

INSPECTION REQUEST

Address this form to: **MAILING LIST - FORM4** (District Chief, Deputy Chiefs and Yourself).

Date:	24 OCT 17	
Property Address:	1464 MINNEHAHA AVE	
Owner Name:	RYAN KEMPENICH	
Owner Phone:	612.986.1896	
Owner Address:	SAME	
Occupant Name:	SAME	
Occupant Phone:	SAME	
Check the following corrections:		
<input type="checkbox"/> Address Nos. <input checked="" type="checkbox"/> Exit Doors <input type="checkbox"/> Housekeeping <input checked="" type="checkbox"/> Keybox <input type="checkbox"/> Sprinkler System	<input type="checkbox"/> Hydrants <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Fire Alarm System <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Standpipe	<input type="checkbox"/> Fire Lane <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Heating Plant <input type="checkbox"/> Welding <input checked="" type="checkbox"/> OTHER EXIT <u>LIGHTING, EMERGENCY</u> <u>LIGHTING, HAND RAILS,</u> <u>MEANS OF EGRESS</u>
Check the type of property:	<input type="checkbox"/> Single family or duplex <input checked="" type="checkbox"/> Multi family (3 Units or more) <input type="checkbox"/> Commercial	
Describe:	UPON ARRIVAL, S2 RECOGNIZED THE SINGLE FAMILY DWELLING HAS BEEN CONVERTED TO MULTIPLE APT UNITS. THERE APPEARS TO BE INCONSISTENT PLACEMENT OF SMOKE DETECTORS IN COMMON AREAS, LACK OF FIRE EXTINGUISHERS, EMERGENCY LIGHTING, EXIT SIGNS, HAND RAILS, AND POSSIBLY MAY NEED A KEY BOX.	
Name: DD JONES	Rank: CAPTAIN	Company: SQ2
Response:		
Name:	Date:	Phone: