



Fire Inspection Report (Cont.)

Narrative/Additional Comments

☐ Residential ☒ Commercial



For Official Use Only

Start Time: _____ End Time: _____

Occ Class: _____ Batt. #: _____

Company #: _____ Total Job Time: _____

Address: 900 Fallon St Ste _____ Business Name: Loney College

Contact Name: Scott Strong Owner / Mgr 510 Bus. Phone # 464-3520 Fax# _____

Billing Address: 900 Fallon St Ste _____ City: Oakland State: Ca

Contact Name: Scott 510 Phone # 464-3520 Fax# _____ Email Address: _____

Insp.: ☒ 1st ☐ 2nd ☐ 3rd ☐ Other _____ Insp. Date: 4-22-15 Insp. Type: Annual Insp. Ref. #: _____

Contact Made/Inspection Permission Granted: ☒ Yes ☐ No

Code	Deficiency/Comment
CFC 904.1	Commercial Cooking Systems
	Commercial Cooking Systems that produce grease laden vapors shall have a approved Type I hood
	Complying with U.L. 300
Title 19 904	Automatic Fire Sprinkler System shall be serviced at least every 5 years.
CFC 901.4	Alarm, Inspection, testing, maintenance, Fire detection alarm and extinguishing system shall be maintained in an operatin condition at all time.

In accordance with the California Fire Code Section 104.5 you are hereby ordered to correct all above noted violations immediately upon receipt of this notice. An inspection to determine if you have complied with this order will be conducted on or about 5/22/15. Failure to comply with this lawful order may result in a citation to appear in Municipal Court, plus additional fines, fees, and civil penalties. If you have questions, contact the undersigned inspector.

Owner/Mgr Name (print): W. Scott Strong Signature: W. Scott Strong Date: 4/22/15

Inspector Name (print): F. Gantt Inspector Signature: F. Gantt Contact No. 510 755-5818



P E R A L T A

Community College District

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Director of Facilities Operations

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