0		
xit			Provide 18" clearance		Hazardous Material		Stair number	ny
J	Door(s) inoperable	0	Provide spare heads/wrench		Temp. Assembly		Cincon	
]	Emergency/Exit sign(s) inoperable		Sprinkler head(s) painted/corroded/		Open Burning	-	Storage:	
3	Exits not adequately enclosed		damaged/ escutcheon plates missing	9			Disorderly	
1	Exits not properly arranged		Sprinkler impairment		Permit Required:		Too high	
)	Improper door swing				Provide permit for work being don	6	4.2	
)	Keep fire doors dosed		Flammable Liquids:				Other:	
9	Maintain self-closers		Improper use/storage/dispensing		Pre Fire Plan:		CEB action re	
5	Overcrowding		Improper container/provide cabinet		Conducted/Reviewed/Needed			ermitting Services
5	Provide approved door assembly	0	MSDS sheets needed				Unable to cor	ntact 5
5	Provide/maintain rated corridor	_	Metro directo nesses	4				311
		1	est & Insp. nee	1.	1 (2)	.)	1 4	Inm
	markly time Alaxon	- 4	4.7	Saleshi		21.	11151	Alria
- 6	& Fire Alarm Sus	ten	in trouble Mode	-	Service heeded	\mathcal{U}	11 71	THE Y
1	1 3	are				1	1) Nev	100
X	A	7,		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the			V DIV	1) [
4	Oxtension Con	-ces	4		_ (11'	5 D	110
-						//		
_		-		1	The second secon	/		
/	-t- t- Chartenan (1)	er ion to	colmowladge receipt of this con	A.				1 /
(N	ote to Customer: Signature belov	A 18 CO	acknowledge receipt of this rep	1	The state of the s			121 -
1	D. Myla Kla	060	x All	11		Total Contract		12/15
	ustomer Name (Print)	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		/	ignature /		. 1	Date!

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

Reinspection Date



ORLANDO FIRE DEPARTMENT FIRE INSPECTION REPORT



Occupancy ID: 06 50 /

Name:

Location:

1912 sorange fue. Orlando FI

Complex:

Business Phone:

City/State:

Station No:

Contact Name

Prty Mailing Address

Day Time Phone After Hours Phone

Activities	Assigned To	Assignment Date	Schedule Date
which require your immediate atten-	tion. Each of the hazard(s) detailed here at the true intent of the Code has been	of life or property. This report advises you on the original of the Orlando Fire Prever misinterpreted or is not applicable, the Ownance, please contact the Fire Safety Managor	ner or Agent may appeal to the
Code Section		Description	Apv
Code Section	Provide Fire	e Wortch	
	provide A	re watch log	
Nofe: -	> Tested 5/	1 system Ca	el from
	bijosth /	noises)	1 ///
	- Consposition Constitution	5	1) 9 \ \
		U)	
Received By: (Signature below is of the control of	only to acknowledge receipt of this representation of the second of the	Signature Signature Re-Inspection Dat	42 13 15 Date 2 /3 15 Date e:





ORLANDO, FL

Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Other

City/State: ORLANDO, FL

Contact Name BARB POMA

Prty Mailing Address

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

32806

Occupancy: Assembly

Day Time Phone (407)649-3888

After Hours Phone (321)624-0434

			and for a superior of the superior and the superior of the sup
Activities:	Assigned to:	Assignment 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	10. Obstru	cted Exit or E	Exitway
2. Occupant Load Not Posted	11. Excess	ive Combustik	oles
3. Occupants in Excess of Posted Limit	12. Combu	istibles in Exit	tway
4. Emergency/Exit Lights Inoperable	13. Other	(Listed Below))
5. Exit Doors Locked			
6. Aisles Obstructed			
7. Exit Door or Hardware Inoperable			
8. Improper Locks on Required Exit Door	s		
9. Self Closing Doors Blocked Open			·
This review was cursory in nature and may not have revealed all possib premises. The deficiencies noted above must be corrected immediately conducted by the Fire Safety Management Division. For further inform Remarks:	Other fire code violations ma	ay be noted by a full	naintaining safe inspection
(Note to Customer: Signature below is to acknowledge receipt of this report) (UDY) ALA CUSTOMER Name (Print)	Signature	or !	Date
Company Officer Name (Print) Emp.#	Signature	Date of the state	te and Time





Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Business Name: PULSE

Pusiness Phone: (407)649-3888

City/State: ORLANDO, FL	Station No: Station C	Occupancy: Assembly
Contact Name Pity Mailing Address BAFB FOMA Other 1 ORI	LANDO, FL 32806	Day Time Phone After Hours Phone (407)649-3888 (321)624-0434
etivities: 4SP-Company Ezit Check - B Shift	Assigned to: Station, Station 05, B	Assignment Date: Schedule Date: 04/07/2014 05/01/2014
Occ Load: 9AR 430 TEMP CLUB 300		
Mark box below if there is a deficiency.		
1. Parking in a Fire Lane	10. Ol	ostructed Exit or Exitway
2. Occupant Load Not Posted	11. Ex	ccessive Combustibles
3. Occupants in Excess of Posted Limit	12. Co	ombustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Ot	ther (Listed Below)
5. Exit Doors Locked		
6. Aisles Obstructed		
7. Exit Door or Hardware Inoperable		
8. Improper Locks on Required Exit D	oors	
9. Self Closing Doors Blocked Open		
This review was cursory in nature and may not have revealed all p premises. The deficiencies noted above must be corrected immedia conducted by the Fire Safety Management Division. For further in Remarks:	ately. Other fire code violat	ions may be noted by a full inspection
(Note to Customer: Signature below is to acknowledge receipt of this re	N Signature	5-17-14 Date
Company Officer Name (Print) Emp.# x	Consture Signature	Date and Time





Occupancy ID: 06501

 \mathbb{C}

1.

Eusiness Name: PULSE

(407)649-3888

ention 1912 a OKANGE AV	/ EL	imismess rume: (407)	(C4)~1000	
ty/State: ORLANDO, FL		Station No: Station 05	5 — Оссирансу: Аз	sembly
OTTACL Name ARB POMA Other	Priv Mailling Address	ORLANDO, FL 32806		fter Hours Phone 21)624-0434
tivities: 3P-Company Ezit Check - A Shi	ft.	Assigned to: Station, Station 05, A	Assignment Date: 12/17/2013	Schedale Date: 01/01/2014
ecc Load: BAR TEMP CLUB	430 300			
Mark box below if there is a de	a Fire Lane		ostructed Exit or cessive Combus	_
3. Occupants i	oad Not Posted in Excess of Posted Lir	mit 12. Co	mbustibles in E	xitway
4. Emergency/ 5. Exit Doors	Exit Lights Inoperable Locked	e 13. Ot	her (Listed Belo	
6. Aisles Obstr				
	r Hardware Inoperabl ocks on Required Exit			
9. Self Closing	Doors Blocked Open			
premises. The deficiencies no conducted by the Fire Safety	ature and may not have revealed a oted above must be corrected imm Management Division. For further	nediately. Other fire code violati er information, please call 407-2	ons may be noted by a t 46-2386.	in maintaining sat
(Note to Customer: Signature to Brian M. Wood Customer Name (Print)	pelow is to acknowledge receipt of the	Signature	2	Ly / 124 Date





Occupancy ID: 0650

Location 1912 S ORANGE AVE

City/State: ORLANDO, FL

Costact Name BARS POMA

Prty Malling Address

Business Phone: (407)649-3888 Station No: Station 05

ORLANDO, FL

32806

Business Name: PULSE

Day Time Phone (407)649-3888

Occupancy:

After Hours Phone

Assembly

(321)624-0434

Activities: 2009-Occupancy Lond Evaluation		77'		Assignment Date: 12/17/2013				
Access: Address visible Fire protection equipment FDC connection Gate optical detector Hydrant access Key box (verified) Maintain fire lanes AED: AED Maintenance date	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 unapproved locks/hardware Vertical openings not protected Fire Extinguishers: Conspicuously located	000 00 0000000 00	Flammable Liquids: Improper use/storage/dispensir Improper container/provide cab MSDS sheets needed Heating: HVAC inadequate Provide/maintain proper clearar around vents/exhaust/water heat Miscellaneous: Clean dryer vents Housekeeping issues Illegal burning Interior finish inadequate Provide fuel shut off Remove BBQ grill Remove rubbish/ waste/trash of weeds from building Other: CEB action required Referral to Permitting Services	nce ater		Appar. Provide Fire protector Fire Alar Fire Exti Fire Pun Generatt Hydrant(Hood Sy Sprinkle: Standpip Signage FDC Con	Shift Records ection eq Maintair s mnguisher pps)/painte stems e/Hoses Require nnection	d
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	 □ 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 	00 000000 0	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 d	Ione		Fire Lan- Lightwei "No Smo Occupar Provide Stair nur Storage Disorder Too high	ght Truss sking" at Load 704 Plac nbering : ly	

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) Company Officer or Fire Inspector Name

Signature/Employee Number

Signature

Remarks: NO Changes in 7100 plans





Business Name: PULSE Occupancy ID: 06501 Business Phone: (407)649-3888 Location: 1912 3 ORANGE AVE Occupancy: Assembly Station No: Station 05 City/State: ORLANDO, FL Day Time Phone After Hours Phone Prty Mailing Address Contact Name (321)624-0434 (407)649-3888 ORLANDO, FL 32806 BARB POMA Assignment Date: Schedule Date: Activities: 11/01/2013 10/17/2013 ROBBINS, Susanna INSP-Full Fire Inspection Access: Exit: Flammable Liquids: Pre Fire Plan: Address visible Conducted/Reviewed/Needed Door(s) inoperable Improper use/storage/dispensing 0 Fire protection equipment Emergency/Exit sign(s) inoperable Improper container/provide cabinet FDC connection **Emergency Lights** MSDS sheets needed Date Shift Appar. Gate optical detector Exits not adequately enclosed Heating: Provide Records for all installed: Hydrant access Exits not properly arranged HVAC inadequate Fire protection equipment Key box (verified) Improper door swing Provide/maintain proper clearance Maintain fire lanes Keep fire doors closed around vents/exhaust/water heater Service/Maintain/Test/Tag: Maintain self-closers AED: Detectors Miscellaneous: Overcrowding AED Maintenance date Fire Alarm a Clean dryer vents Provide approved door assembly AED Register __ __yes __ Fire Extinguisher_ Housekeeping issues Provide/maintain rated corridor **AED Trained** yes Fire Pump Illegal burning Provide exit sign(s) Battery expiration date_ Generator Interior finish inadequate Remove obstruction aisles/exit way Brand Name Hydrant(s)/painted_ Provide fuel shut off Remove storage under stairs Emp. CPR Trained___ yes Hood System_ Remove BBQ grill Remove unapproved Location Sprinklers Remove rubbish/ waste/trash or locks/hardware Model# Standpipe/Hoses weeds from building Vertical openings not protected Other: Pads expiration date Signage Required: Fire Extinguishers: CEB action required Public Access ___ yes _ **FDC Connection** Conspicuously located Referral to Permitting Services Fire Lane City Code: Not accessible Unable to contact Lightweight Truss Change of Occupancy/use "No Smoking" Fire Hazard/Remedy Fire Protection: Permit Issued: Missing detector(s) Occupant Load 18A/Tent Standby Personnel No sprinkler protection under stairs Provide 704 Placard Stop Work Fireworks/Pyro/Sp. Effects No supervision Flam./Comb. Liquids Stair numbering Electrical: Provide 18" clearance Hazardous Material Circuit identification Storage: Temp. Assembly Provide spare heads/wrench Covers/blanks/junction box missing Disorderly Sprinkler head(s) painted/corroded/ Open Burning Defective equipment/wiring Too high damaged/ escutcheon plates Door labeled Permit Required: missing Improper breakers/fuses/locks Provide permit for work being done Sprinkler impairment Improper use/placement of extension cords/overloaded circuit Panel accessibility Remarks: Fire Alarm System - trouble mode (under New proposa

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 ner Name (Print) Date 30 Signature/ Employee Number Date Officer or Fire Inspector Name

Distribution: Original (WHITE) - Fire Safety Management Division Form #: FSM-MPF 12/201

Copy (YELLOW) - Business Owner

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OSSOT

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 BARB POMA

Prty Mailing Address

ORLANDO, FL 32806

Day Time Phone (407)649-3888

After Hours Phone

(321)624-0434

Activities

INSP-Exit Check F/U Inspection

Assigned to:

Assignment Date:

Schedule Date:

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:

- Address visible
- Fire protection equipment 0
- FDC connection
- G ate optical detector
- Hydrant access
- Keybox (verified) O
- Maintain fire lanes

Electrical

- Circuit identification 8
- Coverablanka junctionbox missing
- Defective equipment/wring
- Dog beled
- Improper breakers fruses locks 0
- Improper use/placement of extension cords/overloaded circuit.
- Panel access bility

Exit:

- Door(s) inop stable
- Emergency/Exit sign(s) moperable
- Exits not adequately amlowed
- Exats not properly arranged
- Improper door swing K.eep fire doors closed
- Mairizinself-closers
- Overcrowding
- Provide approved door as sombly 0
- 0 Provide/maintainratedcorridor Provide exit sign(3)

Other

- Remove obstruction aides'exitway
- Remove storage un der stars Remove unapproved lock shardwae

False Fire Alarm:

1 -2 \$0.00

3 -4 \$250.00

5 - 6 \$30000

7 + \$350.00

Notacesable

No supervision

Flammable Liquids:

Conspicuously located

Misang detector(s)

Provi de 18" clearance

Sprinkler impairment

MSDS sheets needed

Provide spare heads'w rendn

No sprinkler protection un der staurs

Sprinkler head(s) painted/corroded/

damaged/escutchem plates musing

Improper use/storage/dispensing

Improper container/provide calanat

Fire Extinguishers:

Fire Protection:

Œ.

0

0

0

Vertical openings not protected

Heating:

- HV AC inadequate
- Provi de/maintain proper dearance zound veris/exhaust/water heater

Miscellaneous:

- Clean dryer vents
- Housekeeping issues
- 650 Megal burning
- Interior finish inadequate
- Provide fuel shut off Remove BBQ grill
- Remo ve rubb ish/waste/trash or
 - weeds from building

Permit Issued:

- 18A/Tent
- Firework a Pyro Sp Effects
- 0 Flam/Comb. Liquids
- Hazardous Material
- Temp. Assembly (0)
- 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/ Waintain/Text/Tag:

Detectors Fire Alarm 3

- Fire Extinguish
- o Fire Pump
- Generator
- Hydrant(s)/painted 0
- Hood System
- Sprinklers
- Standpipe/Hoses

Signage Required

- Fire Lane ò
- "NoSmoking"
- OccupantLoad 0
- Provide 7 04 Placard
- Stair numbering

Storage:

- Disorderly
- Too high 0

Other:

- CEB action required 0
- Referral to Permitting Services
- Unable toContact

Service Fire Alarm System - trouble mode

ustomer: Signature below is to acknowledge repeipt of this epott)

Company Officer Name (Print)

Emp.#

Signature

Signature

.10.13

Reinspection Date

36-8864

Occupancy ID: 063 Name of Business: PULSE Description: Maintenance-General

*** Open Violations ***



Found Date: 07/20/2013

Code Section: NFPA 72, 7-4

Code Regulrement:

Fire A sam system equipment shall be maintained in accordance with manufacturer's instructions.

Comments:

fire panel holding trouble/ silence signal needs serviced/repaired

Description:

NOTE: SEE BELOW

Code Requirement:

Found Date: 07/20/2013

Code Section:

Comments

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

06574

Eusiness Name: PULSE

Business Phone: (407)649-3888



ORLANDO FIRE DEPARTMENT **EXIT CHECK**



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Contact Name

Prty Mailing Address

Occupancy: Station No: Station 05

Day Time Phone

After Hours Phone

Assembly

etivities: ISP-Company Exit Check - FSM	Assigned to: Division, Fire Safety Mgmt	Assignment Date: 10/17/2013	Schedule Date: 11/01/2013
Occ Load: 430 BAR 430 TEMP CLUB 300			
Mark box below if there is a deficiency.			a.
1. Parking in a Fire Lane	10. Obst	ructed Exit or	Exitway
2. Occupant Load Not Posted	11. Exces	ssive Combust	tibles
3. Occupants in Excess of Posted Limit	12. Com	bustibles in Ex	kitway
4. Emergency/Exit Lights Inoperable	13. Othe	r (Listed Belo	w)
5. Exit Doors Locked			
6. Aisles Obstructed		F/A 51	istem 3/1
7. Exit Door or Hardware Inoperable		,	
8. Improper Locks on Required Exit Doc	ors		
9. Self Closing Doors Blocked Open			
This review was cursory in nature and may not have revealed all pospremises. The deficiencies noted above must be corrected immediate conducted by the Fire Safety Management Division. For further informarks: F/A SY-Fem - trouble	ely. Other fire code violations	may be noted by a fi	n maintaining safe all inspection
(Note to Customer: Signature below is to acknowledge receipt of this report of the second of the sec	rt) Signature) ×	11 / 20/13 Date
(Skokhin)		11/	20/13





Tankas francis Filisi

Through a transport of the Control (1888)

Statistically Section S. Company & westing

Anto I des Mares de Afrechi des Afrece

deski Nakolo od Pod Nobel Billion	Askir, kikto. Indignation little of beedigle visite. Distribus, five is boy tight of the 15 out? India 170 170 170
DCCHPANT COSD SIGNAGE - 34014	MONTHLY EXH Check
Mark box below if there is a deficiency.	
1. Parking in a Fire Lane	10. Obstructed Exit or Exitway
2. Occupant Load Not Posted	11. Excessive Combustibles
3. Occupants in Excess of Posted Limit	12. Combustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Other (Listed Below)
5. Exit Doors Locked	13. Other (Listed Below) Find Panel to Taint
6. Aisles Obstructed	COLUNCE NIVE
7. Exit Door or Hardware Inoperable	Blebse Hove Services
8. Improper Locks on Required Exit Doo	ors Rext week
9. Self Closing Doors Blocked Open	
This review was cursory in nature and may not have revealed all possis premises. The deficiencies noted above must be corrected immediately conducted by the Fire Safety Management Division. For further inform Remarks: 153460 NOTICE CONCERNING CONCERNIN	cly. Other fire code violations may be noted by a full inspection rmation, please call 407-246-2386.
Ness of Containing Containing and the containing of the containing	
(Note to Customer: Signature below is to acknowledge receipt of this report	Stent 1/20/13
Customer Name (Print)	Signature Date
Company Officer Name (Print) Emp.#	Signature Date and Time





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

Customer Name (Print)

Business Name: PULSE Business Phone: (407)649-3888

Station No: Station 05

Occupancy: Assembly

Prty Mailing Address

After Hours Phone Day Time Phone **Contact Name** (407)718-5582 (407)649-3888 BRIAN REGAN 1912 S ORANGE AVE ORLANDO, FL Other (321)624-0434 (407)649-3888 ORLANDO, FL 32806 BARB POMA Other 1 Assignment Date: Schedule Date: Assigned to: Activities: 05/01/2016 04/05/2016 Station, Station 05, B INSP-Company Exit Check - B Shift Occ Load: 430 √ 300 BAR TEMP CLUB Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 13. Other (Listed Below) 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 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)

Date





Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Eusiness Name: PULSE

Business Phone: (407)649-3888

Occupancy:	Assembly
<u>Day Time Phone</u> (407)649-3888	<u>After Hours Fhone</u> (321)624-0434
Assignment D : 08/1 7/ 2013	ate: Schedule Date: 09/01/2013
structed Exit	
cessive Comb	oustibles
mbustibles in	ı Exitway
her (Listed B	elow)
This review is to as ons may be noted b	ssist in maintaining safe by a full inspection
	9-10-13 2215 Date
	7 20-13 221. Date and Time



ORLANDO, FL



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Other

City/State: ORLANDO, FL

Contact Name BARB POMA

Prty Mailing Address

Business Name: PULSE Business Phone: (407)649-3888

Station No: Station 05

32806

Occupancy: Assembly

Day Time Phone (407)649-3888

After Hours Phone (321)624-0434

Assignment Date: Schedule Date: Assigned to: Activities: 09/01/2014 08/17/2014 Station, Station 05, C INSP-Company Exit Check - C Shift Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 13. Other (Listed Below) 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 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) Date Signature Signature





Occupancy: Assembly

Occupancy ID: 06501

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Phone: (407)649-3888

Station No: Station 05

Business Name: PULSE

Contact Name Prty Mailing Address HARR POMA Caher 1 ORLAN	DO, FL 32806 (407)649-3888 (321)624-0434
	Assigned to: Assignment Date: Schedule Date: Division, Fire Safety Mgmt 06/05/2013 07/01/2013
OCCUPANT LOAD SIGNAGE - 3001	MONTHLY EXH Check
Mark box below if there is a deficiency.	10. Obstructed Exit or Exitway
1. Parking in a Fire Lane	11. Excessive Combustibles
2. Occupant Load Not Posted	
3. Occupants in Excess of Posted Limit	12. Combustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Other (Listed Below)
5. Exit Doors Locked	13. Other (Listed Below) FINE PANEL IN THUMBE STLENCE MODE Blebse Hove Services The Rest West
6. Aisles Obstructed	SILENCE MICE
7. Exit Door or Hardware Inoperable	- Glepie Love Servicks
8. Improper Locks on Required Exit Doo	rs Dext week
9. Self Closing Doors Blocked Open	
7. Self Closing Doors Dioened Open	
This review was cursory in nature and may not have revealed all poss premises. The deficiencies noted above must be corrected immediatel conducted by the Fire Safety Management Division. For further information of the control of th	mation, please call 407-246-2386. SOPEN FLAMES - USE OF
UI-LANGO CIFY FIFE COURS	
(Note to Customer: Signature below is to acknowledge receipt of this report	Signature 1/20/13 Date
SIM LURSH 1/298 x Company Officer Name (Print) Emp.#	Janus L. H. O7/20/2K13 Signature Date and Time





Occupancy ID: 06501

Business Name: PULSE Location: 1912 S ORANGE AVE Business Phone: (407)649-3888 Station No: Station 05 City/State: ORLANDO, FL Occupancy: Assembly Day Time Phone After Hours Phone Contact Name Prty Mailing Address (407)649-3888 (321)946-1119 BOBBY MILLS 1912 S ORANGE AVE ORLANDO, FL 32801 Other (407)649-3888 (321)624-0434 BARB POMA No Descripti3 ORLANDO, FL GREG SKEEN (407)649-3888 (321)698-1933 ORLANDO, FL No Descripti1 Schedule Date: Activities Assigned to: Assignment Date: Division, Fire Safety Mgmt 02/17/2013 03/01/2013 INSP-Company Exit Check - FSM Occ Load: BAR 430 TEMP CLUB 300 Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 2. Occupant Load Not Posted 11. Excessive Combustibles 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) STRUCE ALARM SYSTE 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 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 Emp.# Signature

- ELEMENTARIA PROGRAMMENT (OF ELLI B) - MINE ORDERY INCOMINED LAVISION COPY (TELLIOW) - BUSINESS OWNER



ORLANDO FIRE DEPARTMENT **EXIT CHECK**



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Business Name: PULSE

Pusiness Phone: (407)649-3888

City/State: ORLANDO, FL

Station No: Station 05

Occupancy:

After Hours Phone

Contact Name BOBBY MILLS BARB POMA

Prty Mailing Address 1912 S ORANGE AVE Other

ORLANDO, FL 32801 Day Time Phone (407)649-3888

(321)946-1119

GREG SKEEN

No Descripti3

ORLANDO, FL

(407)649-3888

(321)624-0434

Assembly

Activities:

No Descripti 1

ORLANDO, FL Assigned to:

Station, Station 05, A

(407)649-3888

12/17/2012

Assignment Date:

(321)698-1933 Schedule Date:

01/01/2013

INSP-Company Exit Check - A Shift Occ Load:

BAR

430

TEMP CLUB

300

U 16-117	
Mark box below if there is a deficiency.	
1. Parking in a Fire Lane	10. Obstructed Exit or Exitway
2. Occupant Load Not Posted	11. Excessive Combustibles
3. Occupants in Excess of Posted Limit	12. Combustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Other (Listed Below)
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	
This review was cursory in nature and may not have revealed all possible premises. The deficiencies noted above must be corrected immediately. Conducted by the Fire Safety Management Division. For further information of the fire Safety Management Division.	Other fire code violations may be noted by a full inspection
(Note to Customer: Signature below is to acknowledge receipt of this report Customer Name (Print) x	1-30-13 Date
Company Officer Name (Print) Emp.#	Signature 1 - 30 Date and Time



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 BOBBY MILLS

Prty Mailing Address

1912 S ORANGE AVE ORLANDO, FL 32801

Day Time Phone (407)649-3888

After Hours Phone

BARB POMA

2 Other No Descripti3

ORLANDO, FL

(407)649-3888

(321)946-1119 (321)624-0434

GREG SKEEN

No Descripti1

ORLANDO, FL

(407)649-3888

(321)698-1933

Activities:

INSP-Occupancy Load Evaluation

Assigned to: BLAHA, Thomas Assignment Date: Schedule Date: 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

A. General Fire Precautions:	YES	NO	N/A	D. Fire Protection Equipment:	YES	NO	N/A
1. Is general storage orderly?				1. Are fire extinguishers provided?	· ·	-	_
2. Are combustible waste materials disposed of properly?				2. Are fire extinguishers conspicuously located			
3. Are electrical panels and/or meters unobstructed?		_	_	and immediately available in the event of fire?		_	-
4. Are all electrical cords and extension cords				Are fire extinguishers tagged annually, and			
in good repair? Are extension cords used properly?	1.2	_	_	maintained properly?	-	-	_
Are electrical cover plates on all switches,				Date punched://			
plugs, and junction boxes?			_	 Are fire extinguishers fully charged and 			
6. Are combustible decorations flame retardant?			_	operational? 5. Is hood extinguishing system protecting	100		
7. Are shafts for pipes and cables sealed?		_	_	commercial cooking equipment tagged			
8. Are fire lanes unobstructed?		_	_	semi-annually by a licensed fire equipment			
9. Is the yard around the business free of weeds or debris?	_	_	_	contractor?		-	_
10. If gated property, is optical opening device functioning? Is the				Date punched://			
emergency code correct?	_		_	Is commercial cooking equipment, hood			
B. Maintenance of Exitways:				and ducts free of accumulated grease? 7. If building is sprinklered, is it 100% coverage?			
 Are exits clear and unobstructed? Are doors in or leading to exits unlocked? 				8. Is sprinkler system inspected and tested?	_	_	
3. Are stairway doors closed?				(Attach copy of inspection record)			
4. Are exit signs posted over or on required				9. Are hoses cabinets and racks			_
exit doors and exitways?	_		_	unobstructed? 10. Are hoses tested and inspected?		_	
5. Are exit signs and directional signs properly illuminated?				Date tested://			
6. Are emergency lights functioning?			_	11. Is fire pump tested annually?		_	_
7. Are door self -closing devices functioning?				Date tested://_			
8. Is exit discharge clear?	-	_	_	12. Are fire hydrants maintained?			
C. Fire Safety Education:				E. Fire Alarm Systems: 1. Is fire alarm system inspected by a licensed			
Is a written evacuation plan provided? Are records of training provided and current?				fire alarm contractor?	_	_	
3. Do employees have knowledge of :				Date tagged://			
a. Extinguisher type(s) and use	-	_	_	(Attach copy of last inspection)			
b. Evacuation procedure		_	_	2. Are smoke detectors operable?	_		
c. Fire Systems (alarm-sprinkler-hose-detection) d. Fire Safety Practices		_	_	F. Special Problems:			
e. Hazardous materials (M.S.D.S labeling	_	-	_	 Does this business store/handle flammable or combustible liquids in excess of 15 gallons? 	_	_	
- handling - storage - etc.)		_	_	2. Does the business have a special fire extinguishing		_	-
,				system for hazardous operation?			
Dan abana		,	71	3. Does this business store/handle hazardous chemicals?	_		_
Remarks: No chang	er	1	THE	3. Does this business store/handle hazardous chemicals?			
Action is:							
						_	
4							
(Note to Customer: Signature below is to acknow	ladge rece	int of t	hic range	*)			
		eipt of t	ins repor		1-14-1	2	
Greg Alcego 1	x	C	1		1 5 1	0	_
Customer Name (Print)			1	Signature	Date	12	
			1-	1.11	1-111-	117	
1 1 1 XI a La			1	XIMX	- / - /	//	
Company Officer Name (Print) Emp.#	x		1	Signature /	Date and	Time	_

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

Copy (YELLOW) - Business Owner

CODY (YELLOW) - Business Owner



ORLANDO FIRE DEPARTMENT **COMPANY SURVEY**



Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Business Name: PULSE

Pusiness Phone: (407)649-3888

Activities	
BOBBY MILLS Other 2 1912 S ORANGE AVE ORLANDO, FL 32801 (407)649-3888 (321)946 GREG SKEEN No Descripti1 ORLANDO, FL (407)649-3888 (321)698 BARB POMA No Descripti3 ORLANDO, FL (407)649-3888 (321)624 Activities: MSP-Full Fire Inspection BLAHA, Thomas 10/17/2012 11/0 THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDIHEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENCE OFFICE AT 407-246-2386. A. General Fire Precautions: YES NO N/A D. Fire Protection Equipment: YES ON N/A D. Fire Protection Equipment: YES ON N/A D. Fire Protection Equipment: YES ON MA D. Fire extinguishers provided? 2. Are fire extinguishers provided? 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 cabbes sealed? 5. Is hood extinguishing system protecting	
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6. Are combustible decorations flame retardant? operational? operational? 5. Is hood extinguishing system protecting	
8. Are fire lanes unconstructed? semi-annually by a licensed fire equipment	
9. Is the yard around the business free of weeds or debris? Contractor? 10. If gated property, is optical opening device functioning? Is the Date punched:/	
emergency code correct? 6. Is commercial cooking equipment, hood	
B. Maintenance of Exitways: and ducts free of accumulated grease?	
1. Are exits clear and unobstructed? 2. Are doors in or leading to exits unlocked? 3. If building is sprinklered, is it 100% coverage? 4. Is sprinkler system inspected and tested? 5. If building is sprinklered, is it 100% coverage? 6. Is sprinkler system inspected and tested?	
3. Are stairway doors closed? (Attach copy of inspection record)	
4. Are exit signs posted over or on required exit doors and exitways? 9. Are hoses cabinets and racks unobstructed?	
5. Are exit signs and directional signs properly 10. Are hoses tested and inspected?	
illuminated? Date tested:/	
7. Are door self-closing devices functioning? Date tested:	
o. is the discharge from .	
C. Fire Safety Education: 1. Is a written evacuation plan provided? E. Fire Alarm Systems: 1. Is fire alarm system inspected to a licensed	
1. Is a written evacuation plan provided? 2. Are records of training provided and current? 3. Do employees have knowledge of: Date tagged:	
a Evinomisher type(s) and use (Affach capture)	
b. Evacuation procedure 2. Are smoke detectors operable? c. Fire Systems (alarm-sprinkler-hose-detection) — F. Special Problems:	
c. Fire Systems (alarm-sprinkler-hose-detection) F. Special Problems: d. Fire Safety Practices 1. Does this business store/handle flammable or	
e. Hazardous materials (M.S.D.S labeling combustible liquids in excess of 15 gallons? - handling - storage - etc.) 2. Does the business have a special fire extinguishing	
system for hazardous operation?	
The state of this business store/handle hazardous chemicals?	
Remarks:	
NO VIOCATIONI AT ITII IIIIG	
(Note & Customer: Signature below is to acknowledge receipt of this report) (OSAC COMPANY Customer Name (Print)) Date	-17
Costomer Name (Print) Costomer Name (Print) Emp.# Signature Date and	Z Time

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

Emp.#

Copy (YELLOW) - Business Owner

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

Company Officer Name (Print)





Occupancy ID: 06501

Company Officer Name (Print)

Business Name: PULSE

Dischass Phone: (407)649-3888

Location: 191230	RANGE AVE		Business Pho	ne: (407)04	13-3000	
City/State: ORLAN	DO, FL		Station No:	Station 05	Occupancy:	Assembly
Contact Name BOBBY MILLS BARB POMA GREG SKEEN	Other 2 No Descripti3 No Descripti1	Mailing Address 1912 S ORANGE AVE	ORLANDO, FL 328 ORLANDO, FL ORLANDO, FL	801 (4	Day Time Phone 407)649-3888 407)649-3888 407)649-3888	After Hours Phone (321)946-1119 (321)624-0434 (321)698-1933
Activities: NSP-Company Exit C	heck - FSM		Assigned to: Division, Fire S	Safety Mgmt	Assignment Da 10/17/2012	te: Schedule Date: 11/01/2012
Occ Load: BAR TEMP CLUB	Made of the	430 300				
Mark box below if	there is a deficiency	<i>/</i> .				
1. Par	king in a Fire	Lane		10. Obs	tructed Exit	or Exitway
2. Occ	upant Load I	Not Posted		11. Exce	essive Comb	ustibles
3. Occ	upants in Ex	cess of Posted Li	imit	12. Con	nbustibles in	Exitway
4. Em	ergency/Exit	Lights Inoperab	ole	13. Oth	er (Listed Be	elow)
5. Exit	t Doors Lock	ed				
6. Aisl	les Obstructe	d				
7. Exi	t Door or Ha	rdware Inoperal	ole			
		on Required Ex				
				-		
9. Sell	Closing Doo	rs Blocked Open				
premises. The de	ficiencies noted abo	nd may not have revealed ove must be corrected in ement Division. For furt	mediately. Other fire c	ode violation	is may be noted by	ist in maintaining saf a full inspection
(Note to Custome	er: Signature below is	to acknowledge receipt of	this report)			
		x				
Customer Nam	e (Print)	11	Signature	2		Date
Im	Klail	11/6/1				

Signature

Date and Time

Prty Mailing Address



ORLANDO FIRE DEPARTMENT **EXIT CHECK**



Occupancy ID: 06501

Contact Name

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

Occupancy: Assembly

Day Time Phone After Hours Phone

ctivities: NSP-Company Exit Check - FSM	Assigned to: Assignment Date: Schedule Date: 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	10. Obstructed Exit or Exitway
2. Occupant Load Not Posted	11. Excessive Combustibles
3. Occupants in Excess of Pos	Limit 12. Combustibles in Exitway
4. Emergency/Exit Lights Inc	rable 13. Other (Listed Below)
5. Exit Doors Locked	
6. Aisles Obstructed	
7. Exit Door or Hardware Inc	rable
8. Improper Locks on Requir	
9. Self Closing Doors Blocked	
	caled all possible fire code violations. This review is to assist in maintaining safed immediately. Other fire code violations may be noted by a full inspection further information, please call 407-246-2386.
(Note to Customer: Signature below is to acknowledge Customer Name (Print) Company Officer Name (Print) Emp.#	Signature Signature Date Date and Time

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



ORLANDO FIRE DEPARTMENT **EXIT CHECK**

ORLANDO, FL



Occupancy ID: 06501

BOBBY MILLS

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No:

Station 05

Occupancy: Assembly Day Time Phone After Hours Phone

Contact Name Prty Mailing Address

1912 S ORANGE AVE Other

32801

(407)649-3888 (321)946-1119

Schedule Date: Activities: Assigned to: Assignment Date: 04/17/2012 05/01/2012 INSP-Company Exit Check - B Shift Station, Station 05, B Occ Load: BAR 430 TEMP CLUB 300 Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 2. Occupant Load Not Posted 11. Excessive Combustibles 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 13. Other (Listed Below) 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 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) ignature

ORLANDO FIRE DEPARTMENT





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Distinct Name: 1901/200

Districtor Primer (407)649 Desc

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Company Armondy

LONGER DEFINE

Par Mariller Advines

1912 S ORANGE AVE ORLANDO, FT. 32801

Day Time Maue

After Heavy linear

Other

(407)649-3888

INSP-Company Survey F/U Inspection

Assigned to:

Assignment Date:

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 II AZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION, EACH OF THE HAZARD & INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

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History Him Mayore

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(Note to Customer: Signafure below is to apknowledge receip of this to Aignatur e Knin.# Relagaethan Date

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321-436 8850

- Charlet (MALICINE) - Organism Children

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 BOBBY MILLS Other 1 1912 S ORANGE

1 1912 S ORANGE AVE ORLANDO, FL 32801

Day Time Phone

After Hours Phone

(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 HAZARDS) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OF FIRE AT 407-246-2386.

100	cess: Address visible		Provide exit sign(s) Remove obstruction aisles/exit way	Q	Heating: HVAC inadequate		Provide Records for all Installed
	Fire protection equipment		Remove storage under stairs		Provide/maintain proper clearance	head	Fire protection equipment
****	FDC connection		Remove unapproved locks/hardware		around vents/exhaust/water heater		Service/Maintain/Test/Tag:
	Gate oplical detector		Vertical openings not protected		ardditti veritsyextiadsbyvater ricater	D	Detectors
0	Hydrant access	-	to their openings for protostes		Miscellaneous:		Fire Alarm
	Key box (verified)	Fak	se Fire Alann:		Clean cryer vents		Fire Extinguisher
T	Maintair fire lanes	П	1 - 3 \$00.00	0	Housekeeping issues		Fire Pump
			4-6 \$100.00	ū	Illegal Eurning	0	Generator
Ele	ctrical:		7 + \$200.00		Interior finish inadequate		Hvdrant(s)/painted
	Circuit identification		apacter or a screen		Provide fuel shut off		Hood System
D	Covers/blanks/jurction box missing	Fire	Exinguishers:	U	Remove BBQ grll		Sprinklers
	Defective equipment/wiring		Conspicuously located		Remove rubbishi waste/trash or		Standpipe/Hoses
	Door labeled		No. accessible	-	weeds from building	_	Chartapiparitooo
	Improper breakers/fuses/locks	-	Tro. Medicologists		woods form banking		Signage Required:
0	Improper use/placement of extension	n Fire	Protection:		PermitIssued:		Fire Lane
	cords/overlanded circuit		Missing detector(s)	U	18A/Tent		"No Smokirg"
	Panel accessibility		No sprinkler protection under stairs	0	Fireworks/Pyro/Sp. Effects		Occupant Load
			No supervision		Flam,/Comb. Liquids		Provide 704 Placard
Exi	ti .		Provide 18" clearance		Hazardous Material		Stair numbering
O	Door(s) noperable		Provide spare heads/wrench		Temp. Assembly		
	Emergency/Exit sign(s) inoperable		Sprinkler head(s) pairted/corroded/		Open Eurning		Storage:
J	Exits no: adequately enclosed		damaged/ escutcheor plates missing	a	-1		Disorderly
U	Exits no: properly arranged		Sprinkler impairment	3	Permit Required:		Tco high
U	Improper door swing				Provide permit for work being done		
	Keep fire doors closed		Flammable Liquids:				Other:
(am)	Maintair self-closers		Improper use/storage/dispensing		Pre Fire Plan:		CEB action required
NO.	Overcrowding		Improper container/provide cabinet		Conducted/Reviewed/Needed	C	Referral to Permitting Services
Timel	Provide approved door assembly		MODO cheele seeded				Unable to contact
5	Frevide/ nathtain rated comdor	100	colonia T	1	00 68.11		
Res	marks: N/C 1-9	NU	CHANGE IN AT	Œ	IL IF LYSTV		
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	A)	PI	CHANGE IN FI COAD POSTE	Di		***************************************	
	U	U	WHO JUSTE	- 1			

Company Officer Name (Print)

Emp.#

Company Officer Name (Print)

Emp.#

Company Officer Name (Print)

Emp.#

Reinspection Date





Occupancy ID: 06501

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Occupancy: Assembly Station No: Station 05

Contact Name JUAN MILLER

Prty Mailing Address Other

1 1912 S ORANGE AVE ORLANDO, FL 32801

Day Time Phone After Hours Phone

(407)649-3888 (407)595-1432

rivities: 8P-Company Exit Check - FSM	Assigned to: Division, Fire Safety Mgmt	Assignment Date: 11/17/2011	Schedule Date: 12/01/2011
ES Load: BAR 430 TEMP CLUB 300	,		
Mark box below if there is a deficiency.			
1. Parking in a Fire Lane	10. Obs	tructed Exit or	Exitway
2. Occupant Load Not Posted	11. Exce	essive Combus	tibles
3. Occupants in Excess of Posted Limit	12. Com	bustibles in E	xitway
4. Emergency/Exit Lights Inoperable	13. Oth	er (Listed Belo	w)
5. Exit Doors Locked		100	
6. Aisles Obstructed			
7. Exit Door or Hardware Inoperable			
8. Improper Locks on Required Exit Doo	rs 🗔		
9. Self Closing Doors Blocked Open			
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Vietness Control of the Control of t			



Other

ORLANDO FIRE DEPARTMENT **COMPANY SURVEY**

ORLANDO, FL



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:

After Hours Phone

Assembly

Contact Name JUAN MILLER

Prty Mailing Address

1912 S ORANGE AVE

32801

Day Time Phone (407)649-3888

(407)595-1432

ctivities:			Assigned to:	Assignment Date:	Schedule l	Jate:
ISP-Company Survey Initial - A			Station, Station 05, A	10/17/2011	11/01/201	I
ntt						
THIS SURVEY IS PERFORMED BY THE CITY OF ADVISES YOU OF FIRE AND/OR LIFE SAFETY HATERIN IS IN VIOLATION OF THE ORLANDO FIR OFFICE AT 407-246-2386.	ZARDS WHICH RE	EQUIRE YOU	IR IMMEDIATE ATTENTION	. EACH OF THE HAZARD	(S) INDICATE	D
. General Fire Precautions:	YES NO	N/A	D. Fire Protection Equipment:		YES NO	N/A
 Is general storage orderly? Are combustible waste materials disposed of properly? Are electrical panels and/or meters unobstructed? Are all electrical cords and extension cords in good repair? Are extension cords used properly? Are electrical cover plates on all switches, plugs, and junction boxes? Are combustible decorations flame retardant? Are shafts for pipes and cables sealed? Are fire lanes unobstructed? Is the yard around the business free of weeds or debris? If gated property, is optical opening device functioning? Is the emergency code correct? Maintenance of Exitways: Are exits clear and unobstructed? Are stairway doors closed? Are exit signs posted over or on required exit doors and exitways? Are exit signs and directional signs properly 			1. Are fire extinguishers provided? 2. Are fire extinguishers conspicuous and immediately available in the effire? 3. Are fire extinguishers tagged annimaintained properly Date punched: 4. Are fire extinguishers fully charge operational? 5. Is hood extinguishing system protecommercial cooking equipment taseni-annually by a licensed fire eccontractor? Date punched: Lis commercial cooking equipment, and ducts free of accumulated greatif building is sprinklered, is it 106. B. Is sprinkler system inspected and (Attach copy of inspection record). Are hoses cabinets and racks unobstructed? 10. Are hoses tested and inspected?	vent of ually, and d and ecting gged quipment , hood see? 9% coverage? tested?		
illuminated? Are emergency lights functioning? Are door self -closing devices functioning? Is exit discharge clear?		=	Date tested:// 11. Is fire pump tested annually? Date tested:// 12. Are fire hydrants maintained?			- L
Fire Safety Education: Is a written evacuation plan provided? Are records of training provided and current? Do employees have knowledge of: a. Extinguisher type(s) and use b. Evacuation procedure c. Fire Systems (alarm-sprinkler-hose-detection)			E. Fire Alarm Systems: 1. Is fire alarm system inspected by fire alarm contractor? Date tagged:/			- <u>u</u>
d. Fire Safety Practices e. Hazardous materials (M.S.D.S labeling - handling - storage - etc.) Remarks:			Does this business store/handle flat combustible liquids in excess of 1 2. Does the business have a special 1 system for hazardous operation? Does this business store/handle had been special for the system for hazardous operation.	5 gallons? fire extinguishing	<u>/</u> = =	- <u>-</u>

Customer Name (Print)

Company Officer Name (Print)

Signature

Signature

)ate and Time

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division COPY (YELLOW) - BUSSIESS 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 Day Time Phone

Contact Name JUAN MILLER

Prty Mailing Address Other

1 1912 S ORANGE AVE ORLANDO, FL

32801

(407)649-3888

After Hours Phone

(407)595-1432

11. Exces	30000000000000000000000000000000000000	Exitway bles itway
11. Exces	ructed Exit or I	Exitway bles itway
11. Exces	ssive Combustil	bles tway
12. Coml	bustibles in Exi	itway
	r (Listed Below	
13. Other	<u> </u>	r)
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e code violations. This or fire code violations please call 407-246-2	s review is to assist in a may be noted by a full 2386.	maintaining safe
	11/1	2// Date
gnature		18/11 ate and Time
<u>)</u>	Signature	- Nurst 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 JUAN MILLER

Prty Mailing Address

Occupant 1 1912 S ORANGE AVE ORLANDO, FL

32801

Day Time Phone

After Hours Phone

(407)649-3888

(407)595-1432

Activities: INSP-Company Survey Initial - B Shift				Assigned to: Station, Station 05, B	Assignment Date: 10/17/2010	Sched 11/01/	ule Da 2010	te:
THIS SURVEY IS PERFORMED BY THE CITY OF ORI ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZA HEREIN IS IN VIOLATION OF THE ORLANDO FIRE P OFFICE AT 407-246-2386.	RDS WI	HICH RE	QUIRE	YOUR IMMEDIATE ATTENTION. I	EACH OF THE HAZARD	(S) INDI	CATED	PORT
A. General Fire Precautions:	YES	NO	N/A	D. Fire Protection Equipment:		YES	NO	N/A
 Is general storage orderly? Are combustible waste materials disposed of properly? Are electrical panels and/or meters unobstructed? Are all electrical cords and extension cords in good repair? Are extension cords used properly? Are electrical cover plates on all switches, plugs, and junction boxes? Are combustible decorations flame retardant? Are shafts for pipes and cables sealed? Are fire lanes unobstructed? Is the yard around the business free of weeds or debris? If gated property, is optical opening device functioning? Is the emergency code correct? Maintenance of Exitways: Are exits clear and unobstructed? Are doors in or leading to exits unlocked? Are exit signs posted over or on required 				1. Are fire extinguishers provided? 2. Are fire extinguishers conspicuously and immediately available in the every fire? 3. Are fire extinguishers tagged annual maintained properly for the punched: 4. Are fire extinguishers fully charged operational? 5. Is hood extinguishing system protect commercial cooking equipment tagg semi-annually by a licensed fire equicontractor? Date punched: Ost commercial cooking equipment, he and ducts free of accumulated grease? If building is sprinklered, is it 100%. Is sprinkler system inspected and test (Attach copy of inspection record) 9. Are hoses cabinets and racks.	int of Illy, and and ting ed ipment ood ?			
exit doors and exitways? 5. Are exit signs and directional signs properly				unobstructed? 10. Are hoses tested and inspected?				
illuminated? 6. Are emergency lights functioning? 7. Are door self -closing devices functioning? 8. Is exit discharge clear?				Date tested:/_/ 11. Is fire pump tested annually? Date tested:/_/ 12. Are fire hydrants maintained?				_
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				E. Fire Alarm Systems: 1. Is fire alarm system inspected by a fire alarm contractor? Date tagged:	licensed			_
c. Fire Systems (alarm-sprinkler-hose-detection) d. Fire Safety Practices e. Hazardous materials (M.S.D.S labeling - handling - storage - etc.)				F. Special Problems: Does this business store/handle flam combustible liquids in excess of 15 to Does the business have a special fire system for hazardous operation? Does this business store/handle hazardous.	gallons? e extinguishing			
Remarks:								
Customer Name (Print) Company Officer Name (Print) Company Officer Name (Print) Company Officer Name (Print)	dge rece	ipt of th	nis repor	Signature Signature		Date/ te and T	l'ime	

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





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动脉放射 (1987年) 新斯德 Lasting Real matricians - to commer. Assembly Dor The House Aller Borry I have TO DESCRIPTION AND CHARACTER 32801 6487564943888 Andgomen Date: Actobaba Cara Configured to t 03/15/20() 09/01/20(1 addist empany Pair Check - A Shift Station, Station 05, A Oce Load: CAR name cauc 300 Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) 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 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)





LACADAM POR LOGARANTA AVE

State of the an Mile

Pasiness Name: 140 SE

Pashass Fhom: (407)649-988

Station No. Station 05

Occupancy: Assembly

was ki Bang HAN MILLER

Prty Malling Address.

1912 S ORANGE AVE ORLANDO, FL. 32801

Day Time Phone (407)649-3888

After Hours Phone (407)595-1432

Augothy Long-Assigned to: Assignment Date: Schedule Union NCC Company Call Check - A Shift Steffen, Station 05, A. 12/17/2011 01/01/2012 Our Load: DAR 430 TEMP CLUB 300 Mark box below if there is a deficiency. 1. Parking in a Fire Lane 10. Obstructed Exit or Exitway 2. Occupant Yoad Not Posted 11. Excessive Combustibles 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 4. Emergency/L'xit Lights Inoperable 13. Other (Listed Below) 5. Exit Doors Locked 6. Aisles Obstructed 7. Exit Door or Hard ware Inoperable 8. Improper Locks on Required Exit Doors 9. Self Closing Doors Blocked Open 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:

U Signature

<u> </u>	
(Note to Customer: Signature below is to acknowledge rece	ipt of this report)
Brian M. Wood x	M. HAY
Customer Name (Print)	Signature

Signature



City of Orlando

Fed ID. 59-6000396 Phone: (407) 246-2611 Email: AR@CityofOrlando.Net

Fax: (407) 246-2247

nvoice

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
Check # :	
MC/Visa/AMX #:	
Expiration Date :/	
Signature :	

Invoice Total: 350.00

Amount Paid:



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7. Exit Door or Hardware I	operable		
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This review was cursory in nature and may not he premises. The deficiencies noted above must be conducted by the Fire Safety Management Divisi Remarks:	rrected immediately. Other fire code violati	ons may be noted by a	in maintaining s full inspection

ustomer Name (Print)

Emp.#

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

ORLANDO FIRE DEPARTMENT





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THE LIBERTS OF PERSONAND BY THE CITY OF ORLENDO HER DEPARTMENT III AH BEFORT TO PRESENT LOSS OF LIFE OR PROPERTY. THE REPORT ADVESS YOU OF SUC AND/OR LIKE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION EACH OF THE HAZARDO HIDICATED LERGER BUILT FOR STON OF THE OPLANDO PIKE PREVENTION CODE FOR PURTHER INFORMATION PLEASE CONTACT THE FIRE PREVERTION

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Occupancy ID: 06501

Lection 1912 3 ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05 Occupancy: Assembly

Contact Name JUAN MILLER

Prty Mailing Address

Occupant 1 1912 S ORANGE AVE ORLANDO, FL

32801

After Hours Phone Day Time Phone (407)649-3888

(407)595-1432

uctivities: VSP-Company Ezit Check - C Shift	Assigned to: Station, Station 05, C	Assignment Date: 06/17/2011	Schedule Date: 07/01/2011
Occ Load: 490 TEMP CLUB 300			
Mark box below if there is a deficiency. 1. Parking in a Fire Lane	10. Obs	structed Exit or	Exitway
2. Occupant Load Not Posted		essive Combus	•
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6. Aisles Obstructed 7. Exit Door or Hardware Inoperable			
8. Improper Locks on Required Exit Do	oors		
9. Self Closing Doors Blocked Open		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
This review was cursory in nature and may not have revealed all po premises. The deficiencies noted above must be corrected immediate conducted by the Fire Safety Management Division. For further information of the property of the propert	tely. Other fire code violation	ns may be noted by a find 5-2386.	
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(Note to Customer: Signature below is to acknowledge receipt of this report of the customer Name (Print)	ort) Signature) 1/9	Date OQ 3
Company Officer Name (Print) Emp.#	Signature	7/9	Date and Time

City of Orlando

Fed ID. 59-6000396 Phone: (407) 246-2611 Email: AR@CityofOrlando.Net

Bill To:

Pulse

336792

1912 S. Orange Avenue

Orlando FL 32806

Fax: (407) 246-2247

06501

Invoice

Invoice #: FF 117399
Billing Date: 07/08/11
Due Date: 08/07/11
Amount: 350.00

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 Ave Orlando FL 32806		Invoice #: FF 11 Date: 07/08	
Check#:			
MC/Visa/AMX#	· :		
Expiration Date	a:/		
Signature :			

Invoice Total: 350.00

Amount Paid:





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

After Hours Phone

Contact Name JUAN MILLER

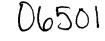
Prty Mailing Address

32801

Day Time Phone (407)649-3888

(407)595-1432

tivities: SP-Company Exit Check - B Shift	Assigned to: Station, Station 05, B	Assignment Date: 05/17/2011	Schedule Date: 06/01/2011
ECC Load: BAR 430 TEMP CLUB 300			
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 Door 9. Self Closing Doors Blocked Open	11. Exc	structed Exit or essive Combus nbustibles in Ex ter (Listed Belo	tibles xitway
This review was cursory in nature and may not have revealed all pos premises. The deficiencies noted above must be corrected immediate conducted by the Fire Safety Management Division. For further info Remarks: (Note to Customer: Signature below is to acknowledge receip of this report of the customer Name (Print) (Note to Customer: Amagement Division of the corrected immediate conducted by the Fire Safety Management Division. For further info Remarks: (Note to Customer: Signature below is to acknowledge receip of this report of the customer Name (Print)	ely. Other fire code violatio rmation, please call 407-24	ns may be noted by a f	



City of Orlando

Fed ID. 59-6000396 Phone: (407) 246-2611

Email: AR@CityofOrlando.Net

Fax: (407) 246-2247

Expiration Date : ____/___

Signature : _____

Invoice Invoice #: FF 116150 Billing Date: 05/31/11 Due Date: 06/30/11 Amount: 350.00

Amount Paid:

Pulse Date: 05/31/11	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
False Fire alarm #12 INVOICE TOTAL: 350.00 Cut along the line and return bottom portion with your payment. CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB Customer: 336792 Invoice #: FF 116150 Invoice Total: Invoice Total: 350.00 Invoice Total: 350.00	Description		Amount
Cut along the line and return bottom portion with your payment. CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB Customer: 336792 Invoice #: FF 116150 Invoice To Pulse Date: 05/31/11		INVOICE TOTAL:	
CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB Customer: 336792 Invoice #: FF 116150 Invoice To Pulse Date: 05/31/11			
Customer: 336792 Invoice #: FF 116150 Invoice To Date: Pulse Date: 05/31/11	Cut along t	he line and return bottom portion with your pay	ment.
Pulse Date: 05/31/11	CITY OF ORLANDO ACCO	UNTS RECEIVABLE PAYM	MENT STUB
1912 S. Orange Avenue Orlando FL 32806	Pulse 1912 S. Orange Avenue		Invoice Total: 3





Mark box below if there is a deficiency.	
1. Parking in a Fire Lane	10. Obstructed Exit or Exitway
2. Occupant Load Not Posted	11. Excessive Combustibles
3. Occupants in Excess of Posted Limit	12. Combustibles in Exitway
4. Emergency/Exit Lights Inoperable	13. Other (Listed Below)
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	
This review was cursory in nature and may not have revealed all possible premises. The deficiencies noted above must be corrected immediately. Conducted by the Fire Safety Management Division. For further information of the conducted by the Fire Safety Management Division.	Other fire code violations may be noted by a full inspection jon, please call 407-246-2386.
	7
(Note to Customer: Signature below is to acknowledge receipt of this report) Customer Name (Print)	Signature Date
Company Officer Name (Print) Emp.#	Signature 5-20-1/ Date and Time





Occupancy ID: 06501

Location: 1912 S ORANGE AVE

Occupant

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

Occupancy: Assembly

Contact Name
JUAN MILLER

Prty Mailing Address

1 1912 S ORANGE AVE

ORLANDO, FL 32801

Day Time Phone (407)649-3888 After Hours Phone (407)595-1432

Schedule Date: Assignment Date: Assigned to: Activities: 03/17/2011 04/01/2011 Division, Fire Safety Mgmt INSP-Company Exit Check - FSM Occ Load: 430 BAR TEMP CLUB 300 Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 3. Occupants in Excess of Posted Limit 12. Combustibles in Exitway 4. Emergency/Exit Lights Inoperable 13. Other (Listed Below) 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 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.

Customer Name (Print)

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

Emp.#

Miller

4-30-11 Date

City of Orlando

Fed ID. 59-6000396 Phone: (407) 246-2611

Email: AR@CityofOrlando.Net

Fax: (407) 246-2247

Invoice #: FF 114190 Billing Date: 4/7/2011 Due Date: 5/7/2011 Amount: 350.00

336792 Bill To:

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
raise file diariii #11	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 #: I Date:	FF 114190 4/7/2011
Check #:		
MC/Visa/AMX#:		
Expiration Date :/		
Signature :		

Invoice Total: 350.00

Amount Paid:



ORLANDO FIRE DEPARTMENT **COMPANY SURVEY**



may buy Dis Wood Lagrania, 1850 B. Turkhille 1278 Tary, Start Children (Edw., M.)

Elizabiess Name: FOLME

1886 1968 (107) 649-3688

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ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZ HEREIN IS IN VIOLATION OF THE ORLANDO FIRE	ARDS WH	ICH RE	QUIRE	YOUR IMMEDIATE ATTENTION	N. EACH OF THE HAZA	ARD(S) INDI	CATED	NON
OFFICE AT 407-246-2386.								
A. General Fire Precautions:	YES	NO	N/A	D. Fire Protection Equipment:		YES	NO	N/A
1. Is general storage orderly?				1. Are fire extinguishers provided?				
Are combustible waste materials disposed of properly? Are electrical panels and/or meters unobstructed?				Are fire extinguishers conspicuor and immediately available in the				
Are all electrical cords and extension cords		_		fire?				
in good repair? Are extension cords used properly?				Are fire extinguishers tagged and maintained properly?	nually, and			
5. Are electrical cover plates on all switches,				Date punched://_		•		
plugs, and junction boxes?				4. Are fire extinguishers fully charge	ed and			
6. Are combustible decorations flame retardant?			—	operational?				
Are shafts for pipes and cables sealed? Are fire lanes unobstructed?				Is hood extinguishing system pro commercial cooking equipment to				
9. Is the yard around the business free of weeds or debris?				semi-annually by a licensed fire e				
10. If gated property, is optical opening device functioning? Is the	*******			contractor?				
emergency code correct?				Date punched://_ 6. Is commercial cooking equipmen				
B. Maintenance of Exitways:				and ducts free of accumulated gre	ase?			
Are exits clear and unobstructed? Are doors in or leading to exite unbested?				7. If building is sprinklered, is it 10		*****		
2. Are doors in or leading to exits unlocked?3. Are stairway doors closed?				 Is sprinkler system inspected and (Attach copy of inspection record 				
4. Are exit signs posted over or on required				Are hoses cabinets and racks	•			
exit doors and exitways? 5. Are exit signs and directional signs properly				unobstructed? 10. Are hoses tested and inspected?				
illuminated?	_			Date tested://				
6. Are emergency lights functioning?	_			11. Is fire pump tested annually?				
 Are door self -closing devices functioning? Is exit discharge clear? 				Date tested://				
C. Fire Safety Education:	·E			·				
Is a written evacuation plan provided?				E. Fire Alarm Systems: 1. Is fire alarm system inspected by	a licensed			
2. Are records of training provided and current?				fire alarm contractor?				
Do employees have knowledge of: a. Extinguisher type(s) and use				Date tagged://(Attach copy of last inspection	- un)			
b. Evacuation procedure				2. Are smoke detectors operable?	ou)			
c. Fire Systems (alarm-sprinkler-hose-detection)				F. Special Problems:				
d. Fire Safety Practices e. Hazardous materials (M.S.D.S labeling				1. Does this business store/handle fl				
- handling - storage - etc.)				combustible liquids in excess of 1 2. Does the business have a special				
				system for hazardous operation?				
				Does this business store/handle h	azardous chemicals?			
Remarks:	· · · · · · · · · · · · · · · · · · ·							
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Company Officer Name (Print) Emp.#				Signature		Date and T	ime	
Company Officer Name (Print) Emp.#				~iBimini ~		7	7/20	· ·
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ORLANDO FIRE DEPARTMENT **COMPANY SURVEY**



(1800), service (1850) PERSON PRIZERS AND TRAVE

CONTROL ORLANDO, FE

Pastore Nesse: POLIN

Business Proper (407)(49-1998)

Water Ma Delice OS Company: According

1351 Time Floor After Department (407)68943880 (407)895 1402

THE MARCHARD PRO THE MARCHARD AVE ON ARROUND ASSIST

Assigned to: - Assignment Hitter - Kelmende Frater Cyclical Station 25. It 0379072033 (0370)72033 or, but on yeary with the above the metals

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	D. Fire Protection Equipment:	YES	NO	N/A
1. Is general storage orderly?				1. Are fire extinguishers provided?			
2. Are combustible waste materials disposed of properly?				Are fire extinguishers conspicuously located			
3. Are electrical panels and/or meters unobstructed?				and immediately available in the event of fire?			.—
4. Are all electrical cords and extension cords				3. Are fire extinguishers tagged annually, and			
in good repair? Are extension cords used properly?				maintained properly? / /0			_
5. Are electrical cover plates on all switches,				Date punched.			
plugs, and junction boxes?				4. Are fire extinguishers fully charged and			
6. Are combustible decorations flame retardant?				operational?			
7. Are shafts for pipes and cables sealed?				 Is hood extinguishing system protecting commercial cooking equipment tagged 			
8. Are fire lanes unobstructed?				semi-annually by a licensed fire equipment			
9. Is the yard around the business free of weeds or debris?				contractor?			
10. If gated property, is optical opening device functioning? Is the				Date punched://			
emergency code correct?				6. Is commercial cooking equipment, hood			
B. Maintenance of Exitways:				and ducts free of accumulated grease?		. —	
Are exits clear and unobstructed?				7. If building is sprinklered, is it 100% coverage?			
2. Are doors in or leading to exits unlocked?		_	_	8. Is sprinkler system inspected and tested? (Attach copy of inspection record)		=	
Are stairway doors closed? Are exit signs posted over or on required				9. Are hoses cabinets and racks		. —	
exit doors and exitways?				unobstructed?			
5. Are exit signs and directional signs properly				10. Are hoses tested and inspected?			
illuminated?				Date tested:/			
Are emergency lights functioning? Are door self -closing devices functioning?				Date tested: //			
8. Is exit discharge clear?				12. Are fire hydrants maintained?			
C. Fire Safety Education:				E. Fire Alarm Systems:			
C. Fire Safety Education: 1. Is a written evacuation plan provided?				Is fire alarm system inspected by a licensed			
2. Are records of training provided and current?				fire alarm contractor?			
3. Do employees have knowledge of :				Date tagged:/			
a. Extinguisher type(s) and use				(Attach copy of last inspection) 2. Are smoke detectors operable?			
b. Evacuation procedure				•			
c. Fire Systems (alarm-sprinkler-hose-detection) d. Fire Safety Practices				F. Special Problems: 1. Does this business store/handle flammable or			
e. Hazardous materials (M.S.D.S labeling				combustible liquids in excess of 15 gallons?		. —	
- handling - storage - etc.)				2. Does the business have a special fire extinguishing		. —	
	,			system for hazardous operation?			
1 1/1/				Does this business store/handle hazardous chemicals?			
Remarks: 10/0/01	10/15						
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(Note to Customer: Signature below is to acknowl		eiption t		i'', 1//,	フーフ・ノ	/	
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Customer Name (Print)/		7	700	Signature	Date		
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Fleis 10809	<u>x</u>				Date/and	d Time	
Company Officer Name (Print) Emp.#				Signature			

City of Orlando

Fed ID. 59-6000396 Phone: (407) 246-2611

Email: AR@CityofOrlando.Net

Fax: (407) 246-2247

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

Invoice #: FF 112025 Billing Date: 2/1/2011

350.00

Due Date: 3/3/2011

Amount:

Description		Amount
False Fire Alarm #10		350.00
Talse I il a Marini il re	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 :/
Cianatura :

Amount Paid: _____





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 UAN MILLER Occupant 1 1912 S ORANGE AVE ORI	LANDO, FL 32801	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	<u>fter Hours Phone</u> 107)595-1432
ectivities: HSP-Company Exit Check - A Shift	Assigned to: Station, Station 05, A	Assignment Date: 12/17/2010	Schedule Date: 01/01/2011
Occ Load: BAR 430 TEMP CLUB 700			
Mark box below if there is a deficiency.			
1. Parking in a Fire Lane	10. OI	ostructed Exit o	r Exitway
2. Occupant Load Not Posted	11. Ex	cessive Combus	stibles
3. Occupants in Excess of Posted Limit	12. Co	ombustibles in E	Exitway
4. Emergency/Exit Lights Inoperable	13. O	ther (Listed Belo	ow)
5. Exit Doors Locked			
6. Aisles Obstructed			
7. Exit Door or Hardware Inoperable			
8. Improper Locks on Required Exit D	oors		
9. Self Closing Doors Blocked Open			
This review was cursory in nature and may not have revealed all premises. The deficiencies noted above must be corrected immed conducted by the Fire Safety Management Division. For further in Remarks:	iately. Other fire code violat	ions may be noted by a	in maintaining safe full inspection
(Note to Customer: Signature below is to acknowledge receipt of this recustomer Name (Print)	Signature	(2)	Date
Company Officer Name (Print) Emp.#	Signature	1-	Date and Time

Prty Mailing Address

Occupant 1 1912 S ORANGE AVE



ORLANDO FIRE DEPARTMENT **EXIT CHECK**

ORLANDO, FL



Occupancy ID: 06501

Contact Name

JUAN MILLER

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

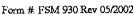
Occupancy: Assembly

32801

Day Time Phone (407)649-3888

After Hours Phone (407)595-1432

ctivitles: VSP-Company Exit Check - C Shift	Assigned to: Station, Station 05, C	Assignment Date: 10/17/2010	Schedule Date: 11/01/2010
Occ Load: BAR TEMP CLUB Mark box below if there is a deficiency.			
1. Parking in a Fire Lane	10. Obs	structed Exit or	Exitway
2. Occupant Load Not Posted	11. Exc	essive Combust	tibles
3. Occupants in Excess of Posted Limit	12. Con	nbustibles in Ex	kitway
4. Emergency/Exit Lights Inoperable	13. Oth	er (Listed Belo	w)
5. Exit Doors Locked			
6. Aisles Obstructed			
7. Exit Door or Hardware Inoperable			
8. Improper Locks on Required Exit Doc	ors		
9. Self Closing Doors Blocked Open			
This review was cursory in nature and may not have revealed all pos premises. The deficiencies noted above must be corrected immediate conducted by the Fire Safety Management Division. For further infor-	ely. Other fire code violation	is may be noted by a fu	n maintaining safe
Remarks:			
Kemarks:			
(Note to Customer: Signature below is to acknowledge receipt of this report Mathew Hainls Customer Name (Print) Sol Frank	Signature	1/2	Date C-10 94







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

After Hours Phone

Contact Name JUAN MILLER

Prty Mailing Address

Occupant 1 1912 S ORANGE AVE

ORLANDO, FL 32801 **Day Time Phone** (407)649-3888

(407)595-1432

ctivities: ISP-Company Exit Check - FSM	Assigned to: Division, Fire Safety Mgmt	Assignment Date: 11/17/2010	Schedule Date: 12/01/2010
Dcc 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 Door 9. Self Closing Doors Blocked Open	11. Exces 12. Coml 13. Othe	ructed Exit or ssive Combust bustibles in Ex r (Listed Belo	tibles kitway
This review was cursory in nature and may not have revealed all possi premises. The deficiencies noted above must be corrected immediatel conducted by the Fire Safety Management Division. For further information Remarks: [Note to Customer: Signature below is to acknowledge receipt of this report to the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division. For further information in the conducted by the Fire Safety Management Division.	y. Other fire code violations mation, please call 407-246-2	may be noted by a fu	n maintaining saf

Signature

Date and Time

Company Officer Name (Print)



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	there is a deficiency. king in a Fire Lane	10. Oł	structed Exit	or Exitway
	upant Load Not Posted		cessive Comb	<u>-</u>
3. Occ	upants in Excess of Posted Limit	12. Co	mbustibles in	Exitway
4. Eme	ergency/Exit Lights Inoperable	13. Ot	her (Listed B	elow)
5. Exit	Doors Locked			
6. Aisle	es Obstructed			
7. Exit	Door or Hardware Inoperable			
8. Imp	proper Locks on Required Exit D	oors		
9. Self	Closing Doors Blocked Open			
premises. The def	cursory in nature and may not have revealed all processing ficiencies noted above must be corrected immed. Fire Safety Management Division. For further in the correct of t	iately. Other fire code violati	ons may be noted by	sist in maintaining safe y a full inspection
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(Note to Customer Customer Name	er: Signature below is to acknowledge receipt of this receipt of the receipt of t	Signature		/D/g/b
Company Office	er Name (Print) Emp.#	Signature		Date and Time





Free termoure y FBs: 0650 i

ENGRAPHIC 1952 S ORATION AVE

Business Names PULSE

Business Phones (407)849-3888

JOY/STANDO, FE	Station No: Station OS — Occupancy: Assembly
Cancact Name Prty Making Address RIAN MILLER Occupant 1 1912 S OR ANGE AVE ORLA	Day Time Phone After House Shore ANIX), FL 32801 (407)649-3888 (407)595-1432
iclivilles. IABP Company Balt Check - A Shitt Constrain BAR TERSP CILAR	Assigned for Assignment Date: Schedule Date: Station, Station 65, A 08/17/2010 09/01/2010
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 Doo 9. Self Closing Doors Blocked Open	
This review was cursory in nature and may not have revealed all pospremises. The deficiencies noted above must be corrected immediate conducted by the Fire Safety Management Division. For further informarks: (Note to Customer: Signature below is to acknowledge receipt of this report that the customer Name (Print) Customer Name (Print) Emp.: **Company Officer Name (Print) **Emp.:* **Company Officer Name (Print)	ely. Other fire code violations may be noted by a full inspection ormation, please call 407-246-2386.

Copy (YELLOW) - Business Owner



ORLANDO FIRE DEPARTMENT **EXIT CHECK**



Occupancy ID: 06501

Contact Name

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE

Business Phone: (407)649-3888

Station No: Station 05

Occupancy: Assembly

Prty Mailing Address Occupant 1 1912 S ORANGE AVE

JUAN MILLER

ORLANDO, FL 32801 Day Time Phone (407)649-3888

After Hours Phone (407)595-1432

	Assigned to:	Assignment Date:	Schedule Date:
Activities: NSP-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 	11. Exces	ructed Exit or ssive Combust bustibles in Ex r (Listed Belo	tibles kitway
6. Aisles Obstructed 7. Exit Door or Hardware Inoperable 8. Improper Locks on Required Exit Do 9. Self Closing Doors Blocked Open	oors		
This review was cursory in nature and may not have revealed all popremises. The deficiencies noted above must be corrected immedia conducted by the Fire Safety Management Division. For further in Remarks:	itely. Other fire code violations	may be noted by a fi	n maintaining safe all inspection
(Note to Customer: Signature below is to acknowledge receipt of this ref	Signature Signature	J=2	Date Z/-/C Date and Time





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 JUAN MILLER

Prty Mailing Address 1912 S ORANGE AVE

ORLANDO, FL

Day Time Phone (407)649-3888

After Hours Phone (407)595-1432

Assignment Date: Schedule Date: Assigned to: Activities: 05/17/2010 06/01/2010 Station, Station 05, B INSP-Company Exit Check - B Shift Occ Load: 430 BAR TEMP CLUB 300 Mark box below if there is a deficiency. 10. Obstructed Exit or Exitway 1. Parking in a Fire Lane 11. Excessive Combustibles 2. Occupant Load Not Posted 12. Combustibles in Exitway 3. Occupants in Excess of Posted Limit 13. Other (Listed Below) 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 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)

Signature



CITY OF ORLANDO, FLORIDA



Census Text

File N	lumber				W. Carry	UIII		FIRE	INSI	PECTIC	N R	EPO	RT		FIRE	DEPT			Censu	s Text
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CITY OF ORLANDO, FLORIDA





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CITY OF ORLANDO, FLORIDA COMPANY SURVEY



Census Tract

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File Number

CITY OF ORLANDO, FLORIDA FIRE INSPECTION REPORT



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File Number

CITY OF ORLANDO, FLORIDA COMPANY SURVEY



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File Number



CITY OF ORLANDO, FLORIDA COMPANY SURVEY



Census Tract

Street Number Street Name Dir Bldg. Unit **Business Phone** Type 1912 407-425-4346 ORANGE AV **Business Name Business Owner** GARY BRANDT LORENZO Mailing Address City and State **Emergency Phone** 328060000 407-295-3477 1912 S ORANGE AV ORLANDO FL Type of Business Occ Gro Occ Cd Complex # of Exits Total Sq. Ft. Maximum Load 2700 3 RESTUARANT 161 000 75 1 Yr. Const Special Instructions Const Type Exting Stories Height Detectors Alarm Sys Standpipes Sprnklr Sp System 00 00 75 05 08 08 08 Last Inspector 0 3 9 7 (Date Activity Terr Priority Insp Prd Last Inspected 2/23/93 05 26 01 00:15 **Due Inspection Date** 11/15/94 SURVEY INITIAL INSPECTION 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. FIRE PROTECTION EQUIPMENT YES NO N/A YES **GENERAL FIRE PRECAUTIONS** 1. Are fire extinguishers provided? 1/ 2. Are fire extinguishers conspicuously located, accessible and 1. Is general storage orderly? 2. Are combustible waste materials disposed of properly? immediately available in the event of fire? 3. Are fire extinguishers tagged annually, and maintained properly?

Date punched 3. Are electrical panels and/or meters unobstructed? 4. Are all electrical cords and extension cords in good repair? 4. Are fire extinguishers fully charged and operational? 5. Are electrical cover plates on all switches, plugs, and junction boxes? 5. Is hood extinguishing system protecting commercial cooking 6. Are combustible decorations flame retardant? 7. Are shafts for pipes and cables sealed? 6. Is commercial cooking equipment, hood and ducts free of accumulated 8. Are fire lanes unobstructed? 9. Is the yard around your business free of weeds or debris? grease? 7. Is building fully sprinklered? 8. Is sprinkler system inspected and tested? Date tested MAINTENANCE OF EXITWAYS 9. Are hose cabinets and racks unobstructed? 1. Are exits clear and unobstructed? 10. Are hoses tested and inspected? Date tested 2. Are doors in or leading to exits unlocked? 11. Is fire pump tested annually? Date tested _ 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? FIRE ALARM SYSTEMS 6. Are emergency lights functioning? 1. Is manual fire alarm system inspected by a licensed fire alarm contractor Are door self closing devices functioning? at least annually? Date tagged _ 8. Is exit discharge clear? 2. Are smoke detectors operable? **FIRE SAFETY EDUCATION** SPECIAL PROBLEMS 1. Is a written fire evacuation plan provided? 1. Are flammable and combustible liquids properly stored? 2. Do employees have knowledge of: Qty. Extinguisher type(s) and use 2. Do you have a special fire extinguishing system for hazardous operation? 3. Are hazardous chemicals properly stored? **Evacuation Procedures** Fire Systems (alarm-sprinkler-hose-detection) Are records of training provided and current? Hazardous materials (M.S.D.S. - labeling-handling-storage REPLACE MISSING CEILING TILES (KITCHEN AREA); **Building Owner** Owner Address City and State ORLANDO RUSTY 413 HOPKINS FI. CONTELLA A Received By Signat Compliance Date 907 87h



CITY OF ORLANDO, FLORIDA COMPANY SURVEY



Census Tract

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Census Tract File Number COMPANY SURVEY 006501 11400 **Business Phone** Bldg Unit Street Number Street Name Type Dir 407-425-4346 1912 ORANGE AV **Business Owner Business Name** LORENZO GARY BRANDT **Emergency Phone** Mailing Address City and State 328060000 407-295-3477 ORLANDO 1912 S ORANGE AV Occ Grp Maximum Load Total Sq. Ft. Type of Business # of Exits Occ Cd Complex 75 2700 161 RESTUARANT 000 Yr Const Alarm Sys Standpipes Exintg. Special Instructions Detectors Sprnklr Sp System Const Type Stories Height 08 08 01 01 00 00 00 00 00 75 05 12 08 0.8 Last Inspected Last Inspector Date Activity Officer Terr Dist Shift Priority Insp Prd 112989 3627 01 02381 11/28/88 22 05 01 13 **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. DESCRIPTION APV TYPE COUNT CODE SECTION EXTINGUISHER TORN OFF. REPLACED. NFPA 10 4-4.1 REMARKS:_ Owner Address City and State **Building Owner** 2413 HOPKINS AV ORLANDO FL *XXUSTY CONTELL* Received By Signature of Officer Date 907 ... 87a

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File Number	CITY OF ORLAND			Census Tract
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Census Tract COMPANY SURVEY File Number 114.00 6501 |Type | Bldg. Unit | Business Name Street Number | Dir | Street Name LORENZOS ORONSE 1912 0 Emergency Phone Business Phone | Mailing Address Owner of Business 1912 S. ORONGE AVE GARY BRONDY 425-4346 Occ Grp Class Occ Code Complex Code City & State Zip Code Type of Business 32806 *ESTAURANT 6 6 Year Constructed Maximum Load Construction Type | Stories Total square ft. | Height 2700 75 Alarm System | Sprinkler Type | Special System | Standpipe Fire Extinguisher Required Exits Detectors Priority | Insp Period |Activity| Inspecting Officer |Territory District | Shift | Date 10-12 092487 Due Inspection Date Last Inspector | Date Last Inspected | Special Instructions 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. Approved Code Section Count Description Line # Code Type SIGN LIGHT OUT EXIT NFPA 101, 5-10,3. 96,8-2 NOOD SYSTEM OUT OF SERVICE PRESSURE IN CYLINDER, SEP 1987 RECEIVED Prevention REMARKS: City and State Bldg. Owner Owner Address CONTELLA AVE 2413 HOPKINS XU574 Signature of Company Officer Received By: At HONDY TUTER

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Addr	ess of Property	Company or O	ccupancy	Name	Emer	gency Telephone Da	e of gurvey	Shift Station
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Fixe	d Property Use	Name of Owner	r or Agen	+	Addy	ess of Owner/Agent	Person Auth	norizing Survey
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	ENERAL FIRE PRECAUTIONS		YES NO	O N/A		TRE PROTECTION EQUIPME		YES NO N/A
A-1.	Are waste materials dispose	d of properly?			C-7.	Are fire department of	onnection	
	SFPC 33.201		V			caps in place? 18.202	NFPA 13-2-7	
A-2.	Is general storage orderly	and separated	,b		C-8.	Are sections marked a	s to areas of	
	from heat sources? SFPC 33	.203	1			building covered? 18	3.213	
A-3.	Are vents, heating appliance	es and exhaust				NFPA 13-4-1.2		The same of
	systems properly installed	and	1		C-9.	Is a supply of replac	ement heads	
	maintained? SFPC 33.402		V			and wrench in accessi	ble location?	- 1
A-4.	Are unlawful heating devices	s being used?		7		18.202 NFPA 13-3-16.7		
- more	SFPC 33.401		V		C-10.	Are sprinkler heads p	ainted,	
A-5	Is electric wiring or appara	atus in obvious				corroded or damaged?		1
* Secure Secure	violation to electrical code	2 SEDC 33 405	W.			NFPA 13.3-16		
A-6.	Are fire lanes unobstructed	CEDC 10 106	-		C-11.	Is storage a minimum	of 18" from	
	med rate ranes unobstructed	SFPC 10.100				heads and two feet fr		
B- MA	INTENANCE OF EXITWAYS					18.202 NFPA 13-4-2.5		1
B-1	Are exitways clear and unok	t			C-12	Are control valves re		
D 1.	15 Ol. MED 101 5 1 6 2	ostructed?	. 1		C-12.			
B-2	15.01; NFPA 101,5-1.6.3 Are all doors in or leading	4-1-1-1	<u>v</u>		C-12	sible? 18.214 NFPA Does waterflow cause		
D-2.	Are all doors in or leading	to required			C-13.			
	exitways unlocked? 15.01		./			of alarm to central s		
	NFPA 101,5.2.1.2.1.1		V		4	sound local alarm? S	FPC 18.213	
В-3.	Are exit signs posted over o	or on required				NFPA 13-3-17	A COLUMN TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF T	
	exit doors and exitways? 15	5.01		/	C-14.	Are hose cabinets or		
the same	NFPA 101,5.10.1					unobstructed and easi		
B-4.	Are exitways adequately encl	osed? 15.01				operable? 18.202 NFF		
B-5.	Are stairway doors kept clos	ed? 15.01		7	C-15.	Are all fire pump val	ves open	
В-6.	Are exit signs and direction	al signs				for operation and cor	trol	
	properly illuminated? 15.01	A CONTRACTOR OF THE PARTY OF TH		1		devices in a ready st	ate?	
	NFPA 101,5-10.3			V		18.202 NFPA 14-7-2.3		
B-7.	Is panic hardware free of ch	ains, locks.			C-16.	Does fire pump pass y	early test?	
	bars, or other devices? 15.	01				18.202 NFPA 20-11-3		
	NFPA 101, 5-2.1.2.2			1	C-17.	Is pump room clean, f	ree from	
B-8.	Are emergency lighting facil	ities properly				storage, well lighted		
	arranged and maintained? 15	Ol				18.202 NFPA 20-11-3		
	NFPA 101, 5-9.1	.01		1				
B-9.	Can power operated doors be	manual lee			D - F	IRE ALARM SYSTEM		
	opened? 15.01 NFPA 101, 5-	manuarry			<u> </u>	THE HERICA CASTELL		
B-10	Are evit door self-lesion a	2.1.3			D=1	If provided, is fire	alarm cuctom	1
D 10.	Are exit door self-closing d	evices		,	ь т.	or fire detection sys		1
	present and functioning prop	erly?		1		per 18.206?	cem maintained	1
p-11	15.01 NFPA 101, 5-2.1.2.3				D 2		1	H
P-TT.	Do required exit doors swing	in the			D-2.	Does fire alarm sound		N 18
	direction of exit travel? 1	5.01	1			and/or transmit alarm		1 1
	NFPA 101, 5-2.1.1.4		4	4000		station? (If no, refe	r to Fire	
B-12.	Are "Number of Occupants Per	mitted"				Prevention) 18.206		
	signs properly displayed?			1	4			
	NFPA 101, 31-2.6.3		-	1		PECIAL PROBLEMS	State	
2					E-1.	Are utility shafts an		
C - FI	RE PROTECTION EQUIPMENT					openings between floo		
C-1.	Are fire extinguishers provi	ded in			120	or sealed? 15.01 NFF		
	building areas in accordance	with	A		E-2.	Are doors in stairway	s and other	
	NFPA 10-SFPC 18.201A		V			vertical shafts (line		
	Are fire extinguishers consp.		-	79		chutes, etc.) equippe		
	located where they will be re					closers and positive		
	accessible and immediately a	vailable	1			devices? 15.01 NFPA		
AND SHARING	in the event of a fire? NFP	A 10-18.202	10		E-3.	Are interior stairway		The state of the s
C-3.	Are fire extinguishers mainta	ained		8		or otherwise protecte		
	properly? NFPA 10-18.202		The V			required? 15.01 NFPA	101-6-2	The state of the state of
C-4.	Is the fixed extinguishing sy	ystem over	-		E-4.	Are spray painting bo	oths properly	
	the commercial cooking equipment	ment	2			installed and maintai		
	maintained properly? 18.202		Life.		E-5.	Are flammable and/or		
C-5.	Are the OS&Y and PIVs fully	open?	-			liquids properly stor		7
	18.202 NFPA 13.1-5	Politi		1		handled? Chapter 20		
	Are fire department connection	ons	-		E-6.	Are liquid petroleum	gas instal-	
	properly identified? 18.202	NEDA 13-2 7		100		lations properly inst	The second secon	
	10.202	MEER 13-2.1				maintained and handle		
						NFPA 58		
					E-7.	Are hazardous chemica	ls properly	
					- /.	stored and handled? 2		
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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

NG. a. M. Oother

ORLANDO FIRE DEPARTMENT COMPANY SURVEY FOR EMERGENCY - 422-7121
Date of Survey | Shift | Station Address of Property Company or Occupancy Name Emergency Telephone S. ORAND A -OREN -Fixed Property Use Name of Owner or Agent Address of Owner or Agent Person Authorizing Survey Nutalie (Rayge A - GENERAL FIRE PRECAUTIONS 127 YES NO N/A NO N/A - FIRE PROTECTION EQUIPMENT (Con't.) Are waste materials disposed of properly? 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 32.201 A-2. Is general storage onderly and separated from heat sources? 32.708
A-3. Are vents, heading appliance and exhaust systems properly installed and maintained? 32.402 A-4. Are unlawful heating devices being ised?
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 32.402 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 - MAINTENANCE OF EXITWAYS Are exit ways clear and unobstructed? B-1. 15.03A C-13. Does waterflow cause transmission of B-2. Are all doors in or leading to required exitways unlocked? 15.04 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 Are exit signs posted over or on required exit doors and exitways? 15.04 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 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, 14-12-3; 18.202 bars, or other devices? NFPA 101, 5-2.1.2.2 15.01 C-17. Is pump room clean, free from storage well lighted and heated? NFPA 14-12-3; Are emergency lighting facilities properly arranged and maintained? NFPA 101, 5-9, 18.202 - FIRE ALARM SYSTEM 15.01 D-1. If provided, is fire alarm system or fire 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 detection system maintained per 18.202? Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention) 18.202 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 Are utility shafts & other openings between floors enclosed or sealed? NFPA 101-6-1; Are doors in stairways & other vertical shafts (linen, trash chutes etc.) equipped with self-closers & positive locking devices? FIRE PROTECTION EQUIPMENT Are fire extinguishers provided in building areas in accordance with NFPA 10-NFPA 101-6-1; 15.01 18.201? Are interior stairways enclosed or other-Are fire extinguishers conspicuously located where they will be readily acceswise protected, if required: NFPA 101-6-1; sible and immediately available in event of fire? NFPA 10-18.202 Are fire extinguishers maintained properly? 15.01 Are spray painting booths properly installed and maintained? 19.203 NFPA 10-18.202 Are flammable and/or combustible liquids Is the fixed extinguishing system over the properly stored and handled? Chapter 20 Are liquid petroleum gas installations properly installed, maintained and handled? commercial cooking equipment maintained properly? 18.202 Are the OS & Y and PIV's fully open? NFPA 13.1-5 18.202 25.04 NFPA 58 E-7. Are hazardous chemicals properly stored and handled? 24.03 OTHER (DESCRIBE BELOW) Are fire department connections properly identified? NFPA 13-2-7; 18.202

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

		101.1	
FER TO FIRE PREVENTION		FIRE OFFICIAL LT, R.C. WHITAKE	

REI

REMARKS:

OMR. BRANDT 29534 / / @ KANDY STACK 8413119

					IMENT C	COMPANT SUR	,,,	FO	R EMERGENCY	Y - 911	or 422-	7121
Addre	ss of Property	Company or Occu	pancy Name		Emer	gency Telep	phone	Date	of Survey	Shift	Stati	on
	2 S. ORANGE AVE	LOKEM Z	.0.5			V		11	13/83	C	5	
6.0		Name of Owner o	r Agent		Addr	ess of Owne			Person Aut	thorizing	Surve	у
KE	STAURANT	MR. CON	TELLA		119	125.0	DRANG	GE	The	O. C.		12/
Δ _ G	ENERAL FIRE PRECAUTIONS	PARTY STATE	VEC NO	AUZA	0 5	The profess		DMENT	10-1-1	VEC	NO	NIZA
A-1.	Are waste materials disposed	of properly?	YES NO	N/A		Are fire d				YES	NO	N/A
	32.201		V	A THE TANK	3	place? 18						1
A-2.	Is general storage orderly an from heat sources? 32.203	nd separated	1		C-8.				to area of 02 NFPA 13		1-170	T.
A-3.	Are vents, heating appliance	and exhaust	<u>v</u> _	-	C-9.	Is a suppl					-	+
	systems properly installed an	nd maintained?	1			wrench in	accessit		cation? 18			
A-4.	32.402 Are unlawful heating devices	heing used?	<u>v</u> –	-	C-10	NFPA 13-3- Are sprink	CONTRACTOR AND ADDRESS.	le nati	nted corre	nded —	120	+-
	32.401					or damaged	1? 18.20)2 NF	PA 13.3-16			
A-5.	Is electric wiring or apparat violation to electrical code?		1		C-11.	Is storage				neads		1
A-6.	Are fire lanes unobstructed?		V -			and 2 feet NFPA 13-4-		string	10.202			
D _ M	AINTENANCE OF EVITHAVE			3800	C-12.	Are contro				lble?	14	-
B-1.	AINTENANCE OF EXITWAYS Are exit ways clear and unobs	tructed?	1		C-13.	18.202 NF Does water				of —	-	+
1	15.01; NFPA 101-5-1.6.3	THE RESERVE	<u>V</u>	100		alarm to c	entral s	tation	and sound	l		
В-2.	Are all doors in or leading t exitways unlocked? 15.01 NF		1		0.14				FPA 13-3-17		_	+
	2.1.2.1	PA 101-3-	V		6-14.	Are hose c			3.202 NFPA			
в-3.		on required	- V . 100-00	1		4-1				<u></u>	1	1
B-4.	exit doors and exitways? 15. Are exitways adequately enclo			7,	C-15.	Are all fi			s open for evices in a			
B-5.	Are stairway doors kept close	d? 15.01		V					FPA 14-7-2.			1
В-6.	Are exit signs and directiona properly illuminated? 15.01			1	C-16.	Does fire			rly test?			P3 8
	5-10.3	NFFA 101-		V	C-17.	18.202 NF Is pump ro			from stor	age.	-	+
B-7.	Is panic hardware free of cha			- N		well light	ed and h			,		
	bars, or other devices? 15.0 5-2.1.2.2	1 NFPA 101,		V		NFPA 20-12	1-3			-	-	+
B-8.	Are emergency lighting facili	ties properly			D - F	IRE ALARM S	YSTEM					100
	arranged and maintained? 15.	01 NFPA 101,		1	D-1.	If provide				or		
B-9.	Can power operated doors be ma	anually -	-	-/		fire detec per 18.206		tem ma	intained			1
	opened? 15.01 NFPA 101, 5-2			V	D-2.	Does fire	alarm so			77		T
B-10.	Are exit door self-closing d	evices present				and/or tra			central o Fire Pre	antian)		
	and functioning properly? 15	.01 NFPA 101	1			18.206	11 110, 1	erer (o rice rie	vencion)		
B-11.	5-2.1.2.3 Do required exit doors swing	in the direction	<u> </u>	1000								11
	of exit travel? 15.01 NFPA	101 5-2.1.1.4	V		6							1/1
B-12.	Are "Number of Occupants Perm properly displayed? NFPA 101	itted" signs	1			PECIAL PROB Are utilit		& atl	er opening		T.	1/-
		5-3.1	<u>v</u> –	_	E-1.				or sealed?			11/2
C - F	IRE PROTECTION EQUIPMENT				1	15.01 NFP				<u></u>	1,200	1
C-1.	Are fire extinguishers provide areas in accordance with NFPA	ed in building	V		E-2.				trash chut	es.		
C-2.	Are fire extinguishers conspic	cuously located							-closers &			
	where they will be readily accimmediately available in even	cessible and	1			positive 1		levices	3? 15.01			7
	NFPA 10-18.202	A STATE OF THE PARTY OF THE PAR			E-3.	NFPA 101-6 Are interi		ways e	enclosed or	_		+
C-3.	Are fire extinguishers mainta:	ined properly?	7			otherwise	protecte	d, if				11 -
C-4.	NFPA 10-18.202 Is the fixed extinguishing sys	stem over the	<u>v</u> _		E-4.	15.01 NFP Are spray			s properly	-	17 - Marie	+
	commerical cooking equipment m		1		48.0	installed	and main	tained	19.203	1.47.6	The T	1
C-5.	properly? 18.202 Are the OS & Y and PIV's fully	y open?	<u> </u>		E-5.	Are flammal	The second secon		oustible and handle	d?		
	18.202 NFPA 13.1-5		Barrier A	V		Chapter 20		cored	and nandle		1	18
C-6.	Are fire department connection		The state of	1	E-6.	Are liquid	petrole				17	1
	identified? 18.202 NFPA 13-2	2-/				and handle			l, maintain PA 58	ied		
					E-7.	Are hazard	lous chem	icals	properly	A 1970		
					OTHER	stored and (DESCRIBE		? 24.	.03	-	-	1
					OTHER	(DESCRIBE	DLLOW			-	-	1
REMARK												
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Y.S.			100		The state of	THE PROPERTY.					100	
THIS S	SURVEY IS REQUIRED BY CITY FIRE	E CODE IN AN EF	FORT TO PR	EVENT LO	SS OF I	LIFE OR PRO	PERTY, A	ND AD	ISES YOU C	F FIRE A	ND/OR	
	AFETY HAZARDS HILLSH REQUIRE VI		-				HOTOSTER	HEDE	TO A UTO	NATTON C	-	

LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARDS(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 St. W. C. Sem Day

					TENT CO	MPAINT SURVET		MERGENCY - 42	22-7121	
	Address	s of Property	Company or Occupan	ncy Name	Charles II	Emergency Telephone	Date	of Survey	Shift	Station
	19/6	2 S Depuse av	LOKEN	ZOS	Water.	295-347	7 7.	20.81	D	2
	Fixed P	Property Use	Name of Owner or	Agent		Address of Owner or	Agent	Person Aut	horizi	ng Survey
	Yes.	TAURANT	MRCON	TELLA	1	OPLANDO)	FRANCE	SB	POWN
					TO BEAUTY	BANK PROPERTY			YES	NO N/A
	$\frac{A - GE}{A-1}$	Are waste materials disposed	of properly?	NO N/A	C - F	TRE PROTECTION EQUI	PMENT (Cor	ı't.)	110	NO MY
		32.201	v		C-7.	Are fire departmen	t connecti	on caps in		
	A-2.	Is general storage orderly an from heat sources? 32.203	d separated		C-8.	place? NFPA 13-2- Are sections marke		ea of build-	_	
	A-3.	Are vents, heating appliance	and exhaust	-		ing covered? NFPA	13-3; 18.	202	-	
		systems properly installed an 32.402	d maintained?		t-9.	Is a supply of rep wrench in agcessib	le location	n? NFPA 13-	-3-	
	A-4.	Are unlawful heating devices	being used?		0.40	15: 18.202		A		<u> </u>
		28.10		K	C-10.	Are sprinkler head damaged? NFPA 13.	s painted, 3-15: 18/	gorroaed or		
*	A-5.	Is electric wiring or apparat violation to electrical code?			C-11.	damaged? NFPA 13. Is storage a minim	um of 18	from heads a	ind	
	A-6.	Are fire lanes unobstructed?	18.106			2 feet from ceilin 18.202	gr NHPA 1	3-4-2.5;		
	B - MA	AINTENANCE OF EXITWAYS			C-12.	Are control valves		ccessible?		
	B-1.	Are exit ways clear and unobs	tructed?		C-13	13-A-3-13.2.1; 18 Does waterflow can	.202	ssion of	-	
	B-2.	15.03A Are all doors in or leading t	o required		0 10.	alarm to central/s	tation and	sound		
		exitways unlocked? 15.04	V		C-14	local alarm? NFPA Are hose cabinets	13-8-16;	18.214	1-	
	B-3.	Are exit signs posted over or exit doors and exitways? 15.	on required			and easily operabl	e? NFPA	4-4-1; 18.20)2	
	B-4.	Are exit ways adequately encl	osed? 15.04		C-15.	Are all fire pump ation and control				
		Are stairway doors kept close Are exit signs and directiona		· — · —		state? NFPA 14-12	-3; 18.20)2	13/2	
		properly illuminated? 15.10	L.		C-16.	Does fire pump pas 14-12-3; 18.202	s yearly t	est? NFPA		
	B-7.	Is panic hardware free of chabars, or other devices? NFPA	ins, locks,		C-17.	Is pump room clean			1000	
		5-2.1.2.2 15.01	150			well lighted and h	eated? NF	PA 14-12-3;		
		Are emergency lighting facili arranged and maintained? NFP				18.202			-	
		15.01		_ 1		IRE ALARM SYSTEM	us alaum A	victom on file		
		Can power operated doors be mopened? NFPA 101, 5-2.1.3		4	D-1.	If provided, is fi detection system m	aintained	per 18.202?	е	
	B-10.	Are exit door self-closing de	evices present	17 15 15 15 15	D-2.	Does fine alarm so	und local	alarm and/or		
	1	and functioning properly? NF	PA 101	- 4		transmit alarm to refer to Fire Prev	ention) 1	8.202	no,	
	B-11.	5-2.1.2.3 15.01 Do required exit doors swing	in the direction						- W	
		of exit travel? NFPA 101 5- Are "Number of Occupants Perm	2.1.1.4.4;15.01		E - S	Are utility shafts	& other o	penings bety	veen	
-	D-12.	properly displayed? NFPA 101		X		floors enclosed or	sealed? N	FPA 101-6-1;		
	C F	THE PROTECTION FOUITMENT			E-2.	15.01 Are doors in stair	wavs & oth	er vertical	-	
	C-1.	Are fire extinguishers provide	led in			shafts (Tinen, tra	sh chutes.	etc.) equipp	ed	700,017
		building areas in accordance	with NFPA 10-			with self-closers NFPA 101-6-1; 15.0	& positive	locking dev	ices	1920212223
	C-2.	18.201? Are fire extinguishers conspi	cuously	-	E-3.	Are interior stair	ways enclo	sed or other	54-10	
		located where they will be re	eadily acces-			wise protected, if 15.01	required:	NFPA 101-67	F	din
		sible and immediately available fire? NFPA 10-18.202	ole in event of		E-4.	Are spray painting		operly insta	11ed A	-JUL 1981
	C-3.	Are fire extinguishers mainta	ained properly?		F_5	and maintained? 1 Are flammable and/		ible liquide		CETT
V	C-4.	NFPA 10-18.202 Is the fixed extinguishing sy	stem over the			properly stored an	d handled?	Chapter 20		Fire ED
15		commercial cooking equipment			E-6.	Are liquid petrole properly installed	um gas ins	tallations	Pd2 '6	Ventio
	C-5.	properly? 18.202 Are the OS & Y and PIV's full	ly open?	<u> </u>		25.04 NFPA 58			00	.,017
		NFPA 13.1-5 18.202				Are hazardous chemi handled? 24.03			Mag (90 mc 7.3
	C-6.	Are fire department connection identified? NFPA 13-2-7; 18		~	OTHER	handled? 24.03 (DESCRIBE BELOW)	56	KAICED	_	A VC ON
	10	(1)					99,-			-
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	B-	12) OCCUPANT	5194	NOT	DI	SDEAVEN	(SEC	DND NO	TICE)
		7			07	_ 70	-		Digital Control	
	THIS S	SURVEY IS REQUIRED BY CITY FIR	SODE IN AN AFFOR	T TO PREVENT	LOSS OF	LIFE OR PROPERTY, 7	ND ADVISES	YOU OF FIRE	E AND/O	R LIFE
		HAZARDS WHICH REQUIRE YOUR I					A STATE OF THE STATE OF			
	FIRE P	PREVENTION CODE. FOR FURTHER	INFORMATION OR ASS	ISTANCE, PLEA	SE CONTA	ACT FIRE PREVENTION	BUREAU AT	849-2386.		

THANK YOU FOR YOUR COOPERATION

REFER TO FIRE PREVENTION CONTROL OF THE FRENCH TON TO THE FRENCH TO THE

FIRE OFFICIALER J.W. DVEFTREATH

THIS SURVEY IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES WOU OF FIRE AND/OR LIFE

THIS SURVEY IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES TO 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

FIRE OFFICIAL FF. S. J. Bowerman

645-27



False Fire Alarm Incident Report

Report Print Date/Time 4/26/2010



Basic Incident Data

Date 4/23/2010

Alarm 0015437 Code PropUse 743 140

Station 05

File Number Occ Name

Address

1912 S ORANGE Ave

Narratives

CAD Narrative

CAD Event #: FFD100423015437 Type: ALARM

Comments:***RMA.

Original Location: PULSE

Engine 5

Dispo: C Operator: SEARS, NICHOLAS

Priority: 1 AFA - RIGHT WHITE ROOM/PULL ENTRY

OP 407-649-388

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.

JUL 21 2010

Letter Sent:	
Invoice Sent:	
Documentation Received:	
Inspector Comments:	

ORLANDO FIRE DEPARTMENT

Occupancy ID: 06 Name of Business: PULSE

EC002 Occupant Load - Posting

*** Open Violations ***



Found Date: 01/22/2010

Code Section:

Found Date:

Code Section:

Found Date:

Code Section:

Found Date:

Code Section:

04/30/2010

CITY FIRE CODE, 24.04h3

CITY FIRE CODE, 24.24(b)(1)

04/30/2010

CITY FIRE CODE, 41.06

04/08/2010

CITY FIRE CODE, 24.24 (b) (1)

Code Requirement:

Provide signs for maximum occupant load.

Comments:

Description:

MUST MAINTAIN ACCURATE OCCUPANCY COUNT AT ALL TIMES, UTILIZING HANDHELD CLICKERS

Description:

Z3 False Fire Alarm 7 or more

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.

Comments:

#8 4-8-10 13168 malfunction Inv 102627

#9 4-23-10 1547 smoke machine

Description:

BUILDING PERMITS

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.

Comments:

Description:

OCC. LOAD POSTING

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

Comments:

OCCUPANT LOAD SET @ 300 PERSONS PER FIRE MARSHAL AS OF 4-30-2010

UNTIL SPRINKLER SYSTEM IS INSTALLED

Description:

SUPPRESSION SYSTEM REQUIRED

Code Requirement:

Sprinkler system required in accordance with this code, NFPA 1, and NFPA 101

Comments:

Description:

OCCUPANT LOAD-DIAGRAM

Code Requirement:

The AHJ shall be permitted to require an approved diagram to substantiate any increase in occupant load.

Found Date:

04/30/2010

Code Section:

CITY FIRE CODE, 24.27

Found Date: 05/12/2010

Code Section:

NFPA 101, 7.3.1.3.2

Comments:

Harm # USM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division

Copy (YELLOW) - Business Owner

ORLANDO FIRE DEPARTMENT



provide new floor plant (all awings) 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

6501 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			Am	ount
False fire alarm #9		The American Co.		200.00
	()	INVOICE TOTAL:		200.00
	DATE BY:	JUL 21 2010	,	

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792	Invoice	#: FF 103633
Pulse	Date:	5/18/2010
1912 S. Orange Avenue		
Orlando FL 32806		
Check # :		
MC/Visa/AMX # :		

Expiration Date : ___/___

Signature : ____

Amount Paid: _____

Invoice Total: 200.00





False Fire Alarm Incident Report

Report Print Date/Time 4/9/2010 10:52:01AN



Basic Incident Data

Date 4/8/2010

Alarm 0013168 Code PropUse 733 162

Station 05

File Number Occ Name Address

1912 S ORANGE Ave

Narratives

CAD Narrative

CAD Event #: FFD100408013168 Type: ALARM

Dispo: C

C Operator: WILLIAMS, JENNIFER Priority: 2
AFA SMK RIGHT RIGHT WHITE ROOM PULL ENTRY

Comments:***RMA. 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.

SCANNED

MAY 2 6 201

BY:

W/

Letter Sent:	
Invoice Sent:	
Documentation Received:	
Inspector Comments:	

ORLANDO FIRE DEPARTMENT



My thing & Johnson and I had Don Good

Charle Plan raphermaniques

A Service . Blegath had then been added the Chapman market.



Alexand America 01/00/0010

Code Sections

ATTOMPTONISM SWIPS

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Secretary and Secretary and Assessment

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