



# **FIRE SAFETY INSPECTOR PRACTICAL EXAMINATION SKILL SHEETS**

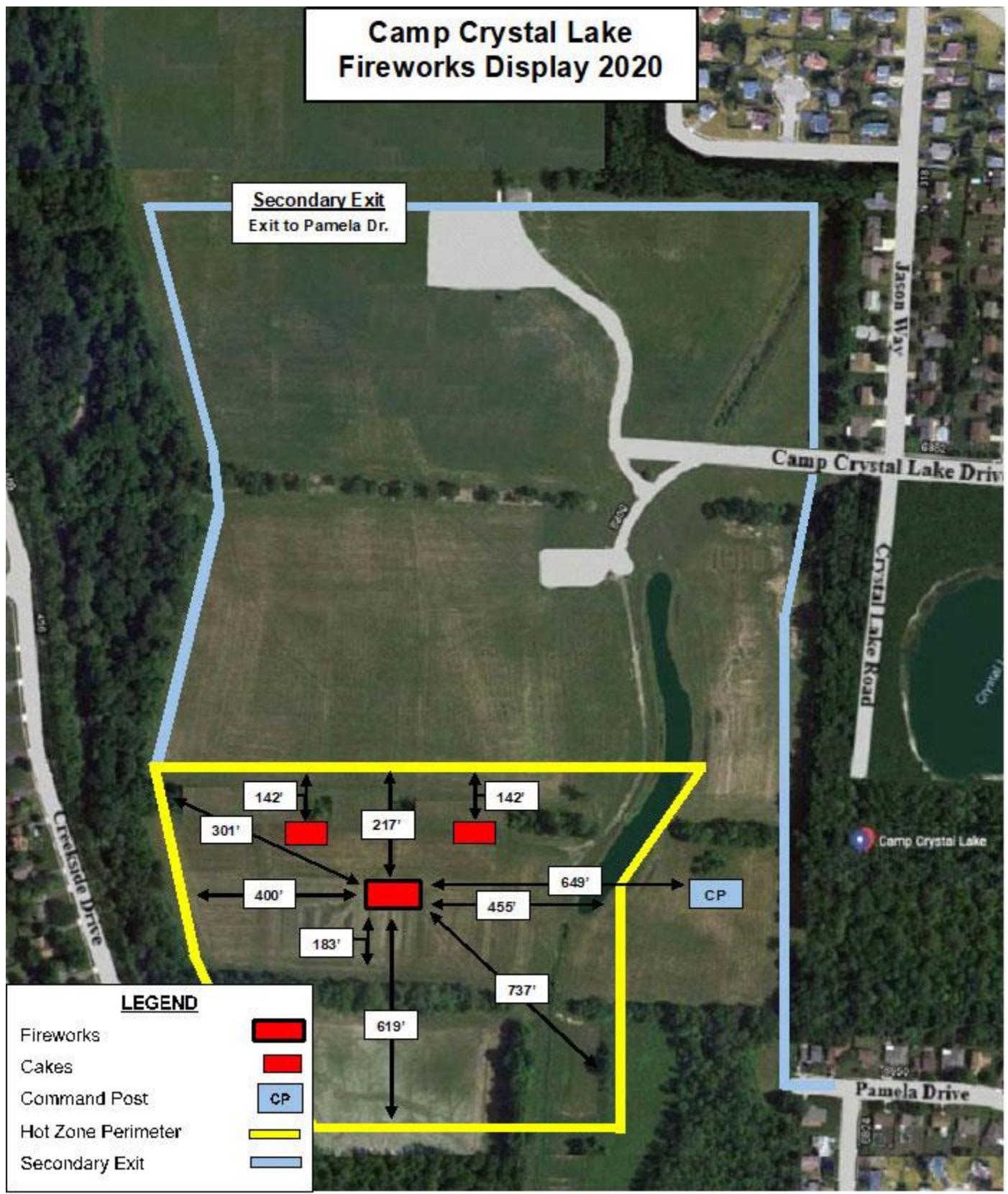
Ohio Department of Public Safety, Division of EMS

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 3			
TEST SITE NAME <b>North Ridgeville Fire Department</b>				TEST DATE						
TEST SITE ADDRESS <b>7000 Ranger Way</b>				START TIME						
CITY <b>North Ridgeville</b>		STATE <b>OH</b>	ZIP <b>44039</b>	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 <b>30 minutes</b>				
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		<b>Successful completion of 100% of the steps listed below.</b>								
<b>PERFORMANCE STEPS</b>					TEST 1	RETEST 2	RETEST 3			
					P	F	P	F	P	F
1. Process a permit application with a specific request.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Candidate Shall Complete All Steps to Pass</b>										
COMMENTS										
EVALUATOR 1 NAME <b>Robert Hanmer</b>		EVALUATOR 1 SIGNATURE <b>X</b>				CERT # <b>82921</b>				
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE <b>X</b>				CERT #				
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE <b>X</b>				CERT #				
CANDIDATE NAME		CANDIDATE SIGNATURE <b>X</b>				CERT #				



CANDIDATE NAME (Please Print)

FIRE SAFETY INSPECTOR II

SKILL TEST #1

SCENARIO: 1.1

JOHN KASICH  
Governor

State of Ohio  
Department of Commerce  
Division of State Fire Marshal

JACQUELINE 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](http://www.bwc.ohio.gov), or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer

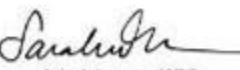
904916

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

[www.bwc.ohio.gov](http://www.bwc.ohio.gov)  
Issued by:



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

  
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	ATF - Chief, FELC	License Permit Number	9-CA-111-34-0A-01111
Correspondence To	244 Needy Road Martinsburg, WV 25405-9431	Expiration Date	January 1, 2019
Chief, Federal Explosives Licensing Center (FELC) <i>Christopher L. Reeves</i>			
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 EXPLOSIVES

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."

*WAHYD NAWABI*  
Licensee/Permittee Responsible Person Signature

Printed Name

*CEO*

Position Title

*4/4/17*

Date

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

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

ATF Form 5460-14-5400-55 Part 1  
Revised October 2011

Previous Edition is Obsolete

AMENDED BY 18 U.S.C. ANNIVERSARY ACT (2011) 8 CA 54-0200 January 1, 2012 2012-02-01 00:00:00 ET (PURPOSES)

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](http://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 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 EXPLOSIVES	
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

CANDIDATE NAME (Please Print)

FIRE SAFETY INSPECTOR II

SKILL TEST #1

SCENARIO: 1.1

## 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

State of Ohio  
Department of Commerce  
Division of State Fire Marshal

EXHIBITOR LICENSE

DIANA "WW" PRINCE

56.67.0048

Expiration Date: 04/23/2019

Signature Diana "WW" Prince

This card shall be on your person while performing listed activities.

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



## 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	CONTACT NAME: Lara Croft
	PHONE: 800-555-1971 FAX: (A/C, No):
INSURED	E-MAIL ADDRESS: LaraCroft@gmail.com
	INSURER(S) AFFORDING COVERAGE
INSURER A:	Gekko & Co
	NAIC # 13056
INSURER B:	Wayne Enterprises
	NAIC # 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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		015375417	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 100,000 GENERAL AGGREGATE \$ 200,000 PRODUCTS - COMPOD AGG \$ 200,000 Policy Aggregate: \$ 750,000 COMBINED SINGLE LIMIT (Per accident) \$ 750,000 BODY INJURY (Per person) \$ 25,000 BODY INJURY (Per accident) \$ 25,000 PROPERTY DAMAGE (Per accident) \$ 1,000 Com. \$2500 deductible Coll. \$2500 deductible
A	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS Hired Autos <input checked="" type="checkbox"/> NON-OWNED AUTOS \$1 mil		LF10012744	04/23/2020	04/23/2021	EACH OCCURRENCE \$ 500,000 AGGREGATE \$ 500,000 \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		015375365	04/23/2020	04/23/2021	PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Fireworks Dispaly 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

CANCELLATION

Camp Crystal Lake  
157 Crystal Lake Road  
Crystal Lake, Ohio 43068

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

Page 1 of 1

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](mailto: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.

<b>Exhibition</b>	Location Of Exhibition Site/Event _____		
	Address _____	City _____	County _____
	Date of Exhibition _____	Time of Exhibition _____	Rain Date _____
	Sponsor _____	Sponsor Contact _____	Phone Number _____
<b>Product</b>	Company Supplying Fireworks		
	Phone Number _____	Ohio Manufacturer/Wholesaler/Out-Of-State Shipper Id _____	
	Address _____	City _____	State _____
<b>Exhibitor</b>	Licensed Exhibitor Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ohio Exhibitor ID(S) _____	
	Please Mark License Catagory <input type="checkbox"/> Fireworks NFPA 1123/NFPA 1124 <input type="checkbox"/> Special Effects NFPA 1126 <input type="checkbox"/> Flame NFPA 160		
	Exhibitor Name _____	Phone Number _____	
	Address _____	City _____	State _____
	Company Affiliation (if applicable) _____		
	Exhibitor Signature <b>X</b> _____	Date _____	

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

CANDIDATE NAME (Please Print)			
<b>OHIO DIVISION OF EMS FIRE INSPECTION REPORT</b>			
<b>FIRE SAFETY INSPECTOR II</b>	<b>SKILL TEST #1</b>		<b>SCENARIO: 1.1</b>
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**

**REMARKS**

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.

OWNER NAME	OWNER SIGNATURE <b>X</b>	DATE
INSPECTOR NAME	INSPECTOR SIGNATURE <b>X</b>	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"/>
<b>Candidate Shall Complete All Steps to Pass</b>									

## COMMENTS

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EVALUATOR 1 NAME <b>Robert Hanmer</b>	EVALUATOR 1 SIGNATURE <b>X</b>	CERT # <b>82921</b>
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE <b>X</b>	CERT #
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE <b>X</b>	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #

CANDIDATE NAME (Please Print)

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)**

<input checked="" type="checkbox"/> Building/Structural	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical
<input type="checkbox"/> Exhaust Hood	<input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Suppression System
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Other

**TYPE OF CONSTRUCTION** I-A  I-B  II-A  II-B  III-A  III-B  IV  V-A  V-B**OBC GROUP CLASSIFICATION**

<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input checked="" type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5	<input type="checkbox"/> B	<input type="checkbox"/> E	<input type="checkbox"/> F1	<input type="checkbox"/> F2
<input type="checkbox"/> H-1	<input type="checkbox"/> H-2	<input type="checkbox"/> H-3	<input type="checkbox"/> H-4	<input type="checkbox"/> H-5	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3	<input type="checkbox"/> I-4
<input type="checkbox"/> M	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2	<input type="checkbox"/> 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)
<b>Applicable Floor(s)</b>	
Basement:	N/A
First Floor:	8,000
Second Floor:	8,000
Third Floor:	N/A
Other:	
<b>SQ. FT. TOTAL:</b>	16,000
Number of Exterior Lighting Poles	5

**\*\*OFFICE USE ONLY\*\***

Date Paid: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 Cash  Check # \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

Checks payable to: Medina County Treasurer

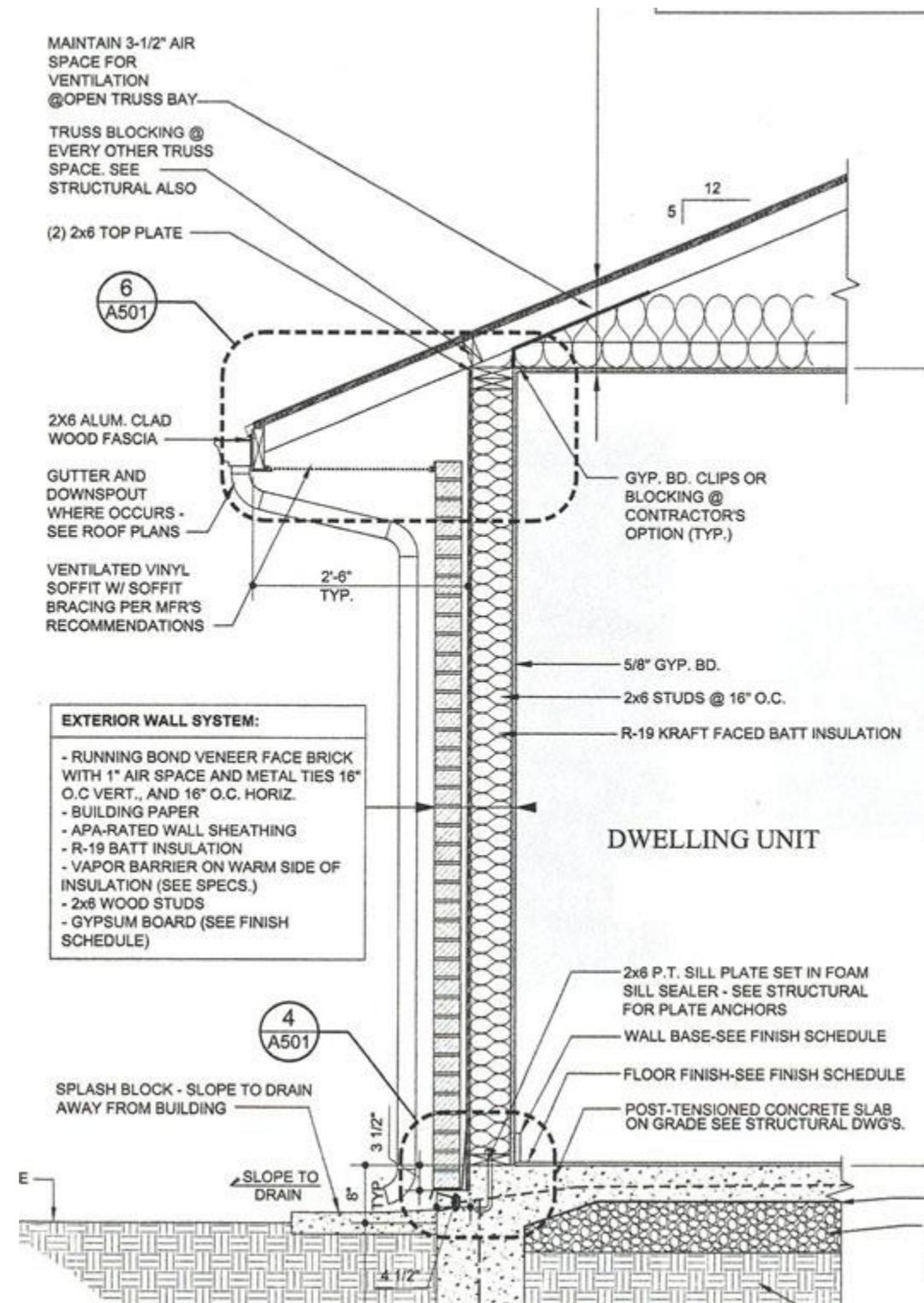
**COMMERCIAL PLAN REVIEW FEE SCHEDULE**

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

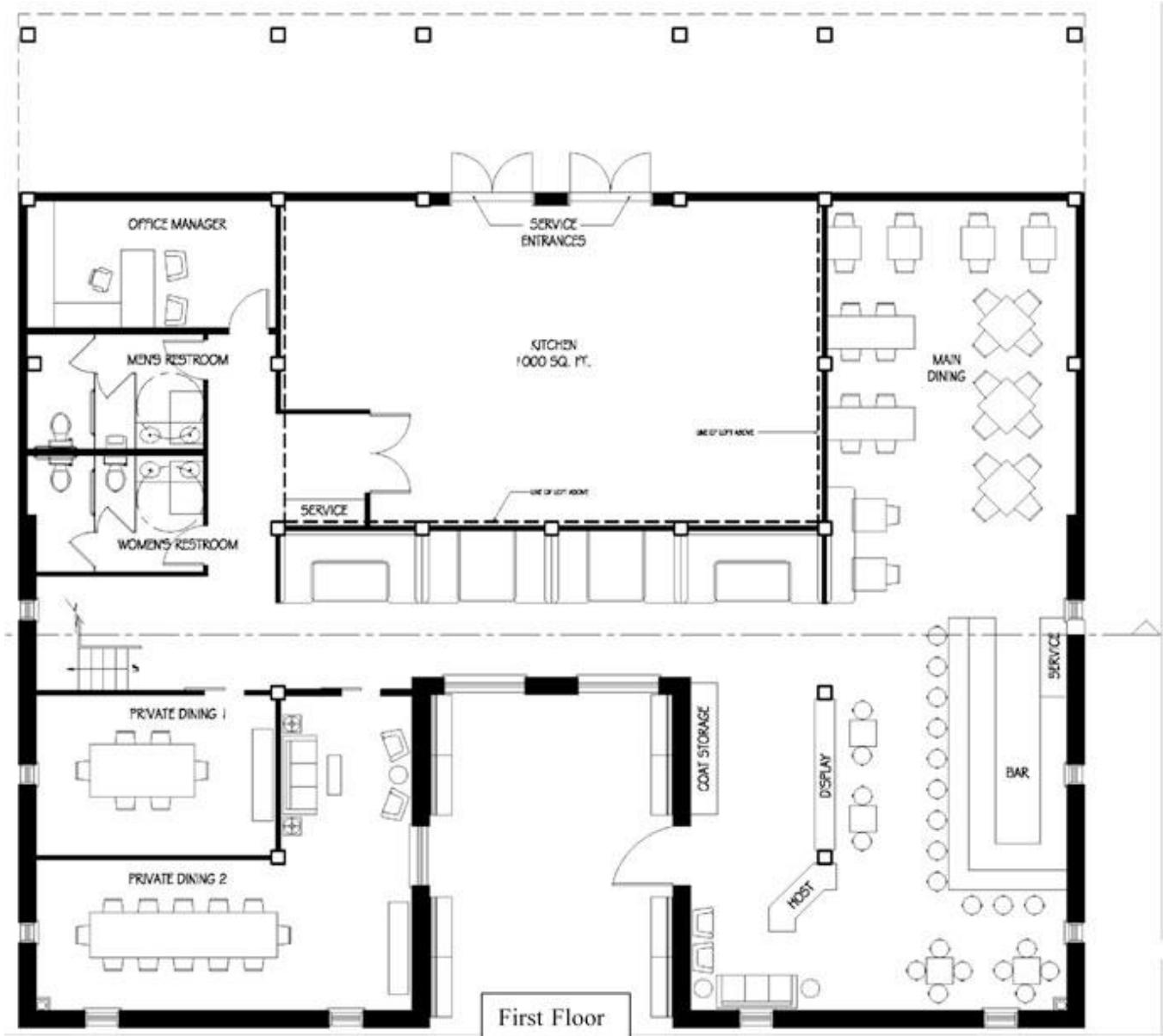
AREA OR SQUARE FEET	ALL USE GROUPS	+ STATE FEE = TOTAL
0 - 499	\$100.00	+ 3% = \$103.00
500 - 1,999	\$200.00	+ 3% = \$206.00
2,000 - 3,999	\$300.00	+ 3% = \$309.00
4,000 - 5,999	\$320.00	+ 3% = \$329.60
6,000 - 7,999	\$340.00	+ 3% = \$350.20
8,000 - 9,999	\$360.00	+ 3% = \$370.80
10,000 - 19,999	\$400.00	+ 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**

1. Is the proposed Use Group correct? If not provide correct Use Group.
2. Type of Construction listed correct? If not what should it be listed as?
3. Does the building meet height and area limitations?
4. Do you have enough exits? If no, explain below with the proposed exits

**YES****NO****CORRECT**

EVALUATOR NAME

EVALUATOR SIGNATURE

CERT #

**X**

CANDIDATE NAME

CANDIDATE SIGNATURE

CERT #

**X**

CANDIDATE NAME (Please Print)

**OHIO DIVISION OF EMS FIRE INSPECTION REPORT**

<b>FIRE SAFETY INSPECTOR II</b>		<b>SKILL TEST #2</b>		<b>SCENARIO: 2.1</b>	
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		
<b>PLAN REVIEW</b>				<b>YES</b>	<b>NO</b>
Based on the information and records provided is the facility in compliance?				<input type="checkbox"/>	<input type="checkbox"/>

<b>ITEM</b>	<b>VIOLATION</b>	<b>OFC REF.</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
REMARKS		

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.

OWNER NAME	OWNER SIGNATURE <b>X</b>	DATE
INSPECTOR NAME	INSPECTOR SIGNATURE <b>X</b>	CERT #

**NOTICE  
FOR YOUR SAFETY  
OCCUPANCY  
ON THE 1<sup>st</sup> 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 2<sup>nd</sup> 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 <sup>st</sup> Floor:			
2 <sup>nd</sup> Floor:			

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

FIRE SAFETY INSPECTOR II		SKILL TEST #3			MANDATORY					
Primary Task		INVESTIGATE COMPLEX COMPLAINT			JPR(s)	5.2.3				
CANDIDATE NAME (Please Print)  <b>North Ridgeville Fire Department</b>					TEST NUMBER	TEST 1	TEST 2	TEST 3		
TEST SITE NAME  <b>North Ridgeville Fire Department</b>					TEST DATE					
TEST SITE ADDRESS  <b>7000 Ranger Way</b>					START TIME					
CITY  <b>North Ridgeville</b>		STATE  <b>OH</b>	ZIP  <b>44039</b>	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  <b>30 minutes</b>			
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		<b>Successful completion of 100% of the steps listed below.</b>								
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"/>
<b>Candidate Shall Complete All Steps to Pass</b>										
COMMENTS										
EVALUATOR 1 NAME  <b>Robert Hanmer</b>		EVALUATOR 1 SIGNATURE  <b>X</b>					CERT #  <b>82921</b>			
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE  <b>X</b>					CERT #			
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE  <b>X</b>					CERT #			
CANDIDATE NAME		CANDIDATE SIGNATURE  <b>X</b>					CERT #			

**Telephone Transcript:**

**FD:** Phoenixville Fire Department Prevention Bureau, Inspector Krueger speaking.

**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.

**FD:** Thank you for your phone call, Ms. Kyle. What is the address of the Colonial Movie Theater?

**Ms. Kyle:** 227 Bridge Street, Phoenixville, Ohio.

**FD:** We will have someone look into this and get back with you. Could I have your telephone number and address?

**Ms. Kyle:** 614-555-9876 and I live at 1428 Elm Street, Springwood, Ohio.

**PLAN REVIEW**

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 <b>Robert Hanmer</b>	EVALUATOR 1 SIGNATURE <b>X</b>	CERT # <b>82921</b>
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE <b>X</b>	CERT #
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE <b>X</b>	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #

FIRE SAFETY INSPECTOR II	SKILL TEST #3	SCENARIO: 3.1
<b>Field Inspection</b>	<p>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.</p>	



KEY INFORMATION	The Occupancy is Use Group A-1 with a Posted Occupant Load of 235.
-----------------	--

CANDIDATE NAME (Please Print)			
<b>OHIO DIVISION OF EMS FIRE INSPECTION REPORT</b>			
<b>FIRE SAFETY INSPECTOR II</b>	<b>SKILL TEST #3</b>		<b>SCENARIO: 3.1</b>
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**

## REMARKS

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.

OWNER NAME	OWNER SIGNATURE <b>X</b>	DATE
INSPECTOR NAME	INSPECTOR SIGNATURE <b>X</b>	DATE

## CANDIDATE LETTER



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

EVALUATOR NAME	EVALUATOR SIGNATURE <b>X</b>	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	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 <b>North Ridgeville Fire Department</b>			TEST DATE							
TEST SITE ADDRESS <b>7000 Ranger Way</b>			START TIME							
CITY <b>North Ridgeville</b>		STATE <b>OH</b>	ZIP <b>44039</b>	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.				<b>State Maximum Allotted Time 30 minutes</b>				
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		<b>Successful completion of 100% of the steps listed below.</b>								
<b>PERFORMANCE STEPS</b>					<b>TEST 1</b>	<b>RETEST 2</b>	<b>RETEST 3</b>			
					<b>P</b>	<b>F</b>	<b>P</b>	<b>F</b>	<b>P</b>	<b>F</b>
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"/>
<b>Candidate Shall Complete All Steps to Pass</b>										
COMMENTS										
EVALUATOR 1 NAME <b>Robert Hanmer</b>		EVALUATOR 1 SIGNATURE <b>X</b>				CERT # <b>82921</b>				
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE <b>X</b>				CERT #				
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE <b>X</b>				CERT #				
CANDIDATE NAME		CANDIDATE SIGNATURE <b>X</b>				CERT #				

CANDIDATE NAME (Please Print)

FIRE SAFETY INSPECTOR II

SKILL TEST #7

SCENARIO: 7.1

**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.**

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 <b>Robert Hanmer</b>	EVALUATOR 1 SIGNATURE <b>X</b>	CERT # <b>82921</b>
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE <b>X</b>	CERT #
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE <b>X</b>	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #

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"/>
<b>Candidate Shall Complete All Steps to Pass</b>									
COMMENTS									
EVALUATOR 1 NAME Robert Hanmer		EVALUATOR 1 SIGNATURE <b>X</b>				CERT # <b>82921</b>			
EVALUATOR 2 NAME		EVALUATOR 2 SIGNATURE <b>X</b>				CERT #			
EVALUATOR 3 NAME		EVALUATOR 3 SIGNATURE <b>X</b>				CERT #			
CANDIDATE NAME		CANDIDATE SIGNATURE <b>X</b>				CERT #			

CANDIDATE NAME (Please Print)

**FIRE SAFETY INSPECTOR II**

**SKILL TEST #9**

**SCENARIO: 9.1**

**INTRODUCTION:**

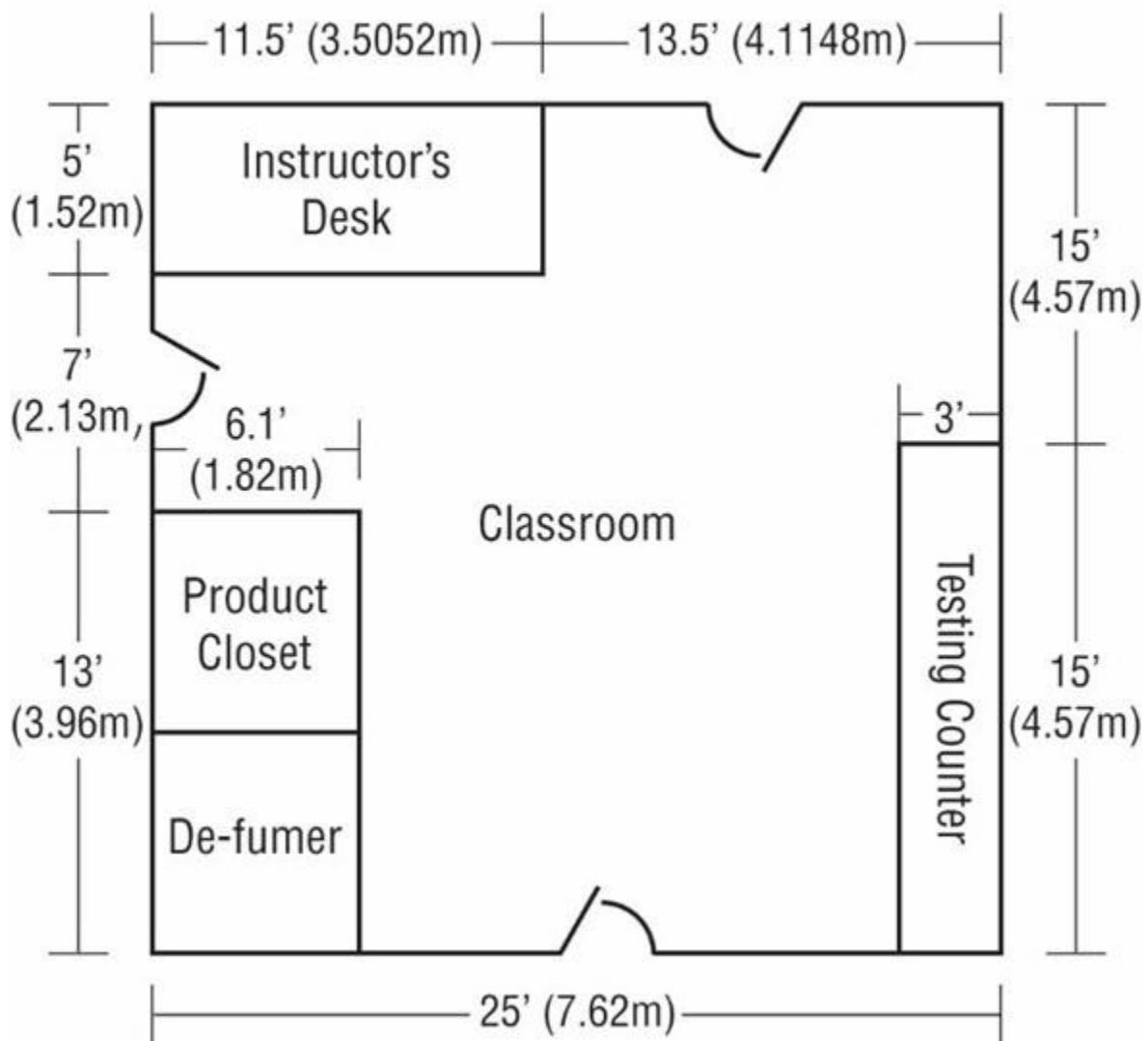
A floor plan is a horizontal drawing of a structure at a given level. The plan provides general information about the types of compartments and their intended uses. In addition, the plans provide specific details about building components such as walls, doors, windows, and stairs. A fire inspector must 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**

# Classroom



## EGRESS REPORT

OCCUPANCY	OCCUPANT LOAD	
LOCATION	VIOLATION	OFC

EVALUATOR NAME

Robert Hanmer

EVALUATOR SIGNATURE

X

CERT #

82921

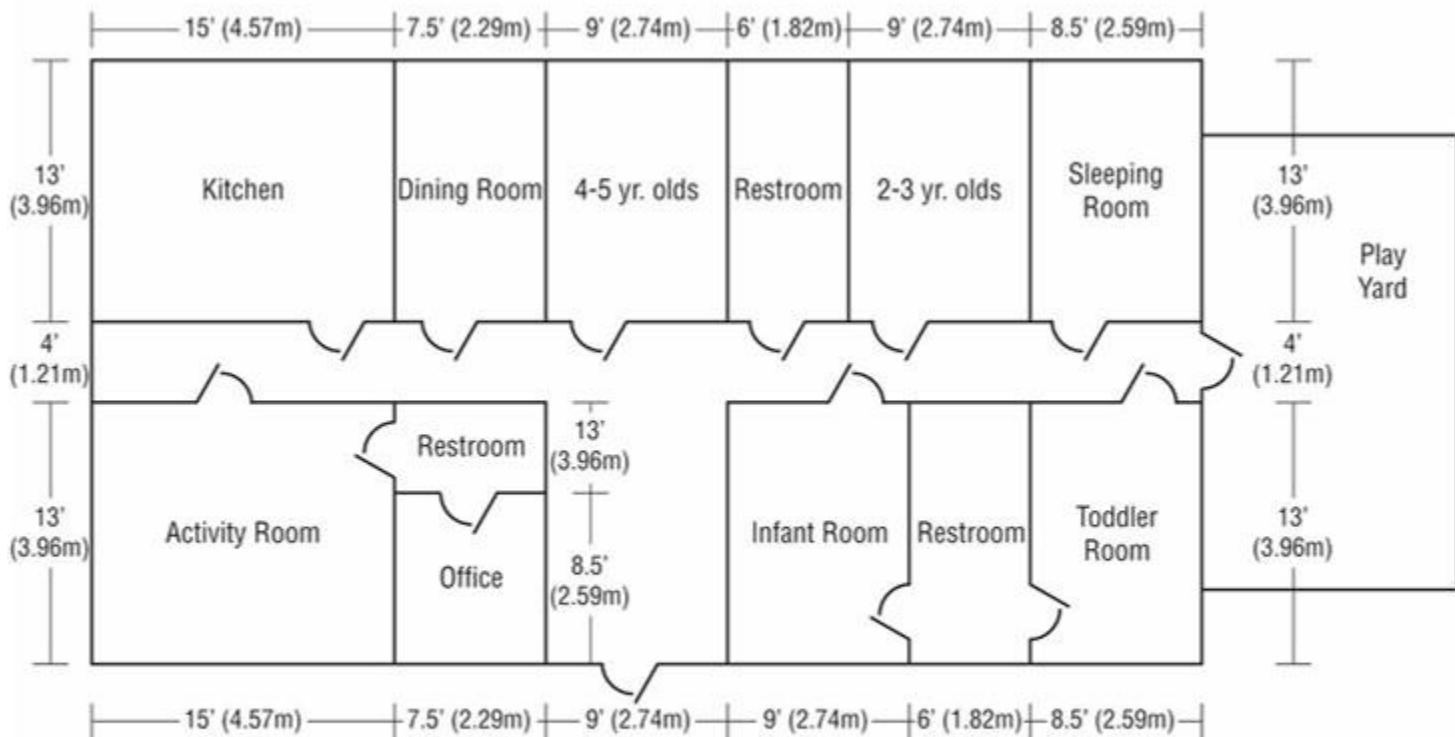
CANDIDATE NAME

CANDIDATE SIGNATURE

X

CERT #

## Daycare



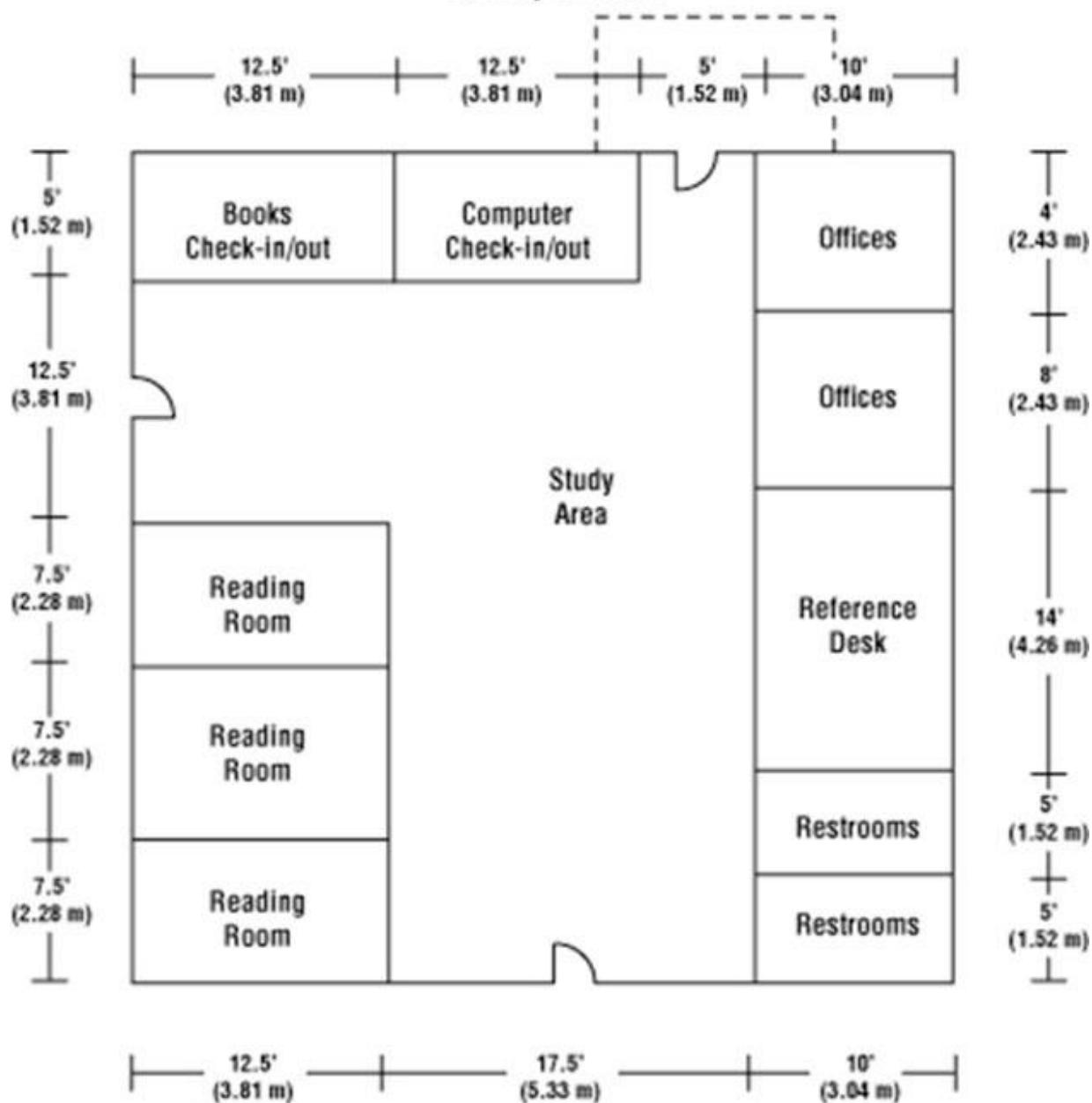
\* There are more than 10 children over the age of 2 1/2 at this facility

## EGRESS REPORT

OCCUPANCY		OCCUPANT LOAD	
LOCATION	VIOLATION		OFC

EVALUATOR NAME <b>Robert Hanmer</b>	EVALUATOR SIGNATURE <b>X</b>	CERT # <b>82921</b>
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #

## Library 40 x 40



## EGRESS REPORT

OCCUPANCY	OCCUPANT LOAD	
LOCATION	VIOLATION	OFC

EVALUATOR NAME

Robert Hanmer

EVALUATOR SIGNATURE

X

CERT #

82921

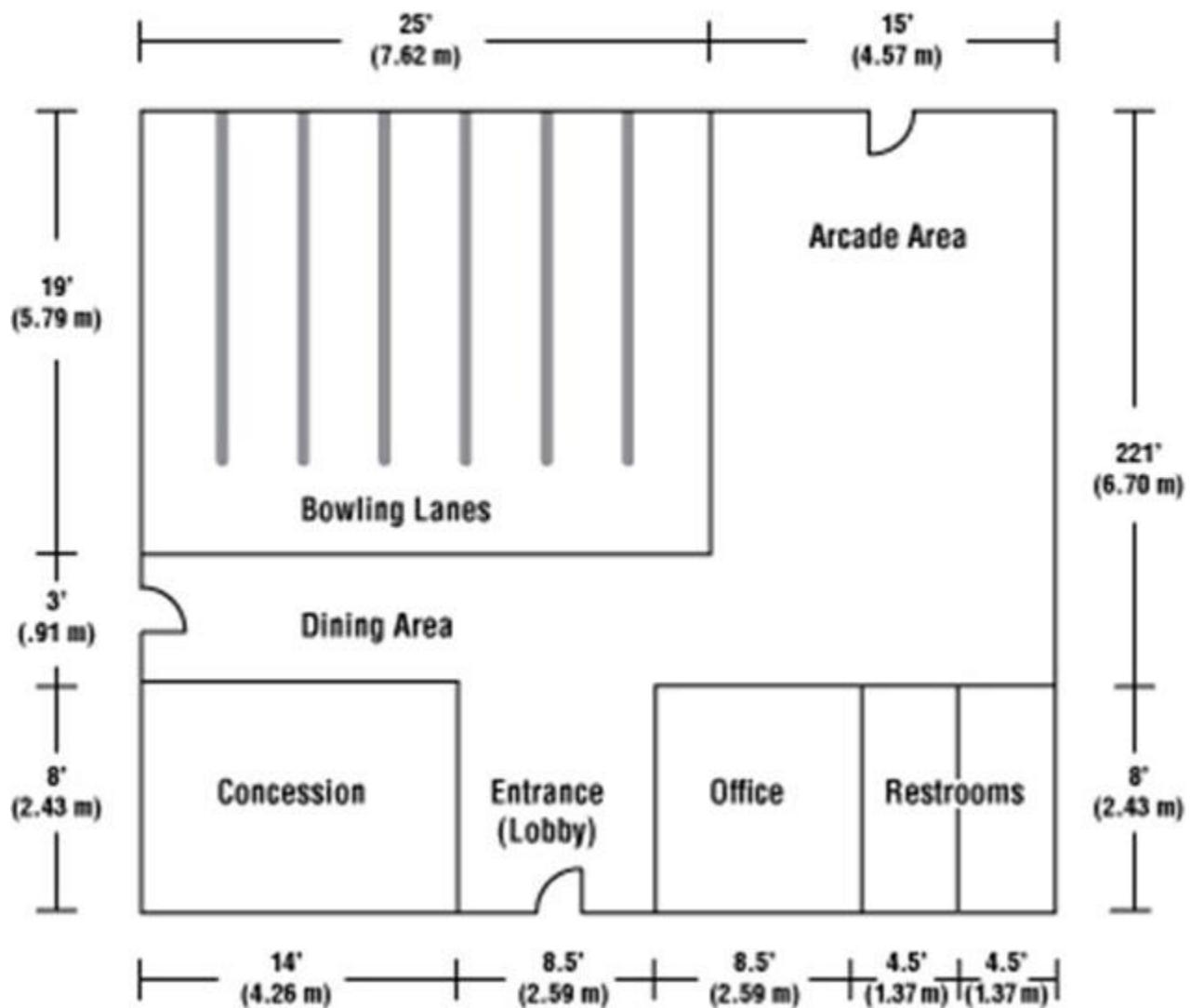
CANDIDATE NAME

CANDIDATE SIGNATURE

X

CERT #

## 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"/>
<b>Candidate Shall Complete All Steps to Pass</b>									

CANDIDATE NAME (Please Print)

COMMENTS

EVALUATOR 1 NAME <b>Robert Hanmer</b>	EVALUATOR 1 SIGNATURE <b>X</b>	CERT # <b>82921</b>
EVALUATOR 2 NAME	EVALUATOR 2 SIGNATURE <b>X</b>	CERT #
EVALUATOR 3 NAME	EVALUATOR 3 SIGNATURE <b>X</b>	CERT #
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #

EVALUATOR NAME <b>Robert Hanmer</b>	EVALUATOR SIGNATURE <b>X</b>	CERT # <b>82921</b>
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #

CANDIDATE NAME (Please Print)

**FIRE SAFETY INSPECTOR II**

**SKILL TEST #15**

**SCENARIO: 15.1**



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 - "Mall 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 mall office. Zone temperature will be monitored by a sensor located in a representative area with the mall 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 mall 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 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 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 mail 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 Mail 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 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 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 its 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

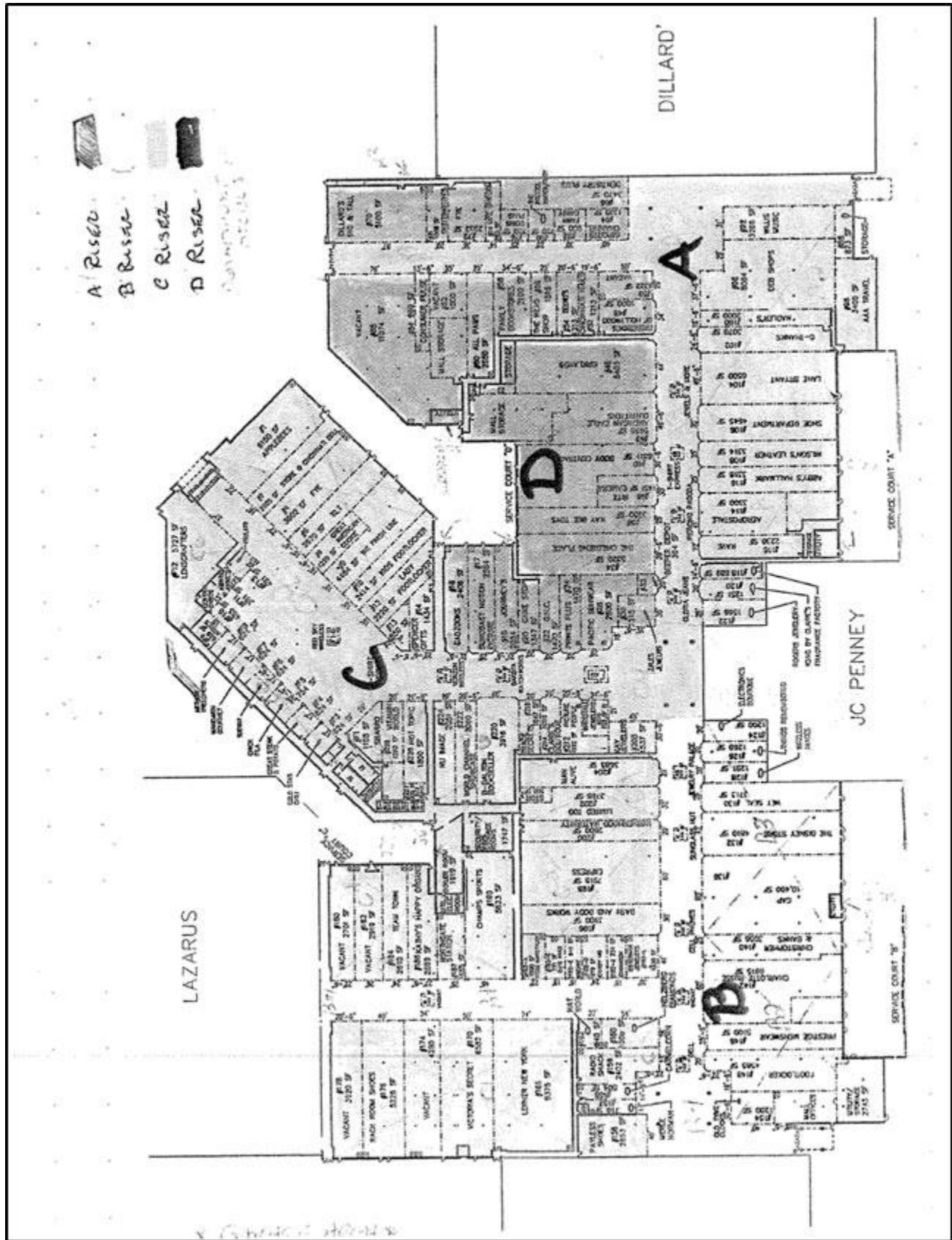
One pressure relief box is installed for each new Trane Tenant unit. Unit E has two boxes. A 24 volt circuit, from the RTU, powers these boxes to open if duct pressure exceeds 1 1/2" w.g. as sensed by the local pressure controller.

## **FIRE SAFETY INSPECTOR II**

## SKILL TEST #15

## SCENARIO: 15.1

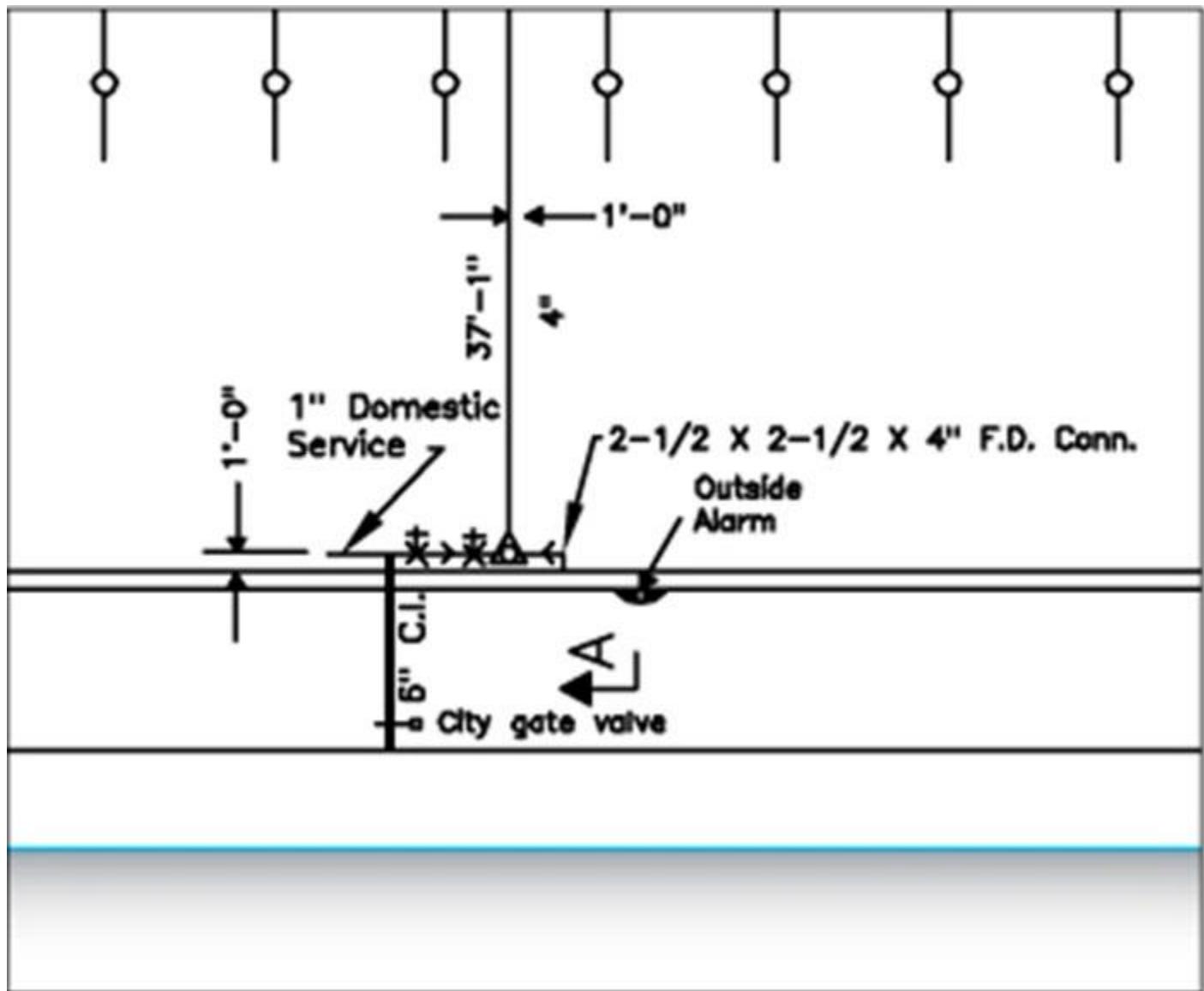
**Photos are of the yearly testing and inspections of the hvac's units and smoke control system.**



<b>FIRE SAFETY INSPECTOR II</b>		<b>SKILL TEST #16</b>			<b>RANDOM</b>					
<b>Primary Task</b>		<b>FIRE PROTECTION SYSTEM PLAN REVIEW</b>			<b>JPR(s)</b>	<b>5.4.3</b>				
CANDIDATE NAME (Please Print)				TEST NUMBER	<b>TEST 1</b>	<b>TEST 2</b>	<b>TEST 3</b>			
TEST SITE NAME <b>North Ridgeville Fire Department</b>				TEST DATE						
TEST SITE ADDRESS <b>7000 Ranger Way</b>				START TIME						
CITY <b>North Ridgeville</b>		STATE <b>OH</b>	ZIP <b>44039</b>	END TIME						
<b>JPR 5.4.3</b>	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.				<b>State Maximum Allotted Time</b> <b>30 minutes</b>					
<b>Requisite Knowledge</b>	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.									
<b>Requisite Skills</b>	The ability to read basic floor plans or shop drawings and identify symbols used by the jurisdiction.									
<b>Instructions</b>	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.									
<b>Performance Outcome</b>	<b>Successful completion of 100% of the steps listed below.</b>									
<b>PERFORMANCE STEPS</b>					<b>TEST 1</b>		<b>RETEST 2</b>		<b>RETEST 3</b>	
					<b>P</b>	<b>F</b>	<b>P</b>	<b>F</b>	<b>P</b>	<b>F</b>
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"/>
<b>Candidate Shall Complete All Steps to Pass</b>										
COMMENTS										
<b>EVALUATOR 1 NAME</b> <b>Robert Hanmer</b>		<b>EVALUATOR 1 SIGNATURE</b> <b>X</b>				<b>CERT #</b> <b>82921</b>				
<b>EVALUATOR 2 NAME</b>		<b>EVALUATOR 2 SIGNATURE</b> <b>X</b>				<b>CERT #</b>				
<b>EVALUATOR 3 NAME</b>		<b>EVALUATOR 3 SIGNATURE</b> <b>X</b>				<b>CERT #</b>				
<b>CANDIDATE NAME</b>		<b>CANDIDATE SIGNATURE</b> <b>X</b>				<b>CERT #</b>				

## 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

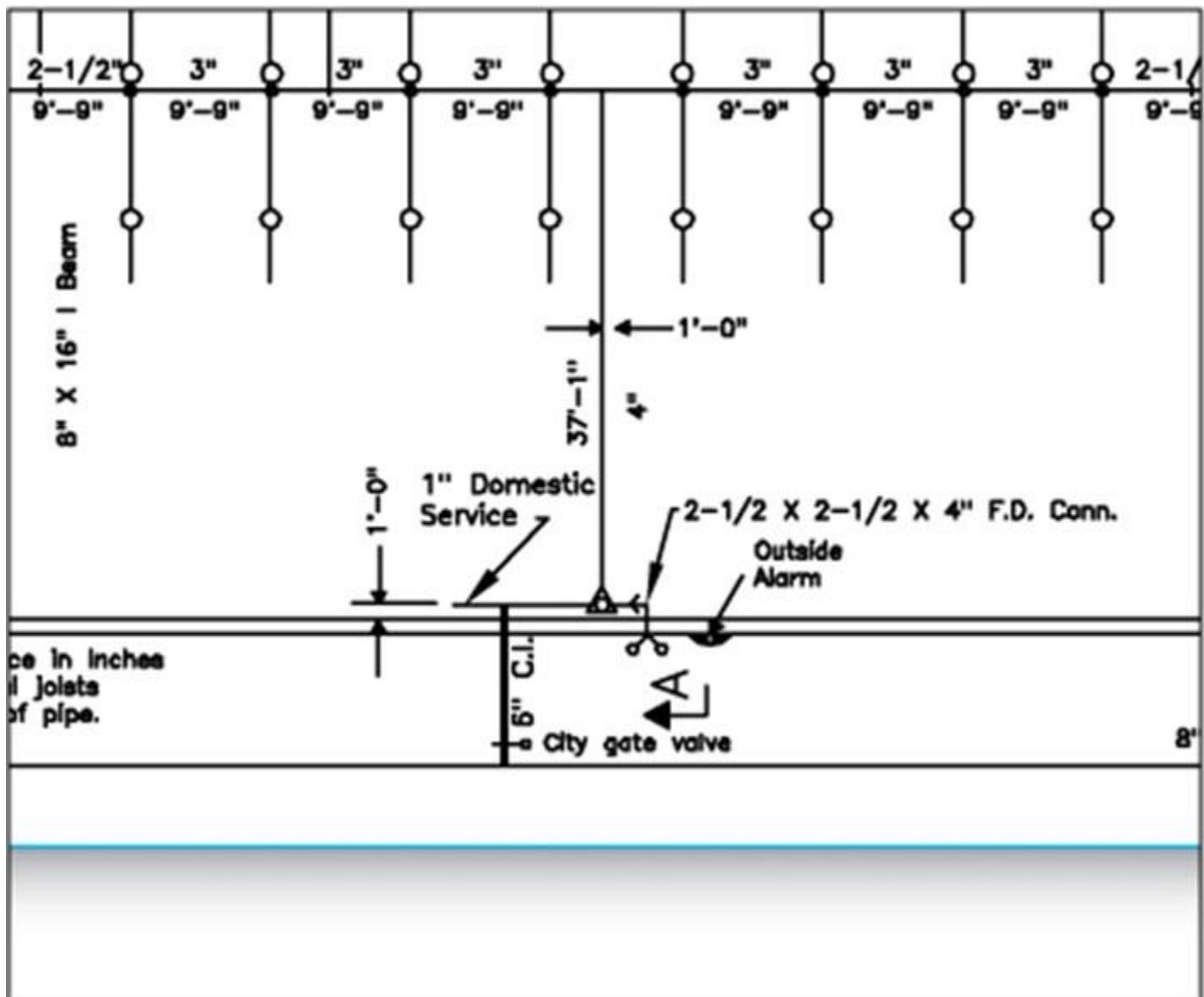
CANDIDATE SIGNATURE

X

CERT #

## 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

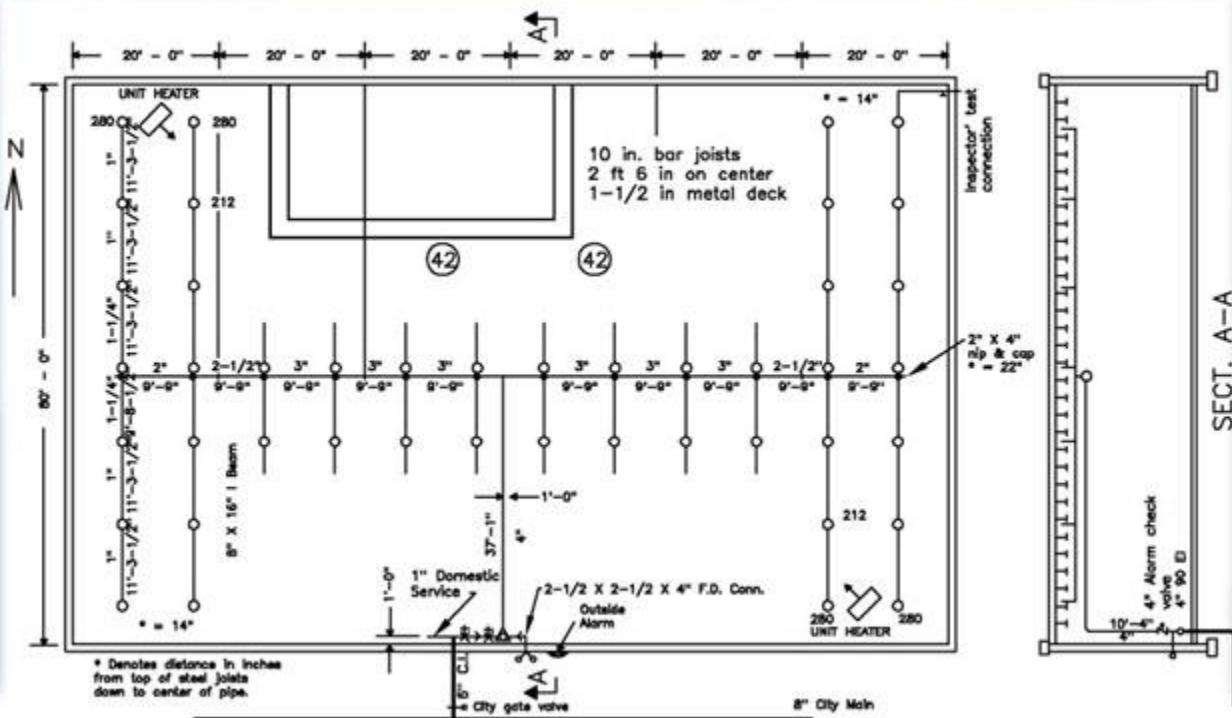
CANDIDATE SIGNATURE

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".	

## Automatic Sprinkler System Plan

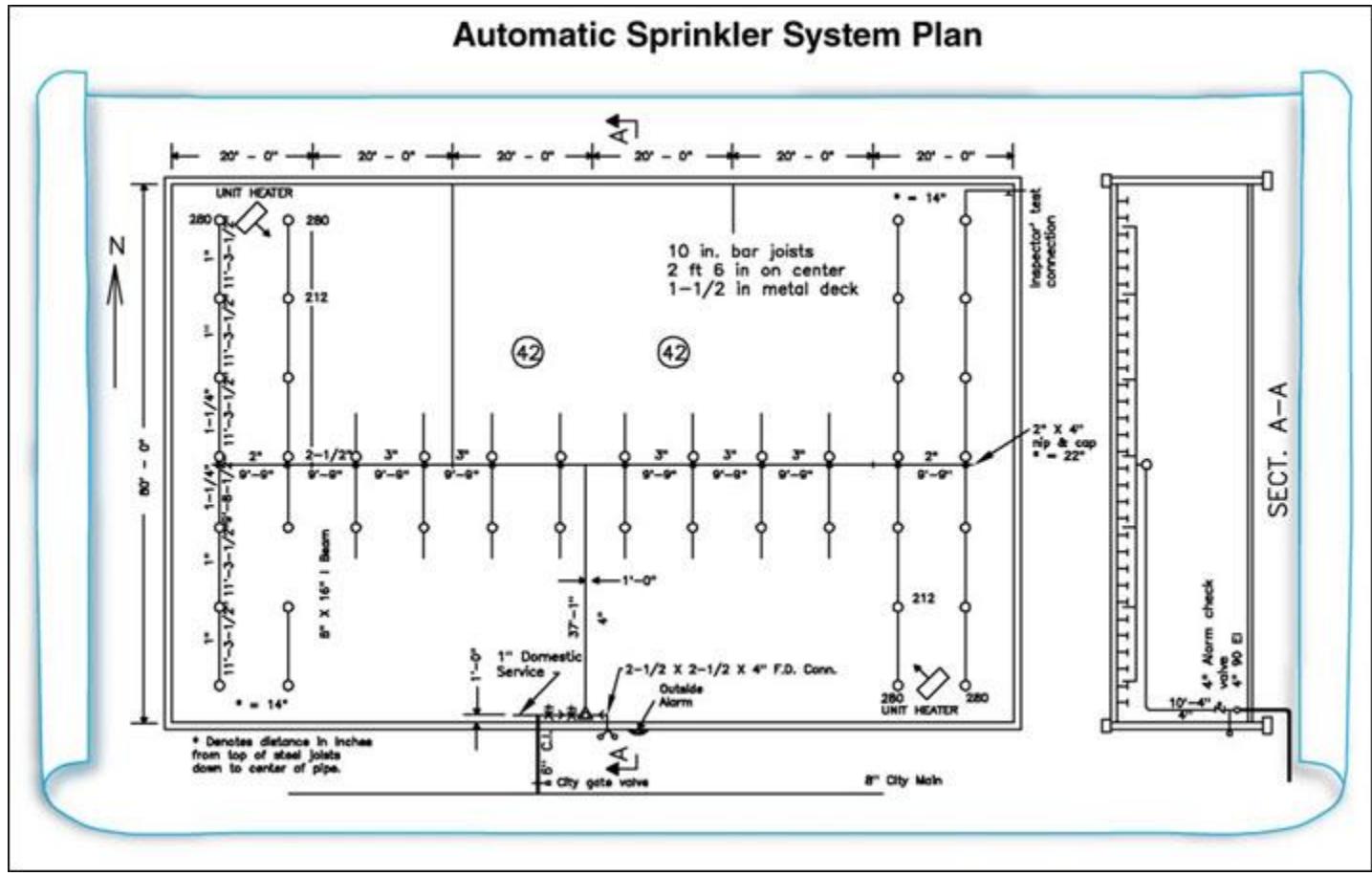


## PLAN REVIEW REPORT

LOCATION	DEFICIENCY	OFC

EVALUATOR NAME <b>Robert Hanmer</b>	EVALUATOR SIGNATURE <b>X</b>	CERT # <b>82921</b>
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	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".	



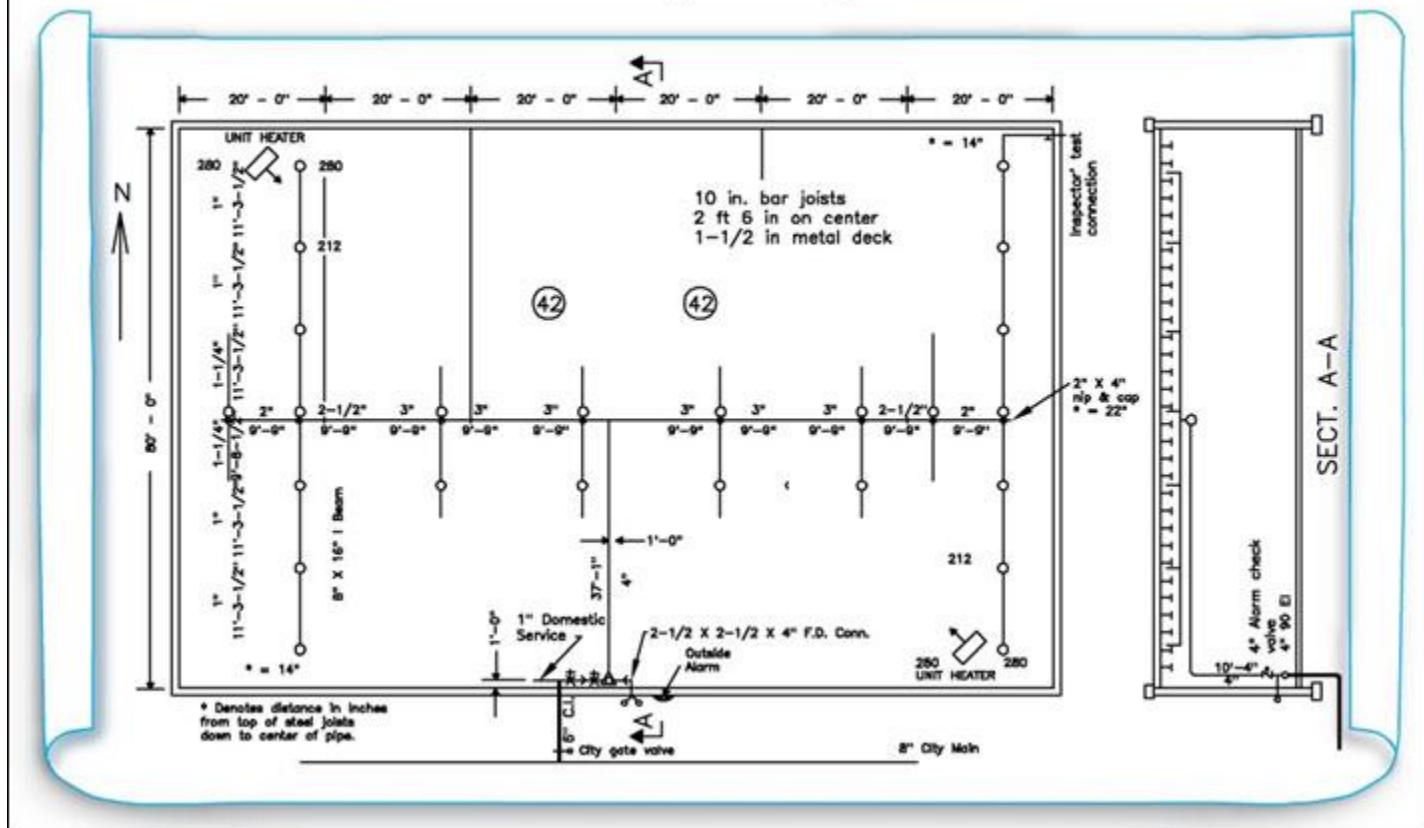
## PLAN REVIEW REPORT

LOCATION	DEFICIENCY	OFC

EVALUATOR NAME <b>Robert Hanmer</b>	EVALUATOR SIGNATURE <b>X</b>	CERT # <b>82921</b>
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #

FIRE SAFETY INSPECTOR II	SKILL TEST #16	SCENARIO: 16.5
<b>Inspection Narrative</b>	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



## PLAN REVIEW REPORT

LOCATION	DEFICIENCY	OFC

EVALUATOR NAME <b>Robert Hanmer</b>	EVALUATOR SIGNATURE <b>X</b>	CERT # <b>82921</b>
CANDIDATE NAME	CANDIDATE SIGNATURE <b>X</b>	CERT #