



FIRE SAFETY INSPECTOR PRACTICAL EXAMINATION SKILL SHEETS

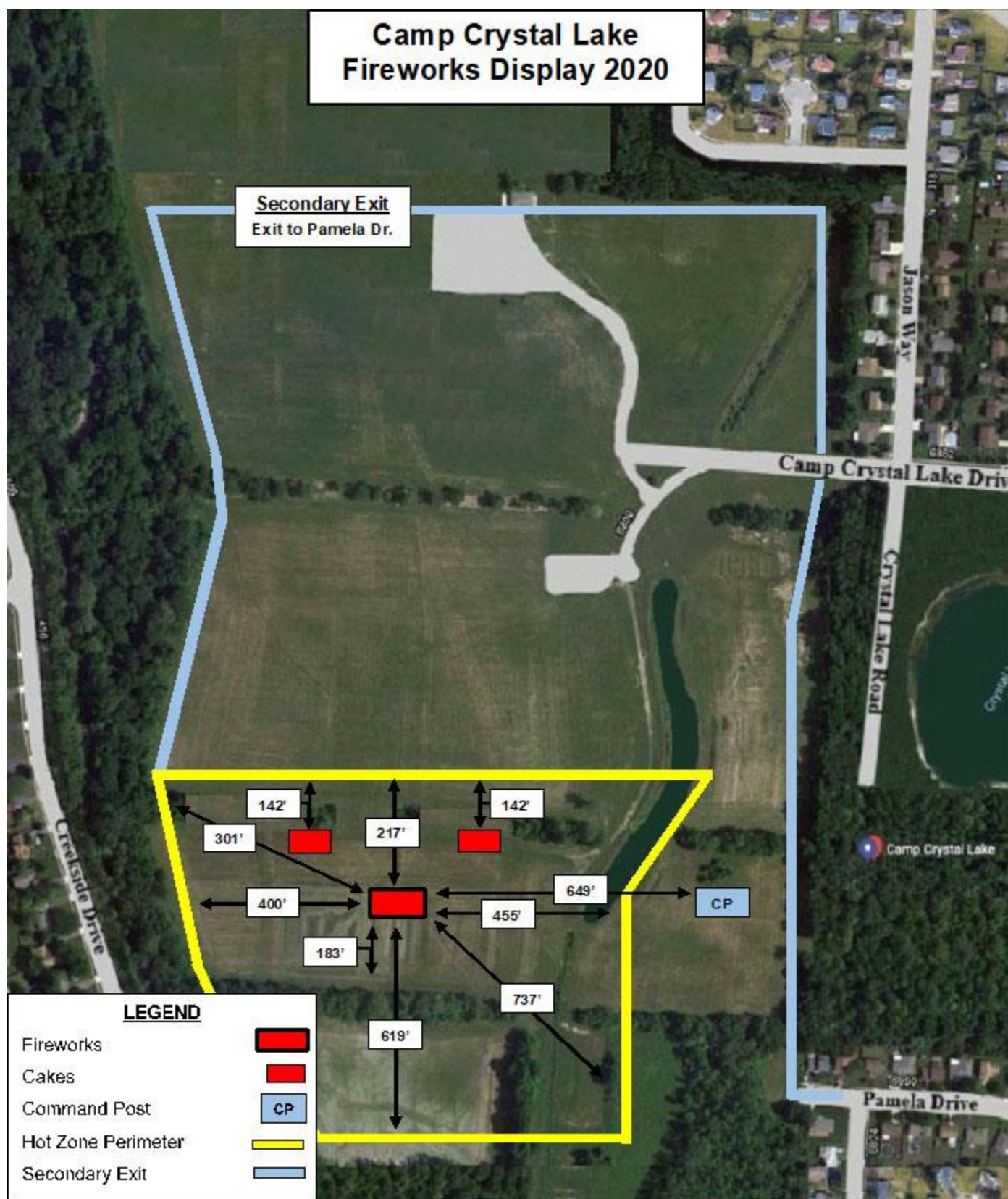
Ohio Department of Public Safety, Division of EMS

Effective January 1, 2021

FIRE SAFETY INSPECTOR NFPA INSPECTOR II
PRACTICAL SKILLS TESTING INDEX NFPA
Standard 1031 (2014 Edition)

SKILL	NFPA 1031 JPR(s)		TYPE	MAX TIME
1	5.2.1	Process Permit Application	M	30
2	5.2.2, 5.3.3, 5.4.1	Process Plan Review	M	30
3	5.2.3	Investigate Complex Complaint	M	30
4	5.2.4	Recommended Fire Code Change	R	60
5	5.2.5	Recommended Policies and Procedures	R	30
6	5.3.1, 5.4.2	Calculate Multi-Use Occupant Load	R	30
7	5.3.2	Identify Occupancy Class of Multi-Use	M	30
8	5.3.4, 5.4.4	Evaluate Fire Protection Systems	R	60
9	5.3.5	Analyze Egress Elements	M	30
10	5.3.6	Evaluate Hazardous Conditions	R	30
11	5.3.7	Evaluate Emergency Planning	R	30
12	5.3.8	Combustible and Flammable Liquid Storage	R	30
13	5.3.9	Hazardous Materials Storage	R	30
14	5.3.10	Determine Fire Growth Potential	R	30
15	5.3.1, 5.3.12	Verify Compliance with Construction Documents	R	30
16	5.4.3	Fire Protection System Plan Review	R	30
17	5.4.5	Verify Means of Egress	R	30
18	5.4.6	Verify Construction Type	R	30

FIRE SAFETY INSPECTOR II		SKILL TEST #1		MANDATORY		
Primary Task		PROCESS PERMIT APPLICATION		JPR(s)	5.2.1	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2
TEST SITE NAME North Ridgeville Fire Department				TEST DATE		
TEST SITE ADDRESS 7000 Ranger Way				START TIME		
CITY North Ridgeville		STATE OH	ZIP 44039	END TIME		
JPR 5.2.1	Process a permit application, given a specific request, so that the application is evaluated and a permit is issued or denied in accordance with the applicable codes, standards, policies, and procedures of the jurisdiction.				State Maximum Allotted Time 30 minutes	
Requisite Knowledge	Permit application process and applicable codes, standards, policies, and procedures of the jurisdiction.					
Requisite Skills	The application of the requisite knowledge.					
Instructions	Given a permit application for a specific request, process the application. Issue a permit or deny the permit based upon applicable codes, standards, policies, and procedures.					
Performance Outcome	Successful completion of 100% of the steps listed below.					
PERFORMANCE STEPS				TEST 1		RETEST 2
				P	F	P
1. Process a permit application with a specific request.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Evaluate permit application in accordance with applicable codes, and standards, and policies and procedures of the jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Documented approval or denial of permit based upon codes, standards, policies, and procedures				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicated verbally and in writing the approval or denial of permit.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Documented justification of decision in written communication.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass						
COMMENTS						
EVALUATOR 1 NAME Robert Hanmer		EVALUATOR 1 SIGNATURE X			CERT # 82921	
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE X			CERT #	
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE X			CERT #	
CANDIDATE NAME		CANDIDATE SIGNATURE X			CERT #	



FIRE SAFETY INSPECTOR II

SKILL TEST #1

SCENARIO: 1.1

JOHN KASICH
GovernorState of Ohio
Department of Commerce
Division of State Fire MarshalJACQUELINE T. WILLIAMS
Director**2016 Fireworks Out-of State Shipping Certificate**

This fireworks out of state shipper has met the requirements of Ohio Revised Code 3743.40 and is permitted to ship fireworks of the following type(s) listed below directly into this state to a licensed wholesale, manufacturer, or an exhibitor at a properly permitted exhibition site

02.99.0999

ACME PYROTECHNIC INDUSTRIES INC.
ACME
PO BOX 343
TWIN PEAKS, WA 43213-0343

Expiration Date: 06/22/2017
License non-transferable

Ohio**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Ohio Workers' Compensation**

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer

904916

ACME PYROTECHNIC INDUSTRIES INC.
ACME
PO BOX 343
TWIN PEAKS, WA 43213-0343

www.bwc.ohio.gov
Issued by:

Period specified below
07/01/2016 through
06/30/2017



Sanku
Administrator/CEO

You can reproduce this certificate as needed.

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT

CANDIDATE NAME (Please Print)

FIRE SAFETY INSPECTOR II

SKILL TEST #1

SCENARIO: 1.1

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

Federal Explosives License/Permit
(18 U.S.C. Chapter 40)

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF
Correspondence To
ATF - Chief, FELC
244 Needy Road
Martinsburg, WV 25405-9431

License/Permit
Number
9-CA-111-34-0A-01111

Chief, Federal Explosives Licensing Center (FELC)

Expiration
Date
January 1, 2019

Name

ACME PYROTECHNIC INDUSTRIES INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)
**528 US Route 27
Southgate, Kentucky**

Type of License or Permit

23-IMPORTER OF EXPOSIVES

Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

**AEROVIRONMENT INC
900 INNOVATORS WAY ATTN: JOEL DISPENZA
SIMI VALLEY, CA 93065**

Licensee/Permittee Responsible Person Signature

WALID NAWAB

Printed Name

Position/Title

CEO

Date

Previous Edition is Obsolete

ATF Form 5400.14-5400.15 Part I
Revised October 2011

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)
244 Needy Road
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352
Fax Number: (304) 616-4401
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. **(The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)**

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here

Federal Explosives License/Permit (FEL) Information Card	
License/Permit Name:	AEROVIRONMENT INC
Business Name:	ACME PYROTECHNIC INDUSTRIES INC.
License/Permit Number:	9-CA-111-34-0A-01111
License/Permit Type:	23-IMPORTER OF EXPOSIVES
Expiration:	January 1, 2020
Please Note: Not Valid for the Sale or Other Disposition of Explosives.	

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT

Camp Crystal Lake

July 1st, 2020

Presentation Recap

\$27,850.00

Opening

144 2.5 inch shells
12 4 inch shells

Body

380 3 inch shells
368 4 inch shells
6 49 Shot Angled Barrages
4 100 Shot Assorted Barrages
4 120 Shot Assorted Barrages
4 130 Shot Assorted Barrages
2 135 Shot Assorted Barrages
2 300 Shot Assorted Barrages
2 380 Shot Assorted Barrages

Grand Finale

772 2.5 & 3 inch shells
60 4 inch shells



CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT

FIRE SAFETY INSPECTOR II

SKILL TEST #1

SCENARIO: 1.1



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 04/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Simpson, Burns & Springfield 742 Evergreen Terrace Springfield, Ohio 44555	CONTACT NAME: Lara Croft PHONE (A/C, No, Ext): 800-555-1971 E-MAIL ADDRESS: LaraCroft@gmail.com FAX (A/C, No):														
INSURED Camp Crystal Lake 157 Crystal Lake Road Crystal Lake, Ohio 43068	INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER A</th> <th>NAIC #</th> </tr> <tr> <td>Gekko & Co</td> <td>13056</td> </tr> <tr> <td>INSURER B</td> <td>19437</td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> </tr> </table>	INSURER A	NAIC #	Gekko & Co	13056	INSURER B	19437	INSURER C		INSURER D		INSURER E		INSURER F	
INSURER A	NAIC #														
Gekko & Co	13056														
INSURER B	19437														
INSURER C															
INSURER D															
INSURER E															
INSURER F															

COVERAGES		CERTIFICATE NUMBER: WN3C5RPF		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		015375417	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 200,000 PRODUCTS - COMPROP AGG \$ 200,000 Policy Aggregate: \$ 750,000 COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ 25,000 BODILY INJURY (Per accident) \$ 25,000 PROPERTY DAMAGE (Per accident) \$ 1,000 Comp. \$2500 deductible Coll. \$2500 deductible
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Tfr InterChg \$1mil		LF10012744	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 500,000 AGGREGATE \$ 500,000 DED. RETENTION \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$		015375365	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 500,000 AGGREGATE \$ 500,000 DED. RETENTION \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fireworks Display Date: July 1, 2020 Rain Date: July 2, 2020
 Location: Camp Crystal Lake, Crystal Lake, Ohio
 City of Crystal Lake, Crystal Lake Fire Department
 The above listed are Additional Insured respects to general liability policy as required by written contract subject to policy terms, conditions and exclusions.
 The Certificate Holder is Additional Insured with respect to General Liability as required by Written Contract.

CERTIFICATE HOLDER Camp Crystal Lake 157 Crystal Lake Road Crystal Lake, Ohio 43068	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT

CANDIDATE NAME (Please Print)

FIRE SAFETY INSPECTOR II

SKILL TEST #1

SCENARIO: 1.1



DEPARTMENT OF COMMERCE

DIVISION OF STATE FIRE MARSHAL

8895 EAST MAIN STREET, REYNOLDSBURG, OHIO 43068

614.728.5460 FAX 614.728-5168

Email sfm_codeenf@com.state.oh.us

PERMIT # _____

☐ Fireworks 1.1g, 1.3g, 1.4g

☐ Pyrotechnics 1.4s

☐ Flame Effects

APPLICATION FOR FIREWORKS EXHIBITION PERMIT

Permit applications must be accompanied by all support documents required by Ohio Revised Code 3743.54 and Ohio Administrative Code 1301:7-7-56. This signed document is preliminary authorization for a fireworks exhibition to be conducted.

Exhibition

Location Of Exhibition Site/Event _____

Address _____ City _____ County _____

Date of Exhibition _____ Time of Exhibition _____ Rain Date _____

Sponsor _____ Sponsor Contact _____ Phone Number _____

Product

Company Supplying Fireworks

Phone Number _____ Ohio Manufacturer/Wholesaler/Out-Of-State Shipper Id _____

Address _____ City _____ State _____

Exhibitor

Licensed Exhibitor Required? ☐ Yes ☐ No Ohio Exhibitor ID(S) _____

Please Mark License Category ☐ Fireworks NFPA 1123/NFPA 1124 ☐ Special Effects NFPA 1126 ☐ Flame NFPA 160

Exhibitor Name _____ Phone Number _____

Address _____ City _____ State _____

Company Affiliation (if applicable) _____

I understand that i, as the exhibitor of this exhibition, shall be held strictly responsible for any damage to persons or properties resulting from fireworks, pyrotechnics, or flame effects used at this exhibition. I understand and will comply with all applicable laws and rules.

Exhibitor Signature X Date _____

**CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE
APPLICATION FOR FIREWORKS EXHIBITION PERMIT**

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
FIRE SAFETY INSPECTOR II	SKILL TEST #1		SCENARIO: 1.1
BUSINESS NAME			INSPECTION DATE
BUSINESS ADDRESS			BUSINESS PHONE
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME			BUSINESS OWNER PHONE
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESSION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME		OWNER SIGNATURE X	DATE
INSPECTOR NAME		INSPECTOR SIGNATURE X	DATE

FIRE SAFETY INSPECTOR II		SKILL TEST #2			MANDATORY				
Primary Task		PROCESS PLAN REVIEW			JPR(s)	5.2.2, 5.3.3, 5.4.1			
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME North Ridgeville Fire Department				TEST DATE					
TEST SITE ADDRESS 7000 Ranger Way				START TIME					
CITY North Ridgeville		STATE OH	ZIP 44039	END TIME					
JPR 5.2.2 JPR 5.3.3 JPR 5.4.1		Process a plan review application, given a specific request, so that the application is evaluated and processed in accordance with the applicable codes and standards and the policies of the jurisdiction. Evaluate a building's area, height, occupancy classification, and construction type, given an approved set of plans and construction features, so that it is verified that the building is in accordance with applicable codes and standards. Classify the occupancy, given a set of plans, specifications, and a description of a building, so that the classification is made in accordance with the applicable codes and standards and the policies of the jurisdiction.			State Maximum Allotted Time 30 minutes				
Requisite Knowledge		<u>5.2.2:</u> Plan review application process, code requirements of the jurisdiction, and policies and procedures of the jurisdiction. <u>5.3.3:</u> Building construction with emphasis on fire-rated construction, evaluation of methods of construction and assemblies for fire rating, analysis of test results, and manufacturer's specifications. <u>5.4.1:</u> Occupancy classification, applicable codes and standards, regulations, operational features, and fire hazards presented by various occupancies.							
Requisite Skills		<u>5.2.2:</u> The ability to communicate orally and in writing on matters related to code requirements, policies, and procedures of the jurisdiction. <u>5.3.3:</u> The ability to identify characteristics of each type of building construction and occupancy classification. <u>5.4.1:</u> The ability to read plans.							
Instructions		Given a plan review application with a specific request, process the application according to the applicable policies and procedures of the jurisdiction.							
Performance Outcome		Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Reviewed the plan review application for proper completion.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confirm compliance w/ applicable codes, standards & policies of AHJ.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Documented approval or denial of the plan review application.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicate in writing any deficiencies in the plan review.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Verbally communicate any deficiencies in the plan review.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Determine Occupant Load for 1st floor and 2nd floor.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Identify the construction type.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Identify the occupancy classification of given occupancy.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Consider use of occupancy in occupancy classification.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Utilize applicable codes and standards in classification.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use plans, specifications, and building description to classify.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									

COMMENTS		
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EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE	CERT #
Robert Hanmer	X	82921
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE	CERT #
	X	
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE	CERT #
	X	
CANDIDATE NAME	CANDIDATE SIGNATURE	CERT #
	X	

FIRE SAFETY INSPECTOR II

SKILL TEST #2

SCENARIO: 2.1

PROJECT & LOCATION

Name: Chad's Place

Address: 123 Main Street

City: Any Town

Zip: 00921

☐ Township ☐ Village ☒ City: Any Town**DESCRIPTION**☒ New ☐ Addition ☐ Alteration ☐ Change of Occupancy ☐ Other**TYPE(S) OF PLAN APPROVAL(S)**☒ Building/Structural ☐ Mechanical ☐ Electrical
☐ Exhaust Hood ☐ Sprinkler System ☐ Suppression System
☐ Fire Alarm ☐ Hood Suppression ☐ Other**TYPE OF CONSTRUCTION**☐ I-A ☐ I-B ☐ II-A ☐ II-B ☐ III-A ☐ III-B ☐ IV ☒ V-A ☐ V-B**OBC GROUP CLASSIFICATION**☐ A-1 ☐ A-2 ☒ A-3 ☐ A-4 ☐ A-5 ☐ B ☐ E ☐ F1 ☐ F2
☐ H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐ I-1 ☐ I-2 ☐ I-3 ☐ I-4
☐ M ☐ R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐ S-1 ☐ S-2 ☐ U**APPLICANT**

Name: Chad Jones

Ph.#: (123) - 999 - 3021

Fax#: () - -

E-mail: Chad@Chads.com

CONTRACTOR

Name: Fred Smith

Address: 343 Industrial Parkway

City: Any Town

Zip: 00921

Ph.#: (123) - 891 - 3737

Fax#: () - -

E-mail: Info@smithconstruction.com

PROPERTY OWNER

Name: Chad Jones

Address: 123 Main Street

City: Any Town

Zip: 00921

Ph.#: (123) - 999 - 3021

Fax#: () - -

E-mail: Chad@Chads.com

DESIGN PROFESSIONAL IN CHARGE

Name: Bob Pippick

Ohio Registration #: 00001

Address: 200 East 10th Street Suite 1400

City: Any Town

Zip: 00921

Ph.#: (888) - 229 - 4357

Fax#: () - -

E-mail: bob@architectsrus.net

Commercial Application #

Project Est. Cost: \$ 2,375,000

Area of Construction
(Project Square Footage)**Applicable Floor(s)**

Basement:

N/A

First Floor:

8,000

Second Floor:

8,000

Third Floor:

N/A

Other:

SQ. FT. TOTAL:

16,000

Number of Exterior Lighting Poles

5

****OFFICE USE ONLY****

Date Paid: ____/____/____

☐ Cash ☐ Check # _____

Amount : \$ _____

Receipt # _____

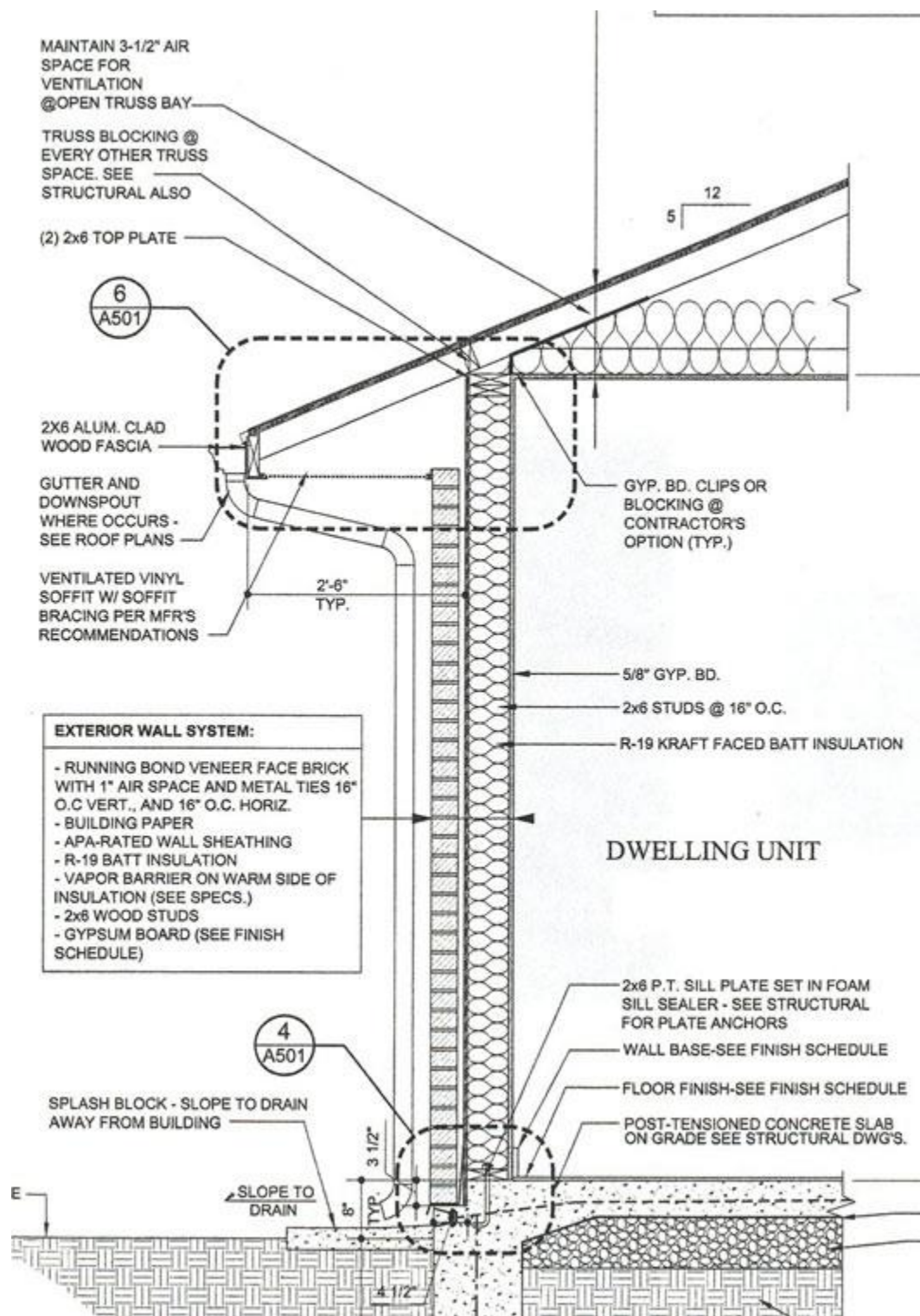
Checks payable to: Medina County Treasurer

COMMERCIAL PLAN REVIEW FEE SCHEDULETHIS APPLICATION AND PLAN REVIEW FEE ARE REQUIRED WITH ALL
COMMERCIAL PLANS SUBMITTED FOR APPROVAL.

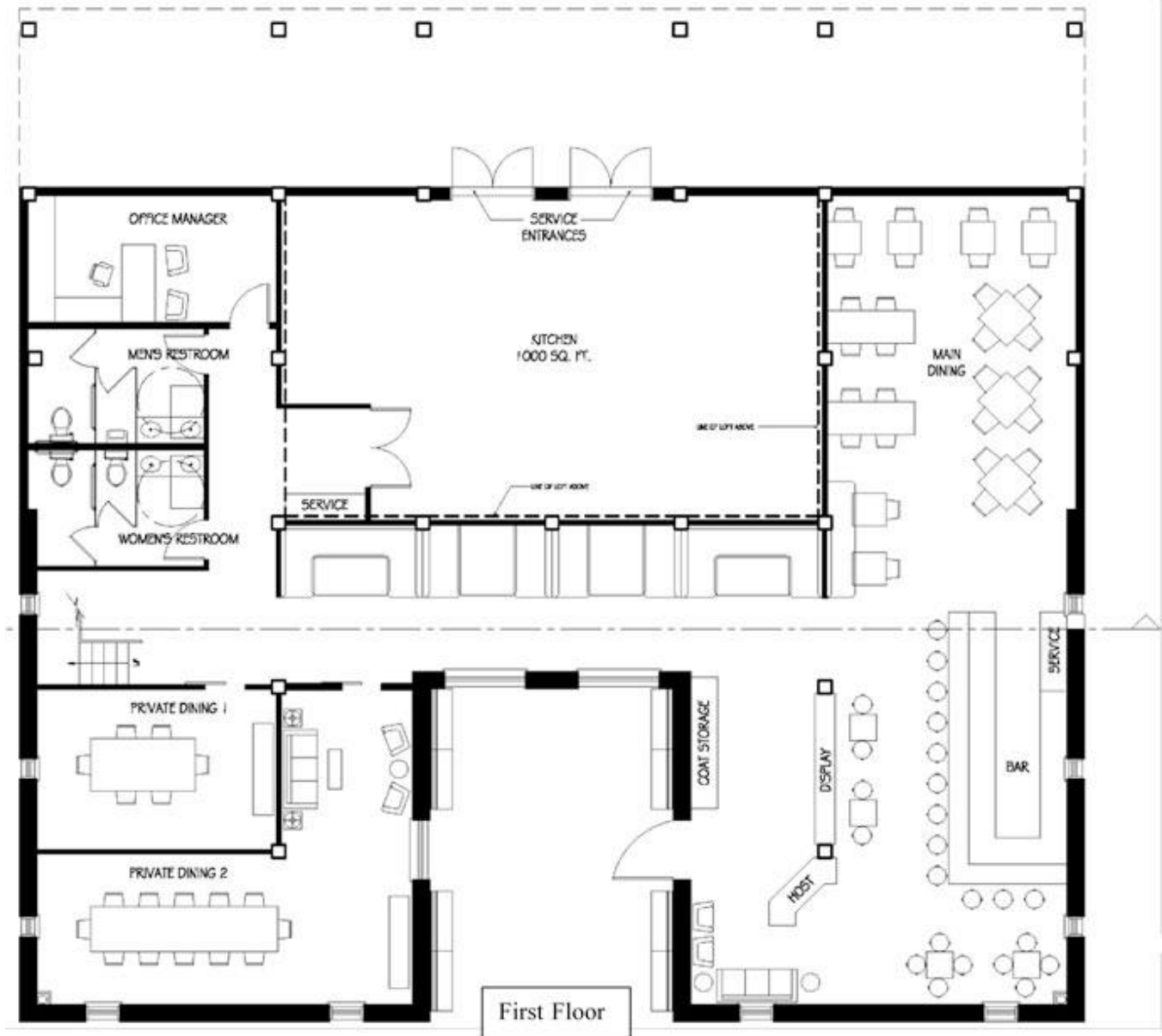
AREA OR SQUARE FEET	ALL USE GROUPS	+ STATE FEE = TOTAL
0 – 499	\$100.00	+ 3% = \$103.00
500 - 1,999	\$200.00	+ 3% = \$206.00
2,000 - 3,999	\$300.00	+ 3% = \$309.00
4,000 - 5,999	\$320.00	+ 3% = \$329.60
6,000 - 7,999	\$340.00	+ 3% = \$350.20
8,000 - 9,999	\$360.00	+ 3% = \$370.80
10,000 – 19,999	\$400.00	+ 3% = \$412.00
20,000 – 39,999	\$440.00	+ 3% = \$453.20
40,000 – 59,999	\$480.00	+ 3% = \$494.40
60,000 – 79,999	\$520.00	+ 3% = \$535.60
80,000 – 99,999	\$560.00	+ 3% = \$576.80
OVER 100,000	\$600.00	+ 3% = \$618.00

IF ACTUAL COST OF PLAN REVIEW EXCEEDS SCHEDULE FEE LISTED
ABOVE, THE PLAN REVIEW FEE WILL BE ADJUSTED TO REFLECT
ACTUAL COST.

CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT



CANDIDATE WITH THE INFORMATION AND PICTURES PROVIDED COMPLETE THE INSPECTION REPORT



Second Floor – banquet room no fixed seating (unconcentrated) with an additional double exit door (6' 2-3/4") leading to a steel platform that leads directly to a 5' wide stairway to the exterior. The interior staircase to the second floor is 5' wide.

PLAN REVIEW

	YES	NO	CORRECT
1. Is the proposed Use Group correct? If not provide correct Use Group.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Type of Construction listed correct? If not what should it be listed as?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the building meet height and area limitations?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have enough exits? If no, explain below with the proposed exits	<input type="checkbox"/>	<input type="checkbox"/>	

EVALUATOR NAME	EVALUATOR SIGNATURE X	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X	CERT #

NOTICE
FOR YOUR SAFETY
OCCUPANCY
ON THE 1st FLOOR IS LIMITED TO:

PERSONS
BY ORDER OF
THE FIRE CODE OFFICIAL
Keep Posted Under Penalty of Law

NOTICE
FOR YOUR SAFETY
OCCUPANCY
ON THE 2nd FLOOR IS LIMITED TO:

PERSONS
BY ORDER OF
THE FIRE CODE OFFICIAL
Keep Posted Under Penalty of Law

MAXIMUM OCCUPANT LOAD

Area	Square Feet	Occupant Load Factor	Max Load
1 st Floor:			
2 nd Floor:			

EVALUATOR NAME

EVALUATOR SIGNATURE

CERT #

X

CANDIDATE NAME



CANDIDATE SIGNATURE

CERT #

X

FIRE SAFETY INSPECTOR II		SKILL TEST #3			MANDATORY				
Primary Task		INVESTIGATE COMPLEX COMPLAINT			JPR(s)		5.2.3		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME North Ridgeville Fire Department				TEST DATE					
TEST SITE ADDRESS 7000 Ranger Way				START TIME					
CITY North Ridgeville		STATE OH	ZIP 44039	END TIME					
JPR 5.2.3		Investigate complex complaints, given a reported situation or condition, so that complaint information is recorded, the investigation process is initiated, and the complaint is resolved in accordance with the applicable codes and standards and the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes			
Requisite Knowledge		Applicable codes and standards adopted by the jurisdiction and policies of the jurisdiction.							
Requisite Skills		The ability to interpret codes and standards, recognize problems, and refer complaints to other agencies when required.							
Instructions		Read the scenario below and answer the questions that follow. Identify any deficiencies and record them on the blank inspection form provided. Use the letterhead to prepare a business letter to communicate the results of your actions to the citizen making the complaint.							
Performance Outcome		Successful completion of 100% of the steps listed below.							
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Receive the complaint with attentiveness and concern.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recorded the complaint information for future reference.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Confirm or research applicable codes and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Perform an investigation to confirm situation.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Referred the complaint to other agencies when required.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Resolve complaint based upon policies, codes, and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Inform complainant in writing of action taken.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
<hr/> <hr/> <hr/> <hr/> <hr/>									
EVALUATOR 1 NAME Robert Hanmer			EVALUATOR 1 SIGNATURE X				CERT # 82921		
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE X				CERT #		
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE X				CERT #		
CANDIDATE NAME			CANDIDATE SIGNATURE X				CERT #		

FIRE SAFETY INSPECTOR II		SKILL TEST #3		SCENARIO: 3.1	
<p><u>Telephone Transcript:</u></p> <p>FD: Phoenixville Fire Department Prevention Bureau, Inspector Krueger speaking.</p> <p>Ms. Kyle: Hello, my name is Selina Kyle. Last night my family and I attended a movie at the Colonial Movie Theater in Phoenixville and noticed that the exit doors in the rear of the theater were chained and locked shut. I found this very concerning and felt compelled to notify the Fire Department.</p> <p>FD: Thank you for your phone call, Ms. Kyle. What is the address of the Colonial Movie Theater?</p> <p>Ms. Kyle: 227 Bridge Street, Phoenixville, Ohio.</p> <p>FD: We will have someone look into this and get back with you. Could I have your telephone number and address?</p> <p>Ms. Kyle: 614-555-9876 and I live at 1428 Elm Street, Springwood, Ohio.</p>					
<p align="center">PLAN REVIEW</p>					
1. From the information given, what would be the appropriate action?					
2. What is the occupancy classification?					
3. From the transcript, record the appropriate information below.					
EVALUATOR 1 NAME		EVALUATOR 1 SIGNATURE		CERT #	
Robert Hanmer		X		82921	
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE		CERT #	
		X			
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE		CERT #	
		X			
CANDIDATE NAME		CANDIDATE SIGNATURE		CERT #	
		X			

FIRE SAFETY INSPECTOR II	SKILL TEST #3	SCENARIO: 3.1
Field Inspection	As an inspector for your local jurisdiction, you receive a telephone complaint from Ms. Selina Kyle that the exit doors at rear of the Colonial Movie Theater are chained shut. From your files, you find that the movie theater has an occupant load of 235. You report to the location and conduct an inspection during normal business hours while the theater is occupied. During the inspection you find the required rear exits chained and locked.	
<div></div> <div></div>		
KEY INFORMATION	The Occupancy is Use Group A-1 with a Posted Occupant Load of 235.	

CANDIDATE NAME (Please Print)			
OHIO DIVISION OF EMS FIRE INSPECTION REPORT			
FIRE SAFETY INSPECTOR II	SKILL TEST #3		SCENARIO: 3.1
BUSINESS NAME		INSPECTION DATE	
BUSINESS ADDRESS		BUSINESS PHONE	
CITY	STATE	ZIP CODE	
BUSINESS OWNER NAME		BUSINESS OWNER PHONE	
KEY HOLDER	KNOX BOX	OCCUPANCY CLASS	OCCUPANT LOAD
SUPPRESION SYSTEM	FIRE ALARM	CONSTRUCTION TYPE	SPECIAL HAZARDS

VIOLATIONS			
LOCATION	VIOLATION	ACTION REQUIRED	OFC
REMARKS			
<p>You are hereby ORDERED to abate the violations set forth above by taking the corrective actions identified within ____ days. Failure to comply will result in legal action. You are further notified that you are entitled to an appeal hearing before the Ohio Board of Building Appeals (BBA), 6606 Tussing Road, Reynoldsburg, Ohio 43068, 614-644-2616, if your request for such hearing is received in the office of the BBA within thirty (30) days after receipt of this notice.</p>			
OWNER NAME	OWNER SIGNATURE X	DATE	
INSPECTOR NAME	INSPECTOR SIGNATURE X	DATE	

CANDIDATE LETTER



Phoenixville Fire Department
Fire Prevention Bureau
911 E. Main Street
Phoenixville, Ohio 43068
Phone: (614) 555-0911



Handwriting practice lines for the candidate letter.

EVALUATOR NAME	EVALUATOR SIGNATURE X	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE X	CERT #

FIRE SAFETY INSPECTOR II		SKILL TEST #7		MANDATORY					
Primary Task		IDENTIFY OCCUPANCY CLASS OF MULTI-USE		JPR(s)		5.3.2			
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME North Ridgeville Fire Department				TEST DATE					
TEST SITE ADDRESS 7000 Ranger Way				START TIME					
CITY North Ridgeville		STATE OH	ZIP 44039	END TIME					
JPR 5.3.2	Identify the occupancy classifications of a mixed-use building, given a description of the uses, so that each area is classified in accordance with applicable codes and standards.					State Maximum Allotted Time 30 minutes			
Requisite Knowledge	Occupancy classification, applicable codes and standards, operational features, and fire hazards presented by various occupancies.								
Requisite Skills	The ability to interpret code requirements and recognize building uses that fall into each occupancy classification.								
Instructions	Using the Ohio Fire classify each occupancy so that each area is properly classified and identify the correct occupancy code.								
Performance Outcome	Successful completion of 100% of the steps listed below.								
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Identified occupancy classifications of a mixed-use occupancy.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Consider use of occupancy in occupancy classification.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Utilize applicable codes and standards in classification.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
EVALUATOR 1 NAME Robert Hanmer			EVALUATOR 1 SIGNATURE X				CERT # 82921		
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE X				CERT #		
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE X				CERT #		
CANDIDATE NAME			CANDIDATE SIGNATURE X				CERT #		

CANDIDATE NAME (Please Print)		
FIRE SAFETY INSPECTOR II	SKILL TEST #7	SCENARIO: 7.1
<i>Occupancy classifications are established because certain occupancies, by their own natures, will have higher fire loads and greater numbers of occupants within them than others. By classifying structures using occupancy classifications, building officials and code enforcement personnel can gain a reasonable expectation of the level of hazard a particular building presents.</i>		
Use the Ohio Fire and based on the occupancy correctly classify each referencing the applicable OFC section.		
OCCUPANCY CLASSIFICATIONS		
Description	Occupancy Classes	OFC References
Daycare in a church		
Car dealership w/repair shop, paint booth, sales room, and motor vehicle showroom		
Agricultural classroom and workshop		
Restaurant with dining area containing seating for 75 and commercial kitchen		
Museum with attached gift shop		
Aircraft hangar and aircraft repair hangar		
EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE	CERT #
Robert Hanmer	X	82921
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE	CERT #
	X	
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE	CERT #
	X	
CANDIDATE NAME	CANDIDATE SIGNATURE	CERT #
	X	

FIRE SAFETY INSPECTOR II		SKILL TEST #9			MANDATORY				
Primary Task		ANALYZE EGRESS ELEMENTS			JPR(s)		5.3.5		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME North Ridgeville Fire Department				TEST DATE					
TEST SITE ADDRESS 7000 Ranger Way				START TIME					
CITY North Ridgeville		STATE OH	ZIP 44039	END TIME					
JPR 5.3.5	Analyze the egress elements of a building or portion of a building, given observations made during a field inspection, so that means of egress elements are provided and located in accordance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes			
Requisite Knowledge	Acceptable means of egress devices.								
Requisite Skills	The ability to calculate egress requirements, read plans, and make decisions related to the adequacy of egress.								
Instructions	Use field observations to analyze egress elements of a building or portion thereof so that means of egress is provided and located in accordance with applicable codes and standards. Identify, document, and report deficiencies according to policy.								
Performance Outcome	Successful completion of 100% of the steps listed below.								
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Analyze egress elements of a building or portion thereof (exit access, exit and exit discharge requirements).				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use field observations to verify that means of egress elements provided are in accordance with applicable codes and standards.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Calculated the egress elements to ensure adequate exit width for the occupancy load.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Identify deficiencies according to policies of jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Document deficiencies according to policies of jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Make decisions related to the adequacy of egress.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Report deficiencies according to policies of jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
EVALUATOR 1 NAME Robert Hanmer				EVALUATOR 1 SIGNATURE X				CERT # 82921	
EVALUATOR 2 NAME				EVALUATOR 2 SIGNATURE X				CERT #	
EVALUATOR 3 NAME				EVALUATOR 3 SIGNATURE X				CERT #	
CANDIDATE NAME				CANDIDATE SIGNATURE X				CERT #	

CANDIDATE NAME (Please Print)

FIRE SAFETY INSPECTOR II

SKILL TEST #9

SCENARIO: 9.1

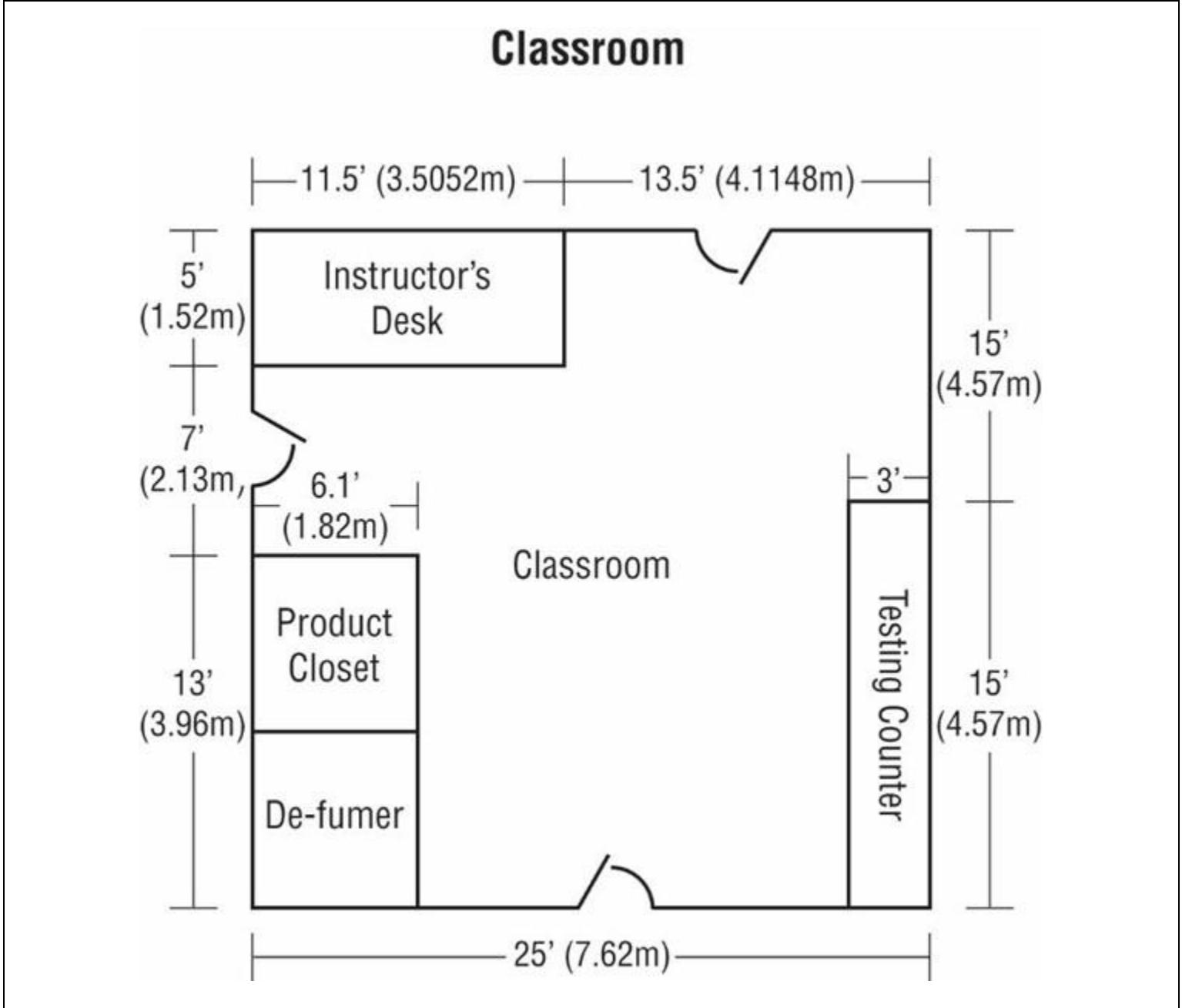
INTRODUCTION:

A floor plan is a horizontal drawing of a structure at a given level. The plan provides general information about the types of compartments and their intended uses. In addition, the plans provide specific details about building components such as walls, doors, windows, and stairs. A fire inspector must be able to determine whether the location and swing of the doors in a building meet the exit requirements of the local building and fire codes.

DIRECTIONS

Study the plans on the following pages. List any deficiencies with applicable code sections. If there are no deficiencies shown, simply write "none".

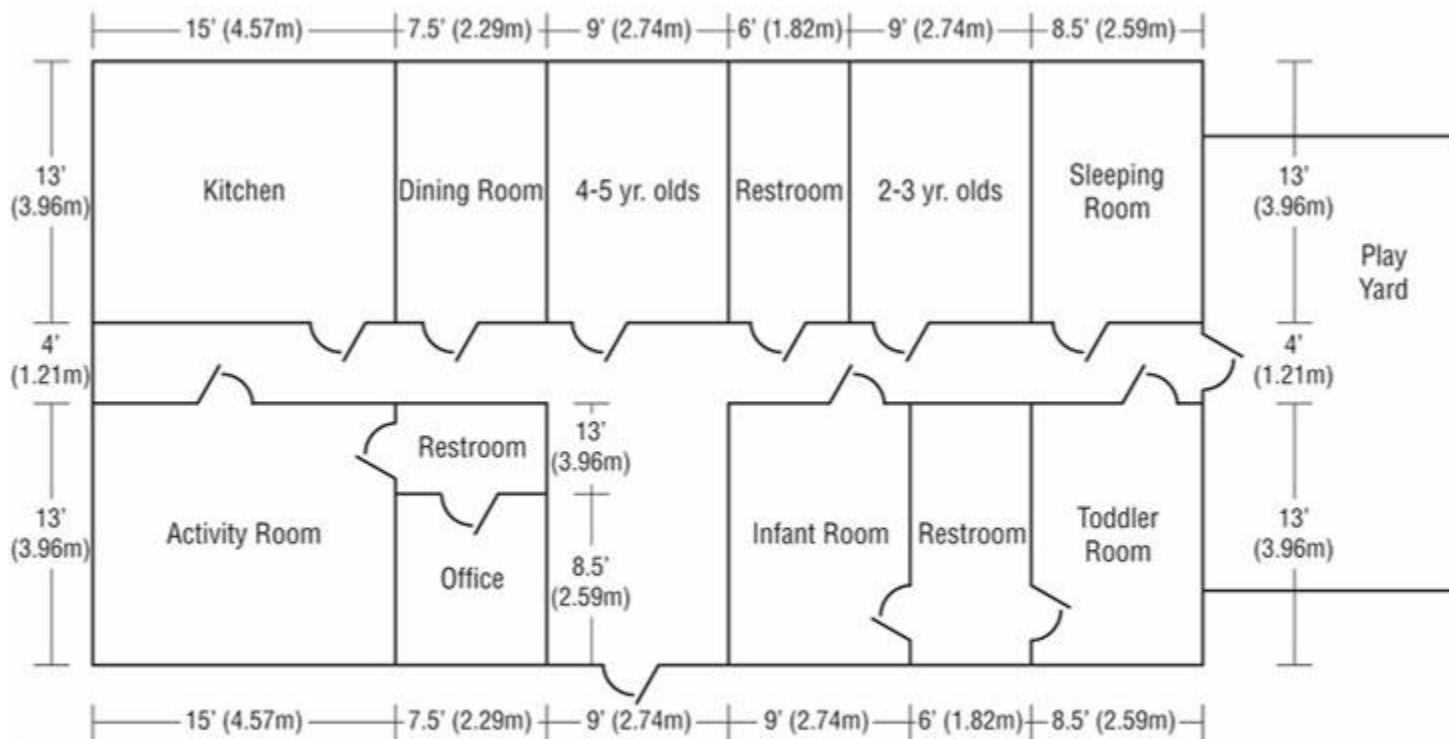
CANDIDATE WITH THE INFORMATION PROVIDED COMPLETE THE INSPECTION REPORT



EGRESS REPORT		
OCCUPANCY		OCCUPANT LOAD
LOCATION	VIOLATION	OFC

EVALUATOR NAME	EVALUATOR SIGNATURE	CERT #
Robert Hanmer	X	82921
CANDIDATE NAME	CANDIDATE SIGNATURE	CERT #
	X	

Daycare



*** There are more than 10 children over the age of 2 ½ at this facility**

EGRESS REPORT

OCCUPANCY		OCCUPANT LOAD	
LOCATION	VIOLATION		OFC

EVALUATOR NAME

Robert Hanmer

EVALUATOR SIGNATURE

X

CERT #

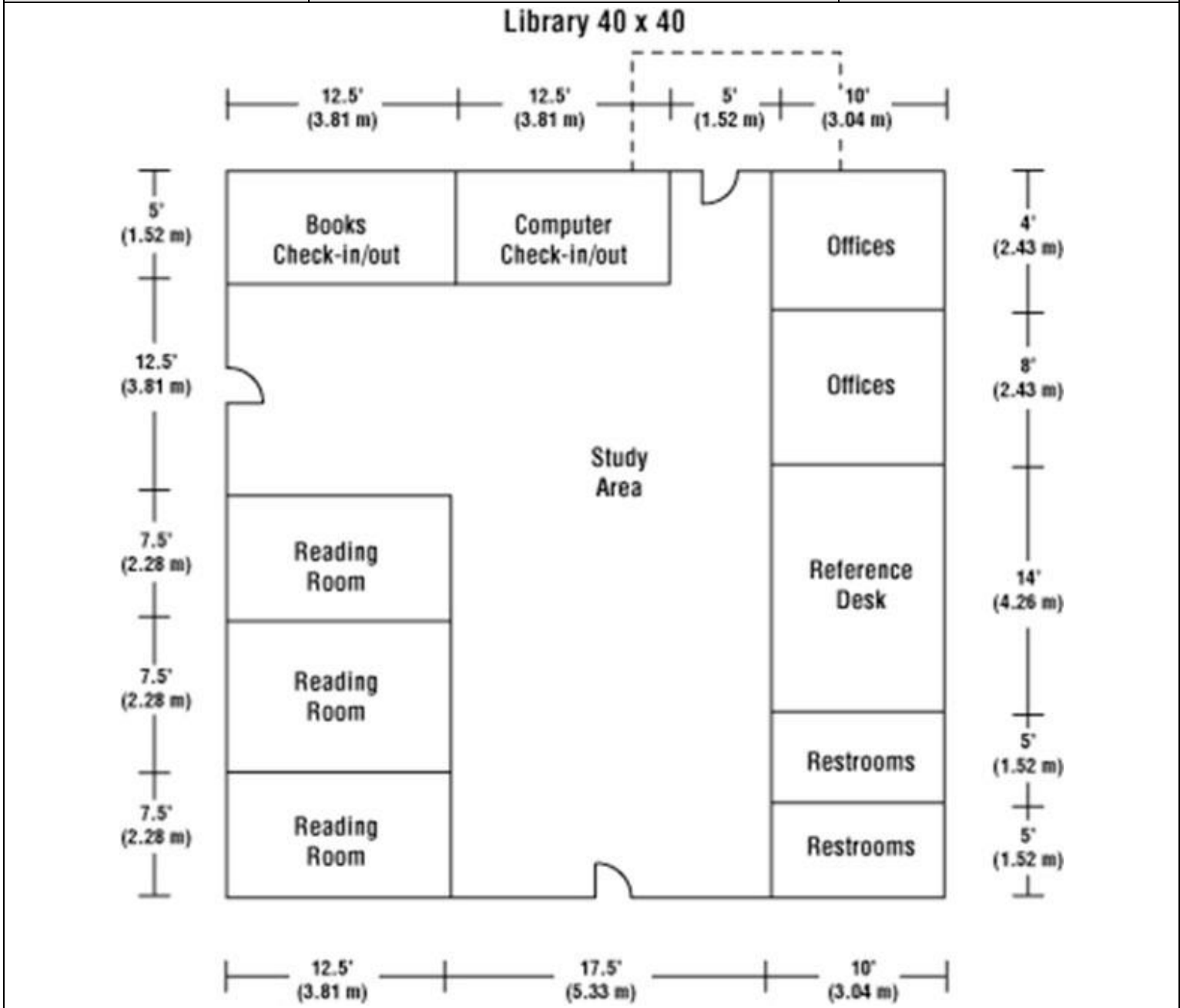
82921

CANDIDATE NAME

CANDIDATE SIGNATURE

X

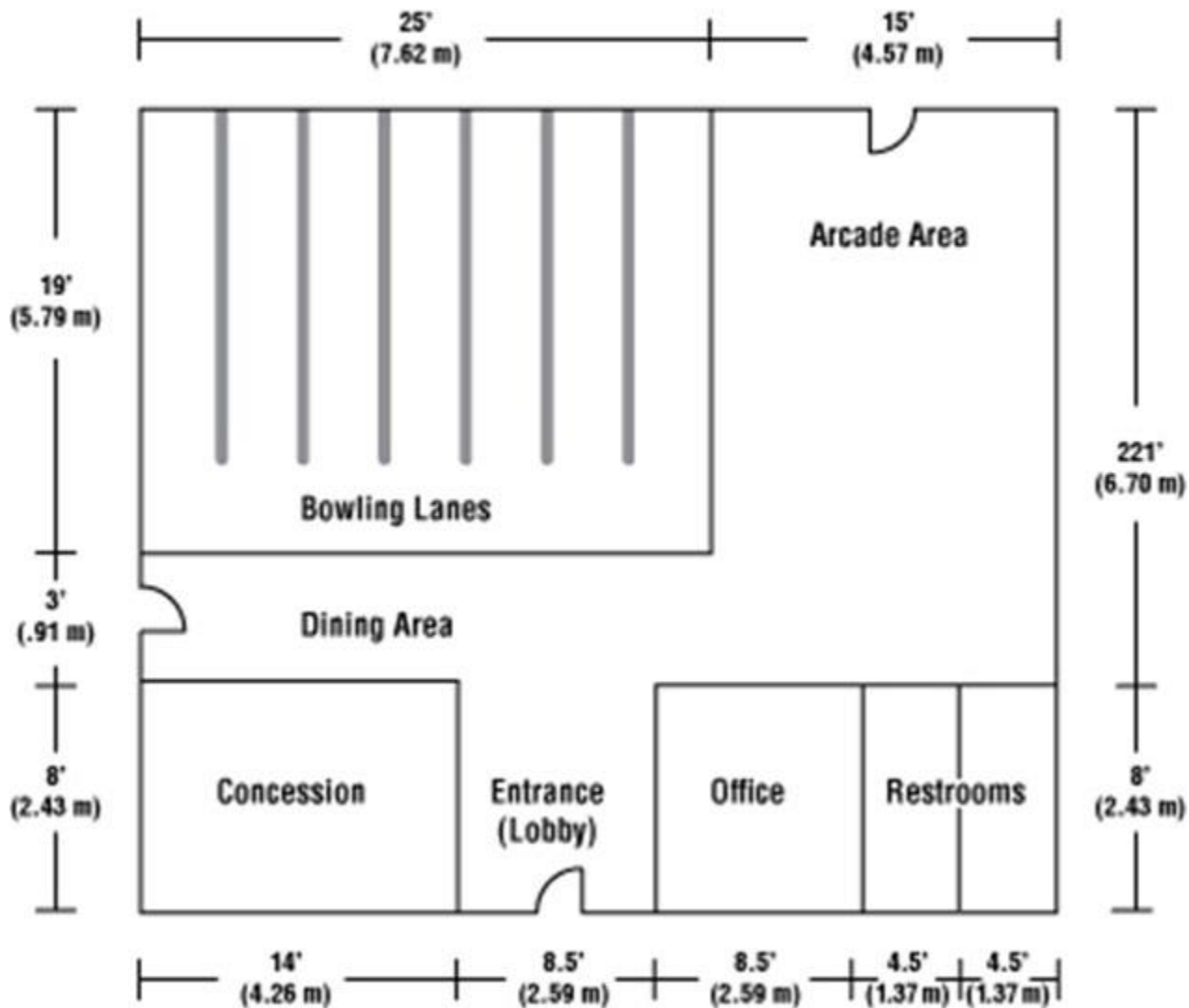
CERT #



EGRESS REPORT			
OCCUPANCY			OCCUPANT LOAD
LOCATION	VIOLATION		OFC

EVALUATOR NAME	EVALUATOR SIGNATURE	CERT #
Robert Hanmer	X	82921
CANDIDATE NAME	CANDIDATE SIGNATURE	CERT #
	X	

Bowling Area 40 x 30



EGRESS REPORT

OCCUPANCY		OCCUPANT LOAD	
LOCATION	VIOLATION		OFC

EVALUATOR NAME

Robert Hanmer

EVALUATOR SIGNATURE

X

CERT #

82921

CANDIDATE NAME

CANDIDATE SIGNATURE

X

CERT #

FIRE SAFETY INSPECTOR II		SKILL TEST #15			RANDOM			
Primary Task		VERIFY COMPLIANCE			JPR(s)		5.3.11, 5.3.12	
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3	
TEST SITE NAME North Ridgeville Fire Department				TEST DATE				
TEST SITE ADDRESS 7000 Ranger Way				START TIME				
CITY North Ridgeville		STATE OH	ZIP 44039	END TIME				
JPR 5.3.11 JPR 5.3.12		5.3.11: Verify compliance with construction documents, given a performance-based design, so that life safety systems and building services equipment are installed, inspected, and tested to perform as described in the engineering documents and the operations and maintenance manual that accompanies the design, so that deficiencies are identified, documented, and reported in accordance w/ the applicable codes & standards & the policies of the jurisdiction. 5.3.12: Verify code compliance of heating, ventilation, air conditioning, and other building service equipment and operations, given field observations, so that the systems and other equipment are maintained in accordance with applicable codes and standards and deficiencies are identified, documented, and reported in accordance with the policies of the jurisdiction.				State Maximum Allotted Time 30 minutes		
Requisite Knowledge		5.3.11: Applicable codes and standards for installation and testing of fire protection systems, means of egress, and building services equipment. 5.3.12: Types, installation, maintenance, and use of building service equipment; operation of smoke and heat vents; installation of kitchen cooking equipment (including hoods and ducts), laundry chutes, elevators, and escalators; and applicable codes and standards adopted by the jurisdiction.						
Requisite Skills		5.3.11: The ability to witness and document tests of fire protection systems and building services equipment. 5.3.12: The ability to observe, recognize problems, interpret codes and standards, and write reports.						
Instructions		Use field observations and inspection guidelines to verify that that life safety systems, heating, ventilation, air conditioning (HVAC), and other building service equipment and operations comply with applicable codes. Identify, document, and report deficiencies according to the policies of the jurisdiction.						
Performance Outcome		Successful completion of 100% of the steps listed below.						
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3
				P	F	P	F	P F
1. Identify construction documents are applicable to the building.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Verify life safety system installed, inspected and tested as indicated.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Verify service equipment installed, inspected and tested as indicated.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Verify HVAC installed, inspected and tested as indicated.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Documented all non-compliant life safety and building systems.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
6. Documented all deficiencies according to jurisdiction policies.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Candidate Shall Complete All Steps to Pass								

CANDIDATE NAME (Please Print)		
COMMENTS		
<hr/>		
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<hr/>		
<hr/>		

EVALUATOR 1 NAME	EVALUATOR 1 SIGNATURE	CERT #
Robert Hanmer	X	82921
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE	CERT #
	X	
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE	CERT #
	X	
CANDIDATE NAME	CANDIDATE SIGNATURE	CERT #
	X	

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Photos are of the yearly testing and inspections of the hvac's units and smoke control system.



Photos are of the yearly testing and inspections of the hvac's units and smoke control system.

NORTHGATE MALL RENOVATION

Sequences of Operation



Trane Variable Air Volume Rooftop Units - "Tenant Units"
(RTU-B, RTU-C1, RTU-C2, RTU-D1, RTU-D2, RTU-E, RTU-F1, RTU-F2)

Unit fans will start and stop as directed by the D.D.C. system according to time of day schedules.

Static pressure will be maintained by manufacturer supplied packaged controls. Each unit is equipped with a pressure relief box powered from the RTU.

The D.D.C. system will provide a reset, based on outdoor temperature, of the discharge air setpoint via resistance output. Actual discharge temperature will be controlled by manufacturer supplied packaged controls. An offset value can be set, through the DDC system (Honeywell W7100, as supplied by Trane.), to allow the operator to raise or lower the discharge setpoint. "The reset schedule is as follows:"

Outdoor Temperature	Discharge Air Temperature Setpoint
20	65
55	55

The D.D.C. system will monitor fan and filter status of the units and report these points to the system computer in the mall office. Zone temperature will be monitored by a sensor located in one of the tenant spaces served by each of these units.

The D.D.C. system will lock out the second stage cooling compressor of each AC unit on a rotating basis when a specified and adjustable demand limit is approached. This limit will be determined by monitoring of the electric services for the facility by the D.D.C. system.

If static pressure in the supply duct goes above 2" w.g., as detected by a high static pressure switch, integral to the unit the D.D.C. system will immediately turn off the affected unit's fan and generate an alarm at the system computer in the mall office.



Upon receipt of a Mall alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately place RTU-B, RTU-C1, and RTU-F1 into 100% fresh air mode. These units' supply fans will start if not already running, their exhaust fans will stop, their outside air dampers will open, their return and exhaust dampers will close, and their inlet guide vanes will open. In addition, the D.D.C. system will open a set of contacts for each tenant space affected to be wired by the tenant to open their VAV boxes.



Upon receipt of a Tenant alarm from the F.A.S., the D.D.C. system will place the unit serving that zone into Exhaust mode. The supply fan will stop, the exhaust fan will start, the outside air damper will close, the return and exhaust dampers will open, and the inlet guide vanes will close.

Photos are of the yearly testing and inspections of the hvac's units and smoke control system.

* Trane Constant Air Volume Roof Top Units - "Mail Units"
(RTU-G1, RTU-G2, RTU-H)

Unit fans will start and stop as directed by the D.D.C. system according to time of day schedules.

The D.D.C. system will provide a reset based on space temperature of the space temperature setpoint. Actual space temperature during occupied periods will be controlled by manufacturer supplied packaged controls consisting of a unit mounted thermostat and controller (Honeywell W973, as supplied by Trane). An offset valve can be set through the DDC system, to allow the operator to raise and lower space conditions. A resistance output from the DDC system will provide this offset, and space temperature input, to the Trane controller.

During unoccupied periods, the D.D.C. system will hold the outside air damper closed and cycle the unit in order to maintain a space setback temperature of 60 degrees F.

Optimized start programming will be utilized by the D.D.C. system to provide morning warm-up of the space and the outside air dampers will remain closed until the space temperature reaches 72 degrees F.

The D.D.C. system will monitor fan and filter status of the units and report these points to the system computer in the mail office. Zone temperature will be monitored by a sensor located in a representative area with the mail zone served.

The D.D.C. system will lock out the second stage cooling compressor of each AC unit on a rotating basis when a specified and adjustable demand limit is approached. This limit will be determined by monitoring of the electric services for the facility by the D.D.C. system.

If discharge air temperature falls below 40 degrees F. as detected by a manufacturer provided low limit and the DDC low limit, the duct hot water coil valve will be opened to full heat by the Trane controls. The D.D.C. system will immediately force the outside air damper closed, stop the supply air fan, and generate an alarm at the system computer in the mail office. A total of 2 low limits are supplied. The DDC low limit will provide input to the controller and will automatically reset when temperature rises. The unit supplied low limit is wired to the heating valve (Trane Controls). The unit supplied low limit provides a hard wired, manual reset, safety also.

* Upon receipt of a Mail alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately place these units into Exhaust mode. The supply fans will stop, the exhaust fans will start, the outside air dampers will close, and the return and exhaust dampers will open.

* Upon receipt of a Tenant alarm from the F.A.S., the D.D.C. system will place these units into 100% fresh air mode. Their supply fans will start if not already running, their exhaust fans will stop, their outside air dampers will open, and their return and exhaust dampers will close.

Photos are of the yearly testing and inspections of the hvac's units and smoke control system.

* Trane Constant Air Volume Roof Top Unit
(RTU-A)

Unit fan will start and stop as directed by the D.D.C. system according to time of day schedule.

Actual space temperature during occupied periods will be controlled by manufacturer supplied packaged controls consisting of a unit mounted thermostat and a space mounted remote sensor.

During unoccupied periods, the D.D.C. system will hold the outside air damper closed and cycle the unit in order to maintain a space setback temperature of 60 degrees F.

Optimized start programming will be utilized by the D.D.C. system to provide morning warm-up of the space and the outside air dampers will remain closed until the space temperature reaches 72 degrees F.

The D.D.C. system will monitor fan and filter status of the units and report these points to the system computer in the mall office.

The D.D.C. system will lock out the second stage cooling compressor of this unit on a rotating basis when a specified and adjustable demand limit is approached. This limit will be determined by monitoring of the electric services for the facility by the D.D.C. system.

* Upon receipt of a Mall alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately stop the supply fan.

* Upon receipt of a Tenant alarm from the F.A.S., the D.D.C. system will place this unit into 100% fresh air mode. The supply fan will start if not already running, the outside air damper will open, and the return damper will close.

Toilet Exhaust Fans
(TEF-1 through TEF-14)

Toilet exhaust fans will start and stop as directed by the D.D.C. system according to time of day schedules.

* Tenant Existing Air Conditioning Units
(EAC Units 1, 7, 13, 17, 18, 20, 22, 23, 26, and 29)

Normal operation of all EAC units will remain under the control of the existing system.

* Upon receipt of a Mall alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately place these units into Exhaust mode. The supply fans will stop, the return fans will start, the outside air dampers and relief dampers will open, the return damper will close.

* Upon receipt of a Tenant alarm from the F.A.S., the D.D.C. system will place the unit serving that zone into Exhaust mode. The supply fan will stop, the return fan will start, the outside air dampers and relief dampers will open, the return damper will close.

Photos are of the yearly testing and inspections of the hvac's units and smoke control system.

* Entrance Heating / Ventilation Units
(HV-1, HV-2, HV-4, FCU-1, and FCU-2)

Unit fans will start and stop as directed by the D.D.C. system according to time of day schedules.

Direct acting, pneumatic room thermostats will modulate the 3-way hot water coil valves to maintain space temperature.



Upon receipt of a Mall alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately place these units in 100% outside air mode. The fans will start, the outside air dampers will open, and the return air dampers will close.

If discharge air temperature falls below 40 degrees F. as detected by a auto reset low limit, an electric-pneumatic valve (E.P.) will force the duct hot water coil valve open to full heat. The D.D.C. system will immediately generate an alarm at the system computer in the mall office.

Duct Hot Water Coils
(HWC-1 and HWC-5)

A direct acting, pneumatic room thermostat will modulate the 3-way hot water coil valve on HWC-1 to maintain space temperature.

If discharge air temperature falls below 40 degrees F. as detected by a auto reset low limit, an electric-pneumatic valve (E.P.) will force the duct hot water coil valve open to full heat. The D.D.C. system will immediately generate an alarm at the system computer in the mall office.

An E.P. valve controlled by the heating section of RTU-A will effect two position control of the 3-way pneumatic valve on HWC-5.

Boiler Room Controls
(OAH-East, OAH-West, VF-A(East), and VF-A(West))

The two combustion air intake dampers, tagged OAH, will be interlocked with the existing boiler control system in the following manner. Upon a call for Boiler 1 to start the west intake damper will open. Similarly, a call for Boiler 2 to start will open the east intake damper.

The two ventilation fans, tagged VF-A, will be controlled by separate wall-mounted thermostats set at 85 degrees F. These thermostats will additionally open the OAH located furthest from the fan it starts. Upon call for boiler operation, the OAH associated with that boiler will open and the ventilation, located furthest (opposite) to the OAH and boiler, shall be enabled and run regardless of thermostat setting. This parallel operation allows the ventilation fans to run when it's associated boiler is on or when the thermostat calls for operation.

Photos are of the yearly testing and inspections of the hvac's units and smoke control system.

* Tenant Existing Air Conditioning Units
(EAC Units 6, 8, 11, 12, 14, 15, 16, 19, 21, 24, 25, 27, and 28)

Normal operation of all EAC units will remain under the control of the existing system.

* Upon receipt of a Mall alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately place these units into 100% fresh air mode. These units' supply fans will start if not already running, their return fans will stop, the outside air dampers and relief dampers will open, the return damper will close. Upon receipt of a Mall alarm or its zone alarm, EAC-11 will activate a relay in each of its tenant spaces for the purpose of opening their VAV boxes for smoke pressurization mode.

* Upon receipt of a Tenant alarm from the F.A.S., the D.D.C. system will place the unit serving that zone into Exhaust mode. The supply fan will stop, the return fan will start, the outside air damper and relief will open, and the return dampers will close.

* Mall Existing Air Conditioning Units
(EAC-2 and EAC-4)

Normal operation of all EAC units will remain under the control of the existing system.

Upon receipt of a Mall alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately place these units into Exhaust mode. The supply fans will stop, the return fans will start, the outside air dampers and relief dampers will open, the return damper will close.

* RTU-A Return Duct Smoke Damper

The Smoke Damper will be energized to open as directed by the D.D.C. system according to a time of day schedule to coincide with the operation of RTU-A.

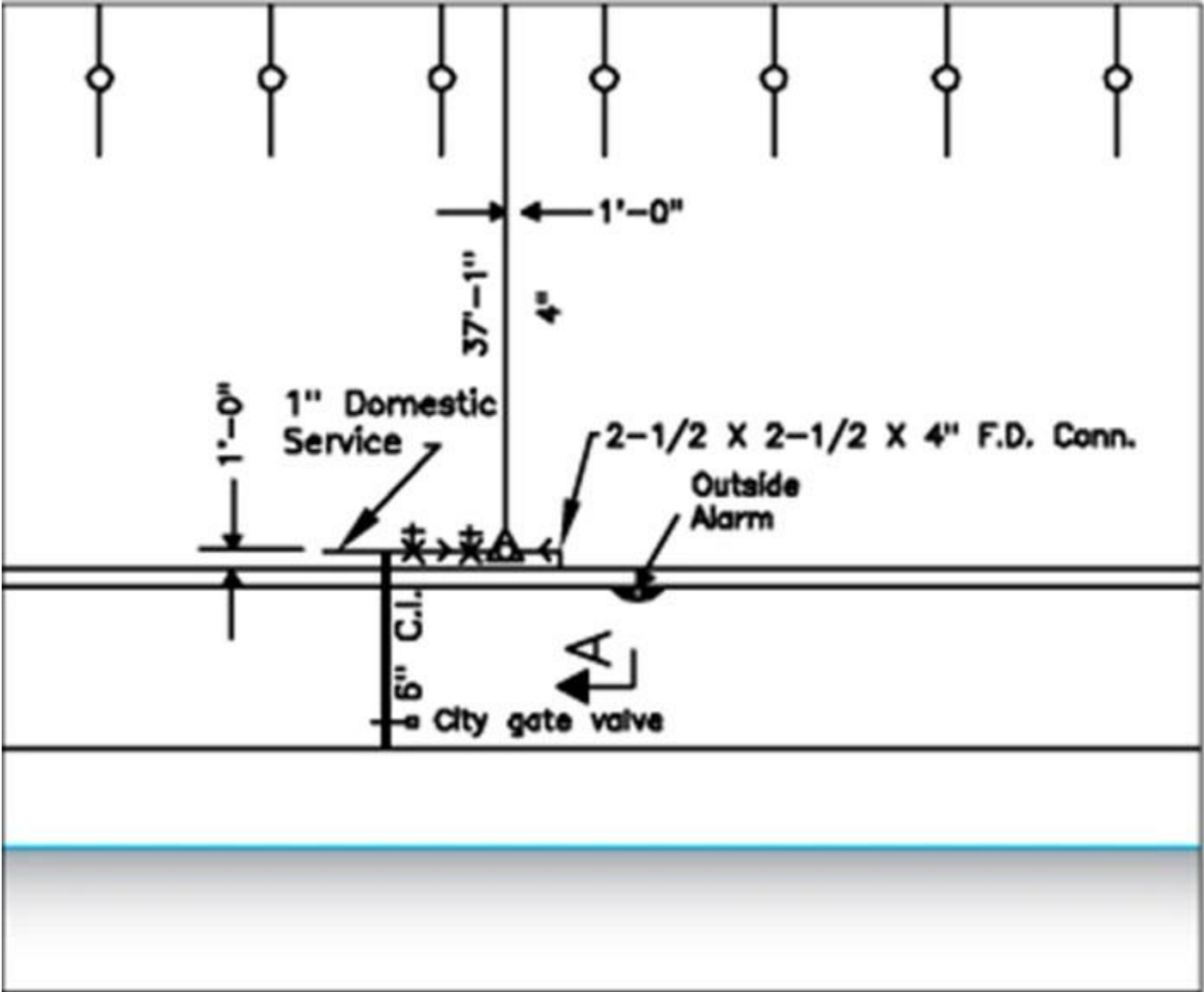
Upon receipt of a Mall alarm from the Fire Alarm System (F.A.S.), the D.D.C. system will immediately close the Smoke Damper.

Pressure Relief Boxes

One pressure relief box is installed for each new Trane Tenant unit. Unit E has two boxes. A 24 volt circuit, from the RTU, powers these boxes to open if duct pressure exceeds 1 1/2" w.g. as sensed by the local pressure controller.

FIRE SAFETY INSPECTOR II		SKILL TEST #16			RANDOM				
Primary Task		FIRE PROTECTION SYSTEM PLAN REVIEW			JPR(s)		5.4.3		
CANDIDATE NAME (Please Print)				TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME North Ridgeville Fire Department				TEST DATE					
TEST SITE ADDRESS 7000 Ranger Way				START TIME					
CITY North Ridgeville		STATE OH	ZIP 44039	END TIME					
JPR 5.4.3	Review the proposed installation of fire protection systems, given shop drawings and system specifications for a process or operation, so that the system is reviewed for code compliance and installed in accordance with the approved drawings, and deficiencies are identified, documented, and reported in accordance with the applicable codes and standards and the policies of the jurisdiction.					State Maximum Allotted Time 30 minutes			
Requisite Knowledge	Proper selection, distribution, location, and testing of portable fire extinguishers; methods used to evaluate the operational readiness of water supply systems used for fire protection; evaluation and testing of automatic sprinkler, water spray, and standpipe systems and fire pumps; evaluation and testing of fixed fire suppression systems; and evaluation and testing of automatic fire detection and alarm systems and devices.								
Requisite Skills	The ability to read basic floor plans or shop drawings and identify symbols used by the jurisdiction.								
Instructions	Use one of the five (5) attached drawings and system specifications to review the proposed installation of a fire protection system according to applicable codes and approved drawings. Identify, document, and report deficiencies according to the policies of the jurisdiction. The instructor will advise you which ones you will complete.								
Performance Outcome	Successful completion of 100% of the steps listed below.								
PERFORMANCE STEPS				TEST 1		RETEST 2		RETEST 3	
				P	F	P	F	P	F
1. Reviewed the shop drawings, specifications, basic floor plans and identified symbols and elements of the fire protection system.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Evaluated code compliance and installation in accordance with applicable codes and standards and the policies of the jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identified deficiencies according to policies of the jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Documented deficiencies according to policies of jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reported deficiencies according to policies of the jurisdiction.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candidate Shall Complete All Steps to Pass									
COMMENTS									
<hr/> <hr/> <hr/>									
EVALUATOR 1 NAME Robert Hanmer			EVALUATOR 1 SIGNATURE X				CERT # 82921		
EVALUATOR 2 NAME			EVALUATOR 2 SIGNATURE X				CERT #		
EVALUATOR 3 NAME			EVALUATOR 3 SIGNATURE X				CERT #		
CANDIDATE NAME			CANDIDATE SIGNATURE X				CERT #		

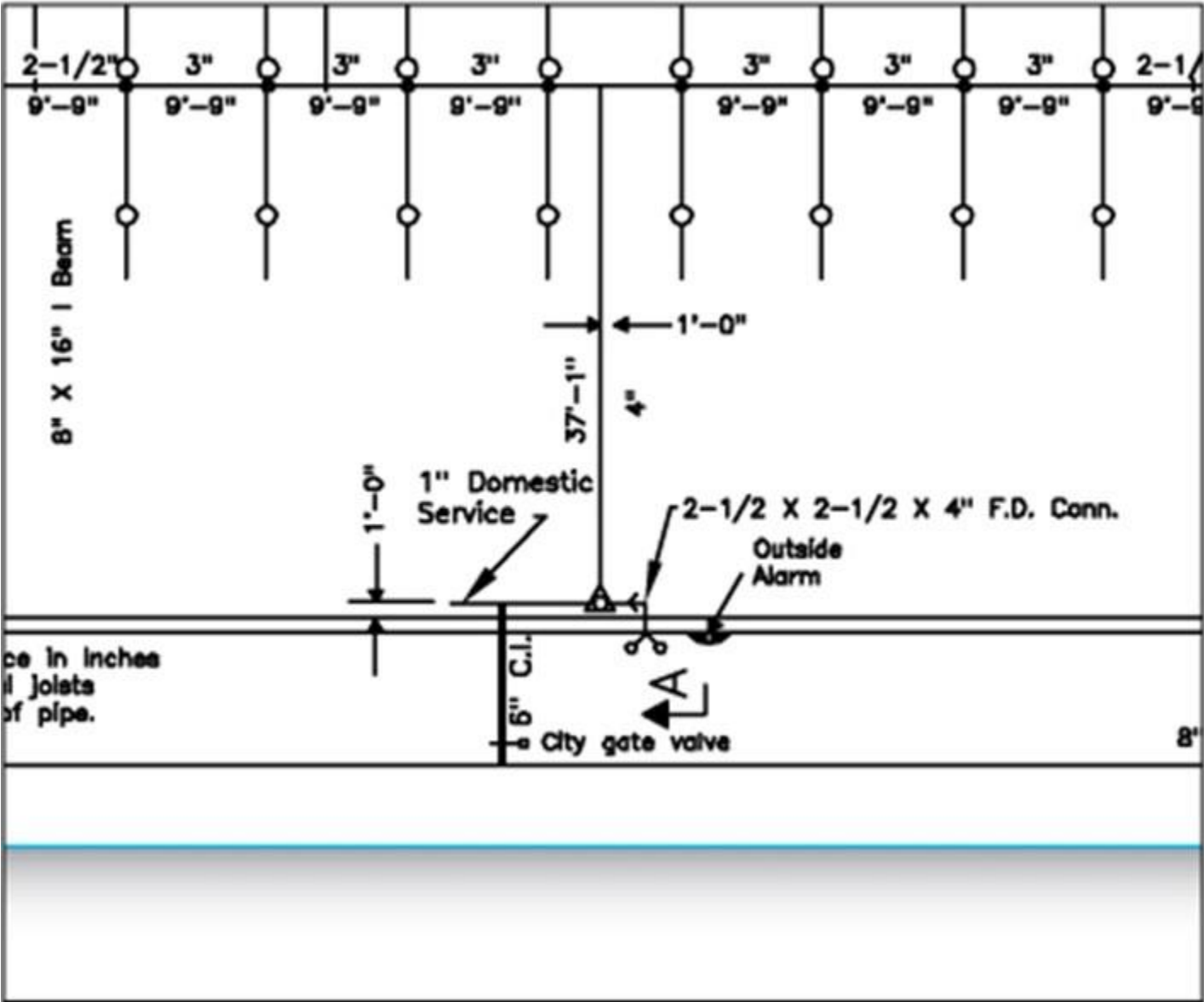
FIRE SAFETY INSPECTOR II	SKILL TEST #16	SCENARIO: 16.1
Inspection Narrative	Study the plans as the instructor indicates. List any deficiencies in the area provided below. If there are no deficiencies shown, simply write "none".	



PLAN REVIEW REPORT		
LOCATION	DEFICIENCY	OFC

EVALUATOR NAME Robert Hanmer	EVALUATOR SIGNATURE X	CERT # 82921
CANDIDATE NAME	CANDIDATE SIGNATURE X	CERT #

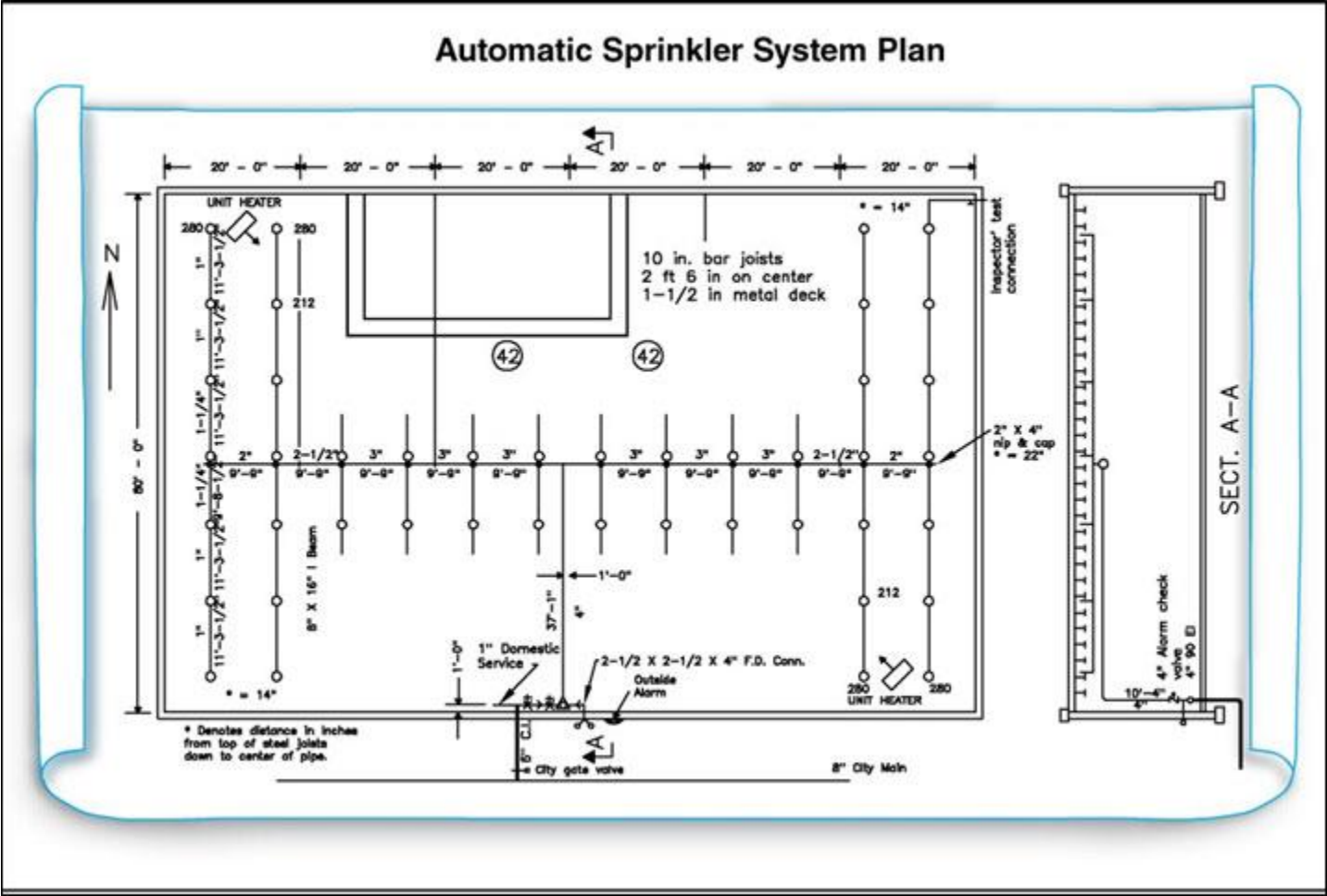
FIRE SAFETY INSPECTOR II	SKILL TEST #16	SCENARIO: 16.2
Inspection Narrative	Study the plans as the instructor indicates. List any deficiencies in the area provided below. If there are no deficiencies shown, simply write "none".	



PLAN REVIEW REPORT		
LOCATION	DEFICIENCY	OFC

EVALUATOR NAME Robert Hanmer	EVALUATOR SIGNATURE X	CERT # 82921
CANDIDATE NAME	CANDIDATE SIGNATURE X	CERT #

FIRE SAFETY INSPECTOR II	SKILL TEST #16	SCENARIO: 16.3
Inspection Narrative	Study the plans as the instructor indicates. List any deficiencies in the area provided below. If there are no deficiencies shown, simply write "none".	



PLAN REVIEW REPORT		
LOCATION	DEFICIENCY	OFC

EVALUATOR NAME Robert Hanmer	EVALUATOR SIGNATURE X	CERT # 82921
CANDIDATE NAME	CANDIDATE SIGNATURE X	CERT #

FIRE SAFETY INSPECTOR II	SKILL TEST #16	SCENARIO: 16.4
Inspection Narrative	Study the plans as the instructor indicates. List any deficiencies in the area provided below. If there are no deficiencies shown, simply write "none".	

Automatic Sprinkler System Plan

The diagram is a detailed plan of an automatic sprinkler system. It shows a rectangular building footprint with overall dimensions of 20'-0" by 80'-0". The plan includes a grid of 10 in. bar joists (2 ft 6 in on center) and 1-1/2 in metal deck. Sprinkler layouts are shown with various pipe sizes (1", 1-1/4", 2", 2-1/2", 3", 4") and flow rates (280, 212, 11-3-1/2). Key components labeled include Unit Heaters, Domestic Service, City Main, Outside Alarm, and a 4" Alarm check valve. A section line A-A is indicated on the right side. A north arrow points towards the top left. A note states: "* Denotes distance in inches from top of steel joists down to center of pipe." Another note specifies: "10 in. bar joists 2 ft 6 in on center 1-1/2 in metal deck".

PLAN REVIEW REPORT		
LOCATION	DEFICIENCY	OFC

EVALUATOR NAME	EVALUATOR SIGNATURE	CERT #
Robert Hanmer	X	82921
CANDIDATE NAME	CANDIDATE SIGNATURE	CERT #
	X	

