



RINCON VALLEY FIRE DISTRICT

OFFICE OF THE FIRE MARSHAL

Bus. (520) 647-3760
Fax. (520) 647-7102

8850 S. Camino Loma Alta
Vail, AZ. 85641

Emergency Telephone
911

OCCUPANCY INSPECTION

NAME: <u>Rocking K South</u>		PHONE: _____
ADDRESS: _____	CITY: <u>Vail</u>	ST: <u>AZ</u> ZIP: <u>85641</u>
OWNER/DEVELOPER: <u>Rocking K/Rincon Valley Holdings, Limited Partnership</u>		
ADDRESS: <u>2200 E. River Rd. # 105</u>	CITY: <u>Tucson</u>	ST: <u>AZ</u> ZIP: <u>85718</u>
INSPECTOR: <u>L. Bucklin</u>	PROJECT: <u>P1207-006</u>	DATE: <u>2/26/07</u> PAGE 1 OF 1

OCCUPANCY: A B E F H I M R S U
 OTHER

TYPE OF INSPECTION:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Alarm Test | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Inter. Insp. | <input type="checkbox"/> Development |
| <input type="checkbox"/> Hood Test | <input type="checkbox"/> Special Hazard | <input type="checkbox"/> Final Insp. | <input type="checkbox"/> Plot |
| <input type="checkbox"/> Safety Survey | <input type="checkbox"/> Res SP Test | <input checked="" type="checkbox"/> Plans Insp. | <input checked="" type="checkbox"/> Plot |
| <input type="checkbox"/> Weed Inspection | <input type="checkbox"/> Corum SP Test | | <input type="checkbox"/> Sprinkler |
| <input type="checkbox"/> General Inspection | <input type="checkbox"/> Construction | | |
| <input type="checkbox"/> Other _____ | | | |

ITEMS TO BE CORRECTED:

- | | | |
|--|---|--|
| <input type="checkbox"/> 1. Repair illuminated exit signs | <input type="checkbox"/> 6. Sprinkler system to be serviced, tested, and/or repaired. | <input type="checkbox"/> 11. Remove extension cords used as permanent wiring. |
| <input type="checkbox"/> 2. Repair emergency lights | <input type="checkbox"/> 7. Alarm system to be serviced, tested, and/or repaired. | <input type="checkbox"/> 12. Maintenance log of sprinkle system to be kept on site. |
| <input type="checkbox"/> 3. Exits to remain unlocked during business hours. | <input type="checkbox"/> 8. Service hood system. (required every 6 months) | <input type="checkbox"/> 13. Service and tag fire extinguisher. |
| <input type="checkbox"/> 4. Clear blocked exits | <input type="checkbox"/> 9. Remove storage to 18 inches below sprinkler head. | <input type="checkbox"/> 14. Chain all pressurized gas cylinders to a secure object. |
| <input type="checkbox"/> 5. Egress paths shall be a minimum of _____ inches. | <input type="checkbox"/> 10. Clean hood and flue system. | <input type="checkbox"/> 15. Maintain log of alarm System to be kept on site. |
| | | <input type="checkbox"/> 16. Other _____ |

INSPECTION: PASS / FAIL (SEE BELOW)

PLANS: APPROVED NOT APPROVED (SEE BELOW)

C/DATE	ITEM #	DESCRIPTION
		<u>L. Bucklin</u>

2-2707