Mark box below if there is a deficiency.

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperable
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Door or Hardware Inoperable
8. Improper Locks on Required Exit Doors
9. Self closing Doors Blocked Open
10. Obstructed Exit or Exitway
11. Excessive Combustibles
12. Combustibles in Exitway
13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO VIOLATIONS NOTED

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)  
Signature  
3-17-07  
Date

Company Officer Name (Print)  
Signature  
3-17-07  
Date and Time
ORLANDO FIRE DEPARTMENT

Occupancy ID: 05501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name: JUAN MILLER

Prty: Occupant 1
Mailing Address: 1912 S ORANGE AVE ORLANDO, FL 328010000

Day Time Phone: (407)649-3839
After Hours Phone: (407)555-1432

Business Name: PULSE
Business Phone: (407)649-3839
Station No: Station 05
Occupancy: Assembly

Activities:
INSP-Cmp Survey F/U Inspection

Access:
- Address visible
- Fire protection equipment
- HOC connection
- Gate optical detector
- Hydraulic access
- Key box (verified)
- Maintain fire lanes

Heating:
- Provide exit sign(s)
- Remove obstruction (sidewalk way)
- Remove storage under stairs
- Remove unsupervised licenses/hardware
- Vertical openings not protected
- HVAC inadequate
- Provide/maintain proper clearance around vents/exhaust/heater heater

Miscellaneous:
- False Fire Alarm:
  - 1 - 2 $200.00
  - 3 - 6 $100.00
  - 7 + $200.00
- Clean dryer vents
- Housekeeping issues
- Illegal burning
- Interior brush inadequate
- Provide fuel shut off
- Remove BBQ grill
- Remove rubber/waste/shash or weeds from building

Provided Records for all installed:
- Fire protection equipment
- Smoke/Maintain/Tests/Tags:
  - Detectors
  - Fire Alarm
  - Fire Extinguisher
  - Fire Pump
  - Generator
  - Hydrant/Flowtest
  - Hood System
  - Sprinklers
  - Standpipe/Hoses

Signage Required:
- Fire Lane
- No Smoking
- Occuapant Load 209
- Provide 704 Hazard
- Stair numbering

Storage:
- Disorderly
- Not high

Other:
- CEU active required
- Referral to Permitting Services
- Unable to contact

Remarks:
- EMERGENCY EXIT LIGHT:
- INSTALL 2 FIRE EX.
- REPAIR/REPLACE EMERGENCY LIGHT.

Reinspection Date: 2-2007

Date and Time: 1/24/2007

Customer Name: (Print)

Company Owner Name: (Print)

Signature

Emp.

Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06591
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name: KEVIN CALLAHAN
Mailing Address:
1912 S ORANGE AVE ORLANDO, FL 328010000

Activity:
D. Fire Protection Equipment:
1. Are fire extinguishers provided?
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?
3. Are fire extinguishers tagged annually, and maintained properly?
4. Are fire extinguishers fully charged and operational?
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor?

Schedule Dates:
Assignment Dates: 10/27/2006
Schedule Dates: 11/1/2006

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2566.

A. General Fire Precautions:
1. Is general storage orderly?
2. Are combustible waste materials disposed of properly?
3. Are electrical panels and/or meters unobstructed?
4. Are all electrical cables and extension cables in good repair? Are extension cables used properly?
5. Are electrical cover plates on all switches, plugs, and junction boxes?
6. Are combustible decorations flame retardant?
7. Are shafts for pipes and cables sealed?
8. Are fire lanes unobstructed?
9. Is the yard around the business free of weeds or debris?
10. If gated property, is optical opening device functioning? Is the emergency code correct?

B. Maintenance of Exitways:
1. Are exits clear and unobstructed?
2. Are doors in or leading to exits unlocked?
3. Are stairway doors closed?
4. Are exit signs posted over or on required exit doors and exits?
5. Are exit signs and directional signs properly illuminated?
6. Are emergency lights functioning?
7. Are door self-closing devices functioning?
8. Is exit discharge clear?

C. Fire Safety Education:
1. Is a written evacuation plan provided?
2. Are records of training provided and current?
3. Do employees have knowledge of:
   a. Extinguisher types and use
   b. Evacuation procedure
   c. Fire Systems (alarm-sprinkler-hose-detection)
   d. Fire Safety Practices
   e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)

Remarks:

(Ne: to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)

Company Officer Name (Print)

Signature

Date and Time

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner

Distributors: Original (WHITE) - Fire Safety Management Division Reproductions (DUPLICATE) - Fire Safety Management Division
## A. General Fire Precautions:

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is general storage orderly?</td>
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<td></td>
</tr>
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<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

## B. Maintenance of Exitways:

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are exits clear and unobstructed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are doors in or leading to exits unlocked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are stairway doors closed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are exit signs posted over or on required exit doors and stairways?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are exit signs and directional signs properly illuminated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are emergency lights functioning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are door self-closing devices functioning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is exit discharge clear?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## C. Fire Safety Education:

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<th>YES</th>
<th>N/A</th>
</tr>
</thead>
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<td></td>
</tr>
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<td>2. Are records of training provided and current?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do employees have knowledge of: a. Extinguisher type(s) and use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Evacuation procedure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fire Systems (alarm, sprinkler, hose-detection)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Fire Safety Practices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Hazardous materials (M.S.D.S., - labeling, handling, storage, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## D. Fire Protection Equipment:

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are fire extinguishers provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are fire extinguishers conspicuously located and immediately available in the event of fire?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are fire extinguishers tagged annually, and maintained properly? Date punched:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are fire extinguishers fully charged and operational?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is commercial cooking equipment, hood and ducts free of accumulated grease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. If building is sprinklered, is it 100% coverage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is sprinkler system inspected and tested? (Attach copy of inspection record)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are hoses cabinets and racks unobstructed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Are hoses tested and inspected? Date tested:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Is fire pump tested annually?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are fire hydrants maintained?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## E. Fire Alarm Systems:

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are smoke detectors operable?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## P. Special Problems:

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the business have a special fire extinguishing system for hazardous operation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does this business store/handle hazardous chemicals?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Remarks:

3 ATTEMPTS MADE NO ANSWER ON PREMISES OR ON PHONE.

(Note to Customer: Signature below is to acknowledge receipt of this report)

<table>
<thead>
<tr>
<th>Customer Name (Print)</th>
<th>Signature</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>K. Y. Mohr</td>
<td></td>
<td>11/22/06</td>
</tr>
</tbody>
</table>

Company Officer Name (Print) Emp.#

<table>
<thead>
<tr>
<th>3320</th>
<th>x</th>
</tr>
</thead>
</table>

Form #: FSM 930 Rev 05/2002 **Distribution:** Original (WHITE) - Fire Safety Management Division  Copy (YELLOW) - Business Owner
Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

__________________________

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Remarks: ________________________________________________________________

______________________________________________________________

(Note to Customer: Signature below is to acknowledge receipt of this report)

JUAN MILLER

Signature

11-11-06

Date

J J White

Company Officer Name (Print)

Emp.#

11-11-06

Date and Time

x

Signature

x

Signature
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Business Name: PULSE
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL
Contact Name: KEVIN CALLAHAN

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Day Time Phone</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1912 S ORANGE AVE ORLANDO, FL 328010000</td>
<td>(407)442-3839</td>
<td>(407)626-9084</td>
</tr>
</tbody>
</table>

Activities:
INSP-Comp Survey Exit Check

Assigned to:
Station, Station 05, A
Assignment Date:
04/25/2006
Schedule Date:
05/19/2006

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
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- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

Remarks: NO VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

[Signature]

Date: 5/19/06

Customer Name (Print)

[Signature]

Company Officer Name (Print)

[Signature]

Date and Time: 5/19/06

Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Contact Name: KEVIN CALLAHAN
Mailing Address: 1525 S. ORANGE AVE. ORLANDO, FL. 32801

Day Time Phone: (407) 649-3333
After Hours Phone: (407) 226-4000

Date Issued:
Assignment Date:
Schedule Date:

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperable
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Door or Hardware Inoperable
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Remarks:

280 Company 299 Pal Mancil

Received By: (Signature below is to acknowledge receipt of this report)

Print Name: Tara McKinney
Signature:

Company Officer: Bob Davies
Print Name: Bob Davies
Signature:

Date: 3.23.06
Time and Date: 3.23.06 115

Form # FSM 920 Rev 11/2001 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
Mark box below if there is a deficiency.

- 1. Parking in a Fire Lane
- 2. Occupant Load Not Posted
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Remarks: 18 Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

[Signature]

Customer Name (Print) 1/13/00

[Signature] 1/13/06

Emp.# Date and Time

Company Officer Name (Print) [Signature]

[Signature] 1/13/06

Date

Form #: FSM 920 Rev 05/02 Distribution: Original (WHITE) - Fire Safety Management Division. Copy (YELLOW) - Business Owner
### ORLANDO FIRE DEPARTMENT
### EXIT CHECK

**Business Name:** PULSE  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL  
**Contact Name:** KEVIN CALLAHAN  
**Mailing Address:** 1912 S ORANGE AVE ORLANDO, FL 32801  
**Day Time Phone:** (407)649-3889  
**After Hours Phone:** (407)256-8051

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assigned To</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSP-Comp Survey Exit Check</td>
<td>Station, Station 95, C</td>
<td>10/26/2005</td>
<td>11/30/2005</td>
</tr>
</tbody>
</table>

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
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**Remarks:**

---

(Notes to Customer: Signature below is to acknowledge receipt of this report)

**Customer Name (Print):**

**Company Officer Name (Print):**

**Signature:**

**Emp.#:**

**Date:**

**Signature:**

**Date and Time:**

---

**Form #: FSM 920 Rev 05/2002**  
**Distribution:** Original (WHITE) - Fire Safety Management Division  
**Copy (YELLOW):** Business Owner
### ORLANDO FIRE DEPARTMENT
### COMPANY SURVEY

**Occupancy ID:** 06591  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL  
**Business Name:** PULSE  
**Business Phone:** (407)649-3889  
**Station No:** Station 05  
**Occupancy:** Assembly  

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Priy</th>
<th>Mailing Address</th>
<th>Day Time Phone</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEVIN CALLAHAN</td>
<td>1</td>
<td>1912 S ORANGE AVE ORLANDO, FL</td>
<td>(407)649-3889</td>
<td>(407)256-9031</td>
</tr>
</tbody>
</table>

**Activity:**  
INS P-Cmp Survey Initial Insp

**Assignment Date:** 10/26/2005  
**Schedule Date:** 11/01/2005

---

**THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.**

---

#### A. General Fire Precautions:

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<td></td>
<td></td>
</tr>
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<td>9. Is the yard around the building free of weeds or debris?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. If gased property, is optical opening device functioning?</td>
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<td></td>
</tr>
</tbody>
</table>

**Fire Protection Equipment:**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
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</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>4. Are fire extinguishers fully charged and operational?</td>
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<td></td>
<td></td>
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<td>5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Maintenence of Exitways:**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are exits clear and unobstructed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are doors in or leading to exits unlocked?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are stairway doors closed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are exit signs posted over or on required exit doors and exitways?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are exit signs and directional signs properly illuminated?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are emergency lights functioning?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are door self-closing devices functioning?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is exit discharge clear?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Fire Safety Education:**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is a written evacuation plan provided?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are records of training provided and current?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do employees have knowledge of:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Extinguisher type(s) and use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Evacuation procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fire Systems (alarm-sprinkler-hose-detection)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Fire Safety Practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Remarks:

---

**Customer Name (Print):**  
**Company Officer Name (Print):**  
**Emp.#**

**Customer Signature:**  
**Date and Time:** 11-10-5 17:45

---

**Copy (YELLOW) - Business Owner**

---

**Form #: FSM 930 Rev 05/2002**

---

**Distribution: Original (WHITE) - Fire Safety Management Division**

---

**Copy (YELLOW) - Business Owner**
Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: **No Violations**

(Note to Customer: Signature below is to acknowledge receipt of this report.)

Customer Name (Print)  
Signature  
Date  

Company Officer Name (Print)  
Emp.#  
Signature  
Date and Time
<table>
<thead>
<tr>
<th>Activity</th>
<th>Assigned by</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSPI-Comp Survey Exit Check</td>
<td>Station, Station 05, C</td>
<td>06/24/2005</td>
<td>07/03/2005</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deficiency Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parking in a Fire Lane</td>
<td></td>
</tr>
<tr>
<td>2. Occupant Load Not Posted</td>
<td></td>
</tr>
<tr>
<td>3. Occupants in Excess of Posted Limit</td>
<td></td>
</tr>
<tr>
<td>4. Emergency/Exit Lights Inoperable</td>
<td></td>
</tr>
<tr>
<td>5. Exit Doors Locked</td>
<td></td>
</tr>
<tr>
<td>6. Aisles Obstructed</td>
<td></td>
</tr>
<tr>
<td>7. Exit Door or Hardware Inoperable</td>
<td></td>
</tr>
<tr>
<td>8. Improper Locks on Required Exit Doors</td>
<td></td>
</tr>
<tr>
<td>9. Self Closing Doors Blocked Open</td>
<td></td>
</tr>
<tr>
<td>10. Obstructed Exit or Exitway</td>
<td></td>
</tr>
<tr>
<td>11. Excessive Combustibles</td>
<td></td>
</tr>
<tr>
<td>12. Combustibles in Exitway</td>
<td></td>
</tr>
<tr>
<td>13. Other (Listed Below)</td>
<td></td>
</tr>
</tbody>
</table>

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: 

[Signature] LUIZ OLIVEIRA

Customer Name (Print)  Signature Date 

[Signature] BOB DEAN

Company Officer Name (Print) Emp.# Signature Date

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3889
Station No: Station 05
Occupancy: Assembly

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Priv</th>
<th>Mailing Address</th>
<th>Day Time Phone</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEVIN CALLAHAN</td>
<td>Occupant</td>
<td>1 1912 S ORANGE AVE ORLANDO, FL 328010000</td>
<td>(407)649-3889</td>
<td>(407)256-9084</td>
</tr>
<tr>
<td>SCOTT REELER</td>
<td>Other</td>
<td>2 1912 S ORANGE AVE ORLANDO, FL 32805</td>
<td>(407)649-3889</td>
<td>(407)256-9084</td>
</tr>
</tbody>
</table>

Activities:
INSPI-Comp Survey Exit Check

<table>
<thead>
<tr>
<th>Assigned to</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station, Station 05, B</td>
<td>05/20/05</td>
<td>06/01/05</td>
</tr>
</tbody>
</table>

A. General Fire Precautions:
1. Is general storage orderly? YES
2. Are combustible waste materials disposed of properly? YES
3. Are electrical panels and/or meters unobstructed? YES
4. Are all electrical and extension cords in good repair? YES
5. Are extension cord used properly? YES
6. Are electrical cover plates on all switches, plugs, and junction boxes? YES
7. Are shafts for pipes and cables sealed? YES
8. Are fire lanes unobstructed? YES
9. Is the yard around the business free of weeds or debris? YES
10. If gated property, is optical opening device functioning? Is the emergency code correct? YES

B. Maintenance of Exitways:
1. Are exits clear and unobstructed? YES
2. Are doors in or leading to exits unlocked? YES
3. Are stairway doors closed? YES
4. Are exit signs posted over or on required exit doors and exits? YES
5. Are exit signs and directional signs properly illuminated? YES
6. Are emergency lights functioning? YES
7. Are door self-closing devices functioning? YES
8. Is exit discharge clear? YES

C. Fire Safety Education:
1. Is a written evacuation plan provided? YES
2. Are records of training provided and current? YES
3. Do employees have knowledge of:
   a. Extinguisher types and use
   b. Evacuation procedure
   c. Fire Systems (alarm-sprinkler-hose-detection)
   d. Fire Safety Practices
   e. Hazardous materials (MSDS - labeling - handling - storage - etc.) YES

D. Fire Protection Equipment:
1. Are fire extinguishers provided? YES
2. Are fire extinguishers conspicuously located and immediately available in the event of fire? YES
3. Are fire extinguishers tagged annually and maintained properly?
   Date punched: 02/04
4. Are fire extinguishers fully charged and operational? YES
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? YES
6. Is commercial cooking equipment, hood and ducts free of accumulated grease? YES
7. If building is sprinklered, is it 100% coverage? YES
8. Is sprinkler system inspected and tested? YES
   (Attach copy of inspection record)
9. Are hoses cabinets and racks unobstructed? YES
10. Are hoses tested and inspected?
    Date tested: YES
11. Is fire pump tested annually?
    Date tested: YES
12. Are fire hydrants maintained? YES

E. Fire Alarm Systems:
1. Is fire alarm system inspected by a licensed fire alarm contractor?
   Date tagged: YES
2. Are smoke detectors operable?
   (Attach copy of last inspection)

F. Special Problems:
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?
2. Does the business have a special fire extinguishing system for hazardous operation? YES
3. Does this business store/handle hazardous chemicals? YES

Remarks:
No Violations Noted

(Note to Customer: Signature below to acknowledge receipt of this report)

Customer Name (Print) x:

Company Officer Name (Print) x:
Emp. #

Signature

Date and Time
6/3/05
6/3/05 00
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Mark box below if there is a deficiency.

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperable
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Door or Hardware Inoperable
8. Improper Locks on Required Exit Doors
9. Self Closing Doors Blocked Open
10. Obstructed Exit or Exitway
11. Excessive Combustibles
12. Combustibles in Exitway
13. Other (Listed Below)

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Remarks: ___________________________  NO VIOLATION ___________________________

(Note to Customer: Signature below is to acknowledge receipt of this report)

_________________________ x ________________  ________________
Customer Name (Print)       Signature         Date

_________________________ x ________________  ________________
Company Officer Name (Print) Emp.#               Signature         Date and Time

Form #: FSM 920 Rev 05/2002  Distribution: Original (WHITE) - Fire Safety Management Division  Copy (YELLOW) - Business Owner
Occupyance ID: 06501

Location: 1912 S ORANGE AV

Unit No.: 

Name: PULSE

Complex:

Station No: Station 05 Business Phone: (407)649-3889

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Prty</th>
<th>Mailing Address</th>
<th>Orlando, FL</th>
<th>Day Time Phone</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOTT REEDER</td>
<td>Other</td>
<td>1912 S ORANGE AV</td>
<td>32305</td>
<td>(407)649-3888</td>
<td>(407)619-2201</td>
</tr>
<tr>
<td>KEVIN CALLAHAN</td>
<td>Occ</td>
<td>1912 S ORANGE AV</td>
<td>328010000</td>
<td>(407)649-3839</td>
<td>(407)256-9084</td>
</tr>
</tbody>
</table>

Activities

| Code Section | Description                                      | Note                      | Apv |
|--------------|--------------------------------------------------|---------------------------|
| MET WITH MANAGEMENT | WENT OVER DRAWINGS, LAYOUTS, TO CALCULATE OCCUPANT LOAD | WILL ISSUE NOTICE BASE ON PROTECTION | 01/06 |

Received By: (Signature below is only to acknowledge receipt of this report)

Scott A. Reeder 1-19-05

Fire Inspector:

Jim Hurst 3/4/05

Issued 3/4/05 Re-Inspection Date: 3/19/05

Letter: OCCUPANT LOAD SYSTEM
An inspection is required by the City Fire Code in an effort to prevent loss of life or property. This report advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 407-246-7386.

### Today's Inspection Results:

<table>
<thead>
<tr>
<th>Code Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>WALK THRU EXIT CHECK COMPLETED</td>
</tr>
<tr>
<td>NFPA 101, 13.2.5.9</td>
<td>PROVIDE DETAIL DRAWING OF LAYOUT (CURRENT)</td>
</tr>
<tr>
<td></td>
<td>SETUP OF CLUB, IN ORDER TO DETERMINE OCCUPANT LOAD</td>
</tr>
<tr>
<td></td>
<td>AFTER THESE PLANS ARE REVIEWED</td>
</tr>
<tr>
<td></td>
<td>SIGNAGE SHALL BE POSTED</td>
</tr>
</tbody>
</table>

---

Received By: (Signature below is only to acknowledge receipt of this report)

**Scott A. Rod**

Print Name: Scott A. Rod

Signature: Scott A. Rod

Date: 11/29/01

Fire Inspector:

**Jim Huns**

Print Name: Jim Huns

Signature: Jim Huns

Date: 10/23/04

Re-inspection Date: 11/28/04

**X** was out on 11/28/04

**Plans still being worked on**
KEVIN CALLAHAN | (407) 256 9884

NOTE

Exit Check / Approved walk thru.
Occupant load posted at 212 will need to approve layout / drawing for this new set up.

At 11:45pm Club at
Supplemental Information

Occupancy ID: 06501
Name of Business: PULSE

Building Features

Floor Area: 4,025 sq ft.
Occupancy Class: A1 - Assembly
Property Use: 162 - Bar or nightclub
Mixed Use: None Entered

Construction Type: 2 - Type II (Noncombustible)
Number of Stories: 1
Year of Construction: 2003

Fire Protection Features

Main Extinguishing System: U1 - No extinguishing system
Main Detection System: 08 - No detectors

Systems:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No extinguishing system</td>
</tr>
<tr>
<td>3</td>
<td>Fire Extinguishers-Standard Full Coverage</td>
</tr>
<tr>
<td>3</td>
<td>Emergency Lighting Provided</td>
</tr>
</tbody>
</table>

Other Building Info

OCCUPANT LOAD=250 PERSONS

Permits - HazMat Only

<table>
<thead>
<tr>
<th>Permit #</th>
<th>Issue Date</th>
<th>Chemical Substance</th>
<th>Physical State</th>
<th>Container</th>
<th>Max. Quantity Permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>0</td>
</tr>
</tbody>
</table>

Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner
<table>
<thead>
<tr>
<th>Occupancy ID: 06501</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Business: PULSE</td>
<td></td>
</tr>
</tbody>
</table>

### Open Violations ###

**Description:**
Capacity - Occupant Load

**Code Requirement:**
Maintain approved occupant load.

**Comments:**
WILL NEED TO POST OCCUPANT LOAD SIGNAGE FOR LATEST LAYOUT OF CLUB

<table>
<thead>
<tr>
<th>Description:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE: See below</td>
<td></td>
</tr>
</tbody>
</table>

**Code Requirement:**

**Comments:**
PROVIDE SET OF PLANS/DRAWINGS OF LAYOUT FOR OCCUPANT LOAD.

---

*Found Date:* 10/22/2004

*Code Section:* NFPA 101, 7.3.1
**PULSE SQUARE FEET WORKSHEET**

**PULSE Interior Square Feet** 3983.70  
**Interior Occupied Square Feet** 898.9  
**Total Open Square Feet** 3084.80

**PULSE Exterior Square Feet** 476  
**Exterior Occupied Square Feet** 78.5  
**Total Open Square Feet** 397.5

### INTERIOR AREAS

<table>
<thead>
<tr>
<th>Area</th>
<th>Wide</th>
<th>Deep</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adonis Main Room</td>
<td>18</td>
<td>52</td>
<td>936.00</td>
</tr>
<tr>
<td>Adonis VIP</td>
<td>9</td>
<td>10</td>
<td>90.00</td>
</tr>
<tr>
<td>Adonis RR Hall</td>
<td>5</td>
<td>9</td>
<td>45.00</td>
</tr>
<tr>
<td>Adonis Mens Room</td>
<td>8</td>
<td>11</td>
<td>88.00</td>
</tr>
<tr>
<td>Adonis Ladies Room</td>
<td>8</td>
<td>14</td>
<td>112.00</td>
</tr>
<tr>
<td>Adonis Stage</td>
<td>14</td>
<td>6</td>
<td>84.00</td>
</tr>
<tr>
<td>Lobby Entrance</td>
<td>16</td>
<td>8</td>
<td>128.00</td>
</tr>
<tr>
<td>Hall</td>
<td>16</td>
<td>6</td>
<td>96.00</td>
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<tr>
<td>Jewel Box</td>
<td>17.5</td>
<td>37</td>
<td>647.50</td>
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<tr>
<td>Jewel Box VIP</td>
<td>14</td>
<td>12</td>
<td>168.00</td>
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<tr>
<td>Jewel Box</td>
<td>4</td>
<td>12</td>
<td>48.00</td>
</tr>
<tr>
<td>ultralounge Entry</td>
<td>5</td>
<td>7</td>
<td>35.00</td>
</tr>
<tr>
<td>ultralounge 1</td>
<td>20.25</td>
<td>36</td>
<td>729.00</td>
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<tr>
<td>ultralounge 2</td>
<td>22.5</td>
<td>24</td>
<td>540.00</td>
</tr>
<tr>
<td>ultralounge hall</td>
<td>3.6</td>
<td>17</td>
<td>61.20</td>
</tr>
<tr>
<td>ultralounge Mens Room</td>
<td>8</td>
<td>11</td>
<td>88.00</td>
</tr>
<tr>
<td>ultralounge Ladies Room</td>
<td>8</td>
<td>11</td>
<td>88.00</td>
</tr>
</tbody>
</table>

Total Sq Feet Interior 3983.70

### EXTERIOR AREAS

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Wide</th>
<th>Tall</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bamboo Under Cover</td>
<td>10</td>
<td>23</td>
<td>230</td>
</tr>
<tr>
<td>Bamboo Open</td>
<td>12</td>
<td>20.5</td>
<td>246</td>
</tr>
</tbody>
</table>

Total Sq Feet Exterior 476

### INTERIOR AREAS - OCCUPIED

<table>
<thead>
<tr>
<th>Area</th>
<th>Wide</th>
<th>Deep</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adonis Bar Footprint</td>
<td>9</td>
<td>31.5</td>
<td>283.50</td>
</tr>
<tr>
<td>Adonis Closet</td>
<td>3.5</td>
<td>3</td>
<td>10.50</td>
</tr>
<tr>
<td>ultralounge Bar</td>
<td>15.6</td>
<td>14</td>
<td>218.40</td>
</tr>
<tr>
<td>lobby counter</td>
<td>5</td>
<td>4.5</td>
<td>22.50</td>
</tr>
<tr>
<td>Adonis VIP Couch</td>
<td>2.5</td>
<td>7</td>
<td>17.50</td>
</tr>
<tr>
<td>Jewel Box Couch</td>
<td>2.25</td>
<td>29</td>
<td>65.25</td>
</tr>
<tr>
<td>ultralounge couch 1</td>
<td>3.25</td>
<td>12</td>
<td>39.00</td>
</tr>
<tr>
<td>ultralounge Couch 2</td>
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<tr>
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<td>49.50</td>
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<tr>
<td>ultralounge Couch 4</td>
<td>2.75</td>
<td>15</td>
<td>41.25</td>
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<tr>
<td>bamboo entry</td>
<td>4</td>
<td>7</td>
<td>28.00</td>
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<tr>
<td>ultralounge table 1</td>
<td>2.5</td>
<td>2.5</td>
<td>6.25</td>
</tr>
<tr>
<td>ultralounge table 2</td>
<td>2.5</td>
<td>2.5</td>
<td>6.25</td>
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<tr>
<td>ultralounge table 3</td>
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<td>2.5</td>
<td>6.25</td>
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<tr>
<td>ultralounge table 4</td>
<td>2.5</td>
<td>2.5</td>
<td>6.25</td>
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<tr>
<td>ultralounge table 5</td>
<td>2.5</td>
<td>2.5</td>
<td>6.25</td>
</tr>
<tr>
<td>ultralounge table 6</td>
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<td>6.25</td>
</tr>
<tr>
<td>ultralounge Couch</td>
<td></td>
<td></td>
<td>34.00</td>
</tr>
</tbody>
</table>

Total Occupied Sq Feet Interior 898.90

### EXTERIOR AREAS - OCCUPIED

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Wide</th>
<th>Tall</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bamboo Bar</td>
<td>8</td>
<td>4.5</td>
<td>36</td>
</tr>
<tr>
<td>Bamboo Bench 1</td>
<td>1.25</td>
<td>14</td>
<td>17.5</td>
</tr>
<tr>
<td>Bamboo Bench 2</td>
<td>1.25</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Bamboo Bench 3</td>
<td>1.25</td>
<td>12</td>
<td>15</td>
</tr>
</tbody>
</table>

Total Occupied Sq Feet Exterior 78.5

*This area NOT counted as part of total occupied space.*
Can Post @ 299 Pers + until Fire Alarm
1972 S: Orange Ave / Pulse
16 sq ft
Exit

Adonis VIP - 15 Pers
Adonis Main - 94 Pers

Jewel Bar VIP Seating Approx 18, 7 standing
Jewel Bar Floor Space - 32 x 15 ft.
Bar Portable - 2 x 6 12 ft
73 Pers

Couches - Seating Area - 18 Pers

Ultran Lounge Area AR - 20 x 16.5 mean
To the Couches - 7
Seating on Couches - 16 Bodies

1/9/03
Pins & Beins Relocated
Bar Chairs Not Set-Up During Weekend

Total Approx X 63 Person

Ultra Lounge - Minus
+ Couch - 34 sq ft
*
ADD 7 Pers to Seat on This Area

Ultra Lounge Couch 3 & 4 - 50 sq ft + 411 sq ft
Seating Area - 3 x 1
Total (16) Body's
Table 3, 4, 5, 6 - 6.25 x 4 (25 sq ft)
140 - 75 sq ft - 47.5 x 7 = 65 + 16 = 81 Pers
February 7th 2005

The Pulse
1912 S. Orange Ave.
Orlando, Fl 32806

Re: Occupant Load 299 persons

Dear Mr. Scott Reeder

The Orlando Fire Department continues to perform exit checks for all targeted businesses that are classified as assembly occupancies within the City of Orlando. This program provides an excellent opportunity for the City of Orlando Fire Department and the Orlando business community to form a partnership in fire and life safety.

The primary focus of this program is to provide monthly fire and life safety inspections to those businesses that are deemed high hazardous within the City limits, while keeping business disruptions and costs to a minimum.

On January 19th 2005 the occupant load for your establishment was calculated. The fire inspector obtained a floor plan (not to scale) from you, and took measurements of the available square footage. After reviewing the data and conducting a site visit to your club, it was determined that the maximum occupant load for your occupancy was 299 persons. The calculations were based on NFPA 101, The Life Safety Code, 2000 Edition, Section 13.1.7.

It is the responsibility of the owners and management to prevent overcrowding; hence, the maximum load cannot be exceeded at any time. Therefore, your occupant load will be enforced at 299 persons until it is shown to be a higher number through a permit from the Office of Permitting Services or through a decision from the Board of Appeals.

Any person who exceeds their occupant load and fails to take corrective action to abate a fire hazard when ordered or notified shall be subjected to the penalty phased established in the Orlando City Code, Chapter 5, and the Code Enforcement Board procedures.

The notice shall be served to the owner, occupant or to the person responsible for the condition or violation and the penalty shall range from $250.00 (per day – per violation) up to a mandatory court appearance before an Orange County Circuit Judge. In some cases, repeat offenders may also be subjected to a $15,000 fine imposed by the City of Orlando Code Enforcement Board.

If you have any questions, please contact me at 407-246-3012.

Sincerely,

James R. Hursh Jr. Senior Fire Inspector
Orlando Fire Department
Maximum Occupant Load

299

1912 S. ORANGE AVE.

NUMBER ISSUED FOR NIGHT CLUB ARRANGEMENT
February 8, 2005
BY ORDER OF THE FIRE MARSHAL  City ORDINANCE

Orlando Fire Department fpc 24.24 (b) (1)
Unable to inspect, tent not set up where indicated on plans.
Issue Date: December 07, 2004
Expiration Date: December 13, 2004
Parcel #: 02-23-29-3828-01-040
Project Name: PULSE NIGHT CLUB

Description:

Owner: RICHARDS PAINTS,
Contractor: PAUL E WEIDNER JR, KIRBY RENTAL SERVICE, 411 HAMES AV, ORLANDO, FL 32805-0000, (407) 422-1001
Contractor License: FL006647

Zoning: AC-N
Construction Cost: $440.00

DETAILS
Tent Length (Ft): 30.00
Tent Width (Ft): 30.00
Tent Area (SqFt): 900.00
In Use From: 12/11/2004
In Use To: 12/13/2004
# of Tents: 1

FEES

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tent Permit Fee</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

Total Fees: $50.00

48 Hours before you dig call SUNSHINE 1.800.432.4770. It's the Law in Florida.

Work performed must conform to all City Ordinances regulating the use and construction of structures and the work authorized by this permit. It is the Owner/Contractor responsibility to call for appropriate inspections as required by City Code and applicable construction codes.

Notice: Contact Orange County Environmental Protection Division at 407.836.1400 for Demolition and Asbestos Removal Notification Requirements Prior to Start of Demolition or Renovation Work.

By [Signature]
Building Official

To request an inspection call "PROMPT", our Interactive Voice Response system at 407.246.4444. Your inspector for this permit is Thomas L. Harris, 407.246.3540.
Certificate of Flame Resistance

ISSUED BY
KIRBY TENT RENTAL
Division of Kirby Rental Service & Sales
411 Hames Avenue
Orlando, FL 32805
8711 Phillips Highway
Jacksonville, FL 32256
MANUFACTURERS OF THE FINISHED TENT PRODUCT DESCRIBED HEREIN

DATE: 12/06/05

This is to certify that the materials used in the construction of the

Fest 30x30 Tent

For Pulse Night Club

__________________________, have been flame retardant treated (or are inherently non-flammable)

*by the

Snyder Manufacturing Company

Their registered application concern number F-140-01 is approved and registered by the State Fire Marshal
and the application of said chemicals was done in conformance with the laws of the State of California and the rules and
regulations of the State Fire Marshal.

Flame Retardancy Cannot Be Removed By Washing And
Is Good For The Life Of The Material.
Fabric Meets The Requirements Of Specifications
Listed As NFPA-701 (Large Scale)

*THEIR

F-140-01

REGISTERED
APPLICATION
CONCERN NO.

Signed: [Signature]

TENT DEPARTMENT
FIRE SAFETY DATA ENTRY

June 29, 2004

Case #: BLD2003-08240
Case Address: 1912 S ORANGE AV
Subtype: ALTERATION
Project Name: PULSE ORLANDO
No associated Fire Permits

Case Description:
Interior and exterior alterations

Fire General and Life Safety
Occupy Group Class Code: A1
Occupancy Code: 162
Complex Code: 1
# of Stories: 2
Required # of Exits: 2
Occupant Load: 223
Total Area (sq ft): 4,797
Basement: Yes
Year of Construction: 2003
Fire Construction Type: 04
Top Floor Height (ft):
Fire Flow (gpm):
# Public Hydrants:
# Private Hydrants:
Interior Stair:
Exterior Stair:
Horizontal Exits:
Max Travel Distance (ft): 80
Max Dead Ends (ft):
Emergency Lighting?: Y
Rescue Windows?: N
Stair Pressurization?: N

Fire Rated Assembly (hr)
Occupy:
Tenant:
Building Area:
Hazardous Area:
Corridors:
FCC:
Attic/Concealed:

Smoke Control Systems
Exhaust?: N
Passive?: N
Sky Light/Vents?: N

Electrical
Generator?: N
Special Hazards?: N

HVAC
Duct Detectors?: N
Fire Dampers?: N
Smoke Dampers?: N

Elevators
Lobby Smoke Detectors?: N
Emergency Powered?: N
Fire Service Control?: N

---

ECONOMIC DEVELOPMENT  PERMITTING & CODE ENFORCEMENT
CITY HALL 400 SOUTH ORANGE AVENUE  FIRST FLOOR  P.O.Box 4990  ORLANDO, FLORIDA 32801-3302
PHONE 407.246.2271  FAX 407.246.2882  http://www.cityoforlando.net/permits

\cit1\planning\tide\mark\forms\bldfireentry.rpt  Page 1 of 1
**A. General Fire Precautions:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**D. Fire Protection Equipment:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
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<tr>
<td>✓</td>
<td></td>
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</tr>
</tbody>
</table>

**Remarks:**

- No violations

---

**Received By:**

- Signature: [Signature]

**Company Officer:**

- Megan K. Phillips

- Signature: [Signature]
**COMPANY SURVEY INITIAL INSPECTION**

**Due Inspection Date:** 11/15/2001

---

**GENERAL FIRE PRECAUTIONS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is general storage orderly?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>2. Are combustible waste materials disposed of properly?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>3. Are electrical panels and/or meters unobstructed?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>4. Are all electrical cords and extension cords in good repair?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>5. Are electrical cover plates on all switches, plugs, and junction boxes?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>6. Are combustible decorations flame retardant?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>7. Are shafts for pipes and cables sealed?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>8. Are fire lanes unobstructed?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>9. Is the yard around your business free of weeds or debris?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

---

**MAINTENANCE OF EXITWAYS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are exit signs clear and unobstructed?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>2. Are doors in or leading to exits unlocked?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>3. Are stairway doors closed?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>4. Are exit signs posted over or on required exit doors and exitways?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>5. Are exit signs and directional signs properly illuminated?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>6. Are emergency lights functioning?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>7. Are door self-closing devices functioning?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>8. Is exit discharge clear?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

---

**FIRE SAFETY EDUCATION**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is a written fire evacuation plan provided?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>2. Are records of training provided and current?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>3. Do employees have knowledge of fire safety?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>a. Extinguisher type(s) and use</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>b. Evacuation Procedures</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>c. Fire Systems (alarm, sprinkler, hose detection)</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>d. Fire Safety Practices</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>e. Hazardous materials (M.S.D. - labeling, handling, storage, etc.)</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

---

**FIRE PROTECTION EQUIPMENT**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are fire extinguishers provided?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>3. Are fire extinguishers tagged annually, and maintained properly?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>4. Are fire extinguishers fully charged and operational?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>6. Is commercial cooking equipment, hood and ducts free of accumulated grease?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>7. Is building fully sprinklered?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>8. Is sprinkler system inspected and tested? (Attach copy of inspection record)</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>9. Are hose cabinets and racks unobstructed?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>10. Are hoses tested and inspected? Date tested</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>11. Is fire pump tested annually? Date tested</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

---

**FIRE ALARM SYSTEMS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is manual fire alarm system inspected by a licensed fire alarm contractor? (Attach copy of last inspection) Date tagged</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>2. Are smoke detectors operable?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

---

**SPECIAL PROBLEMS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>2. Do you have a special fire extinguishing system for hazardous operation?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
<tr>
<td>3. Do you store/handle hazardous chemicals?</td>
<td>☑️</td>
<td>☑️</td>
</tr>
</tbody>
</table>

---

**REMARKS:**

No violations noted

**DISTRIBUTION:**

- Original (WHITE) - Fire Safety Management Division
- Copy (YELLOW) - Business Owner

---

**Signature of Inspector:**

_Johnson_

**Compliance Date:** 11/9/01
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number: 006501
CS-26

Street Number: 1912
Dir: S
Street Name: ORANGE

Business Name: DANTE'S RESTAURANT
Business Owner: CONTELLA FAMILY LTD PARTNERSHIP

Making Address: 1912 S ORANGE AVE
City and State: ORLANDO FL
Zip: 32801
Emergency Phone: 407-724-7353

Type of Business: RESTAURANT/GRILL

Year: 1975
Const Type: 05
Stories: 1
Height: 12

Date: 11/10/00
Time: 20
Activity: B726

Due Inspection Date: 11/15/2000

SPECIAL PROJECTS

YES NO N/A
1. Are fire extinguishers provided?
2. Are fire extinguishers conspicuously located, accessible and immediately available in event of fire?
3. Are fire extinguishers tagged, inspected, and maintained properly? Date purchased: JAN 2000
4. Are fire extinguishers fully charged and operational?
5. Is hood extinguishing system protecting commercial cooking equipment tagged, inspected, and maintained by a licensed fire equipment contractor? Date purchased: JAN 2000
6. Is commercial cooking equipment hood and ducts free of accumulated grease?
7. Is building fully sprinklered?
8. Is sprinkler system inspected and tested? (Attach copy of inspection report)
9. Are hose cabinets and racks unobstructed?
10. Are hoses tested and inspected? Date tested
11. Is fire pump tested annually? Date tested

FIRE PROTECTION EQUIPMENT

MAY 2000

FIRE SAFETY EDUCATION

1. Is a written fire evacuation plan provided?
2. Are records of training provided and current?
3. Do employees have knowledge of:
   a. Extinguisher type(s) and use
   b. Evacuation Procedures
   c. Fire Systems (alarm, sprinkler, hose-detection)
   d. Fire Safety Practices
   e. Hazardous materials (M.S.D.S., - labeling, handling, storage, etc.)

REMARKS:
- REPLACE CEILING TILE IN RESTROOM
- REPLACE X-CORD IN SMOKING LOUNGE

Building Owner: CONTELLA FAMILY LTD PARTNERSHIP
Owner Address: 6586 UNIVERSITY BLVD
City and State: ORLANDO FL 32792

Received: 11/10/00
Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number 006501 CS-26

Census Tract 11400

Street Number 1912
Dir S
Street Name ORANGE
Type AV
Billing Unit
Business Phone 407-425-4346

Business Name LORENZO S
Business Owner GARY BRANDT

Mailing Address 1912 S ORANGE AV
City and State ORLANDO FL
Zip 328060000
Emergency Phone 407-849-5249

Type of Business RESTAURANT

Yr. Const 75
Const Type 05
Stories 12
Height 08
Detectors 08
Alarm Sys 08
Standpipe 08
Sprinklr 08
Sp System 01
Exting 01

OCC Grp A1
OCC Cd 161
Complex 016
# of Exits 3
Maximum Load 75
Total Sq. Ft. 4025

Date 11-17-98
Time 10
Activity 27
Inspector 7507

Dist 05
Shift 01
Priority B

Insp Prd 12
Last Inspector 10718
Last Inspected 1/20/98

COMPANY SURVEY APPROVAL

11/15/98

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

GENERAL FIRE PRECAUTIONS

1. Are fire extinguishers properly located, accessible and immediately available in the event of fire? NO

2. Are fire extinguishers tagged annually, and maintained properly? NO

3. Are fire extinguishers fully charged and operational? NO

4. Are fire extinguishers tagged semi-annually by a licensed fire equipment contractor? NO

5. Is fire alarm system inspected and tested? NO

6. Are fire alarm systems inspected and tested? NO

7. Are fire alarm systems inspected and tested? NO

8. Are fire alarm systems inspected and tested? NO

9. Are fire alarm systems inspected and tested? NO

10. Are fire alarm systems inspected and tested? NO

11. Are fire alarm systems inspected and tested? NO

FIRE PROTECTION EQUIPMENT

1. Are fire extinguishers provided? YES

2. Are fire extinguishers properly located, accessible and immediately available in the event of fire? YES

3. Are fire extinguishers tagged annually, and maintained properly? YES

4. Are fire extinguishers fully charged and operational? YES

5. Are fire extinguishers tagged semi-annually by a licensed fire equipment contractor? YES

6. Is fire extinguishing system inspected and tested? YES

7. Is fire extinguishing system inspected and tested? YES

8. Is fire extinguishing system inspected and tested? YES

9. Is fire extinguishing system inspected and tested? YES

10. Is fire extinguishing system inspected and tested? YES

11. Is fire extinguishing system inspected and tested? YES

FIRE SAFETY EDUCATION

1. Is a written fire evacuation plan provided? YES

2. Are records of training provided and current? YES

3. Do employees have knowledge of:
   a. Extinguisher type(s) and use
   b. Evacuation Procedures
   c. Fire Systems (alarm-sprinkler-hose-detection)
   d. Fire Safety Practices
   e. Hazardous materials (M.S.D.S.-labeling-handling-storage etc.)

REMARKS: Vacant Block

Building Owner
MUSTY CONTELLA
Owner Address 2413 HOPKINS AV
City and State ORLANDO FL

Received by
Date 11/17/98
Signature of Inspector
Compliance Date

Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPT. INSPECTION
FORM NO. 2

OWNER: MR. CONTELLA
ADDRESS: 1912 S. ORANGE AVE
EMERGENCY TELEPHONE: 293-8277
ELECT. WIRING: GOOD
ELECT. EXTENSION CORDS: GOOD
PANIC HARDWARE: NONE
STANDPIPE SYSTEM: NONE
STORAGE: GOOD
HEATING SYSTEM: CENTRAL ELECT
DATE: 4-21-79
REMARKS:

REPORT ISSUED TO: T. KONNER

605...10
ORLANDO FIRE DEPT. INSPECTION

OWNER: MU. Contella
ADDRESS: 1912 S. Orange Ave
EMERGENCY TELEPHONE: 425-3846
ELECT. WIRING: S/B
ELECT. APPLIANCES: Good
ELECT. EXTENSION CORDS: Unused
EXITS: Unlocked
EXIT LIGHTS: None
PANIC HARDWARE: Unused
SPRINKLER SYSTEM: None
SEALED:
STANDPIPE SYSTEM: None
FIRE EXTINGUISHERS: Good
STORAGE:
HOUSEKEEPING:
HEATING SYSTEM: Y/C
DUCTS:

DATE: 8-3-21
COMPANY: 50
OFFICER: J.J. R.B. Cross

REMARKS:

Hull, 1st Floor, Volume 5
Replace cover on Junction Box
in Storage room

Report issued to J. Gale Barnes

605...10

ORLANDO FIRE DEPT. INSPECTION

OWNER: 1912 S. Orange Ave
ADDRESS: OCCUPANCY: SEE REMARKS
EMERGENCY TELEPHONE:
ELECT. WIRING:
ELECT. APPLIANCES:
ELECT. EXTENSION CORDS:
EXITS:
EXIT LIGHTS:
PANIC HARDWARE:
SPRINKLER SYSTEM:
SEALED:
STANDPIPE SYSTEM:
FIRE EXTINGUISHERS:
STORAGE:
HOUSEKEEPING:
HEATING SYSTEM:
DUCTS:

DATE: 9-30-54
COMPANY: 5A
OFFICER: LT. R.C. WHITAKER

REMARKS:

Note: Bldg. Being Renovated -
Not Open.
FORMERLY: "YUM-YUM Hut"

605...10
CITY OF ORLANDO, FLORIDA
NOTIFICATION
OF ISSUANCE OF
OCCUPATIONAL LICENSE

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. Licensee: ___________ NORMAN E. FOREMAN - PRESIDENT

2. Business Name: ___________ THE FOREMAN CORPORATION

3. Business Location: ___________ 1912 S ORANGE AVE, ORLANDO FLA 32806

4. Business Mailing Address: ___________ 1912 S ORANGE AVE

5. Licensee's Home Address: ___________ 712 E MICHIGAN AVE, ORLANDO FLA

   Telephone: ___________ 641-7224

   Telephone: ___________ 841-1733

6. Check one: ______ Occupational use/professional use
               ______ Change in type of occupational use
               ______ New occupational use/professional use

7. Bond ______________________________________

8. Competency Card __________________________________________

9. State Certificate ______________________________________

10. Name of Card/Certificate Holder: __________________________________________

    Address: __________________________________________

11. Type of Business: ___________ DISTRIBUTOR - HVAC/RETAIL SYSTEMS & CON-CON HARDW
CITY OF ORLANDO, FLORIDA
NOTIFICATION
OF ISSUANCE OF
OCCUPATIONAL LICENSE

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. Licensee: Kurt L. Cudat & M Carey Brandt

2. Business Name: Lorenzo's Italian Restaurant

3. Business Location: 1912 South Orange Avenue

4. Business Mailing Address: 1912 South Orange Avenue, Orlando, Fla.

5. Telephone: N/A


7. Check one:
   __ Occupational use/professional use
   __ Change in type of occupational use
   __ New occupational use/professional use

8. Bond

9. Competency Card

10. State Certificate

11. Name of Card/Certificate Holder:

12. Address:

13. Type of Business: Restaurant 75 Seats
DATE: 8-3-76  PLAN NUMBER: 76-192 (McEnortle)

LOCATION: 1912 S. Orange Ave

OCCUPANT: Lorenzo's Italian Restaurant

BLDG OWNER (AGENT): Rusty Castello  PHONE: 898-4450

DESIGNERS: 

CONTRACTOR: Rusty Castello  PHONE: 898-4450

TYPE CONSTRUCTION:

- New Structure
- Addition
- Exterior Alterations
- Interior Alterations
- Standpipe System
- Automatic Sprinkler

TYPE PLANS:

- Preliminary
- Revision
- Final for Construction

OTHER: 

APPROVED  NOT APPROVED  BY: J. P. Fleming

PERMIT # 0026 FINAL INSPECTION 10-10-76 BY: H.D. Rucker

(10/10/76  11:40)

Please assign this

City of Orlando, Florida

To

Chap Whit

Date 10/12/76  Time 9:30

WHILE YOU WERE OUT

Mr. Gandolf

Lorenzo's Italian Rest.

Phone 425-4346

TELEPHONED  PLEASE CALL HIM HER
Building Official

1912 S. ORANGE AVE., LORENZO'S ITALIAN RESTAURANT, PERMIT #0056

A final inspection of the subject property has been made by Inspector H. D. Rucker, and all requirements of the Orlando Fire Department are in order.

J. K. Whitaker, Division Commander
Fire Prevention Division
ORLANDO FIRE DEPARTMENT

JKW/bt
1912 S. Orange Ave  
Lorenzo's Italian Restaurant  
Rusty Cantello - 898-4450

1. Limit Interior Finishes to class A, B or C Flame Spread Rating.

2. Provide one hour separation between storage room and seating area, door to be self-closing. (NFPA 101 8-1731-C)

3. Exit door locks shall not require the use of key for operation from inside of the Building (NFPA 101 5-2131)

4. Exit right west (rear) Exit door. (NFPA 101 8-1281)

5. HVAC System must comply with NFPA 90A (NFPA 101 7-1111)

Seating approx 60

D.R. Fleming

Permit # 0056
**ORLANDO FIRE DEPT. INSPECTION**

**FORM NO. 2**

**OWNER:** R.M. Contello  
**OCCUPANT:** YUM-YUM HUT  
**ADDRESS:** 1912 S. ORANGE AVE.  
**OCCUPANCY:** RESTAURANT  
**EMERGENCY TELEPHONE:** 876-2477  
**MIKE MCDONALD**  
**ELECT. WIRING:** APPEARS GOOD  
**ELECT. APPLIANCES:** GOOD  
**ELECT. EXTENSION CORDS:** GOOD  
**EXITS:** INADEQUATE  
**EXIT LIGHTS:** NONE  
**PANIC HARDWARE:** NONE  
**SPRINKLER SYSTEM:** SEATED  
**STANDPIPE SYSTEM:** none  
**FIRE EXTINGUISHERS:** YES - SEE REMARK  
**STORAGE:** GOOD  
**HOUSEKEEPING:** GOOD  
**HEATING SYSTEM:** CENTRAL ELECTRIC  
**DUCTS:** YES  

**DATE:** 7-11-75  
**COMPANY:** STA. 5 "B"  
**OFFICER:** J.J. Wood, Sr.  
**REMARKS:**  
**SECT. 24.111-6 HAVE FIRE EXTINGUISHERS & HOOD SYSTEM PROPERLY SERVICED.**  
**1-23-76 NOT COVER YUM-YUM HUT**

**NOT OPEN 9-15-75**

---

**City of Orlando, Florida**

**To:** Jan  
**Date:** 7/3/75  
**Time:** 11:25  
**WHILE YOU WERE OUT**

**Mr. Bannister**  
**of Op 6**  
**Phone:** 813-442-7697

| TELEPHONED | PLEASE CALL HIM, HER |
| CALL TO SEE YOU | WILL CALL AGAIN |
| WANTS TO SEE YOU | RUSH |

**Message**

---

**City of Orlando, Florida**

**To:** C.S. Cot  
**Date:** 2/11/74  
**Time:** 4:45  
**WHILE YOU WERE OUT**

**Mr. Ken Regal**  
**of**  
**Phone:** 293-6337

| TELEPHONED | PLEASE CALL HIM, HER |
| CALL TO SEE YOU | WILL CALL AGAIN |
| WANTS TO SEE YOU | RUSH |

**Message**

**Edgewater High School**  
**Miss Kahn Class**
CITY OF ORLANDO, FLORIDA
NOTIFICATION
OF ISSUANCE OF
OCCUPATIONAL LICENSE

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. Licensee: ____________________________
   Angelo Salemi

2. Business Name: ____________________________
   Papa Angelo's

3. Business Location: ____________________________
   1912 South Orange Avenue, Orlando, Fla. 32806

4. Business Mailing Address: ____________________________
   Same

   Telephone: 859-9224

5. Licensee's Home Address: ____________________________
   5253 Lake Jessamin Drive, Orlando, Fla.

   Telephone: ____________________________

6. Check one:
   □ Occupational use/professional use
   X □ Change in type of occupational use
   □ New occupational use/professional use

7. Bond ____________________________

8. Competency Card ____________________________

9. State Certificate ____________________________

10. Name of Card/Certificate Holder: ____________________________

    Address: ____________________________

11. Type of Business: ____________________________
    Take Out Service - Restaurant 16 Seats
July 13, 1974

Mr. A. Banester
Banester Fire & Safety Equipment Company
120 East Missouri Avenue
New Port Richey, Florida 33552

Subject: Automatic Fire Extinguishing System - Yee Yee Hut,
1912 South Orange Avenue, Orlando, Florida

Dear Mr. Banester:

You will recall our recent telephone conversation concerning the installation of an automatic fire extinguishing system at 1912 South Orange Avenue in the City of Orlando.

I inspected the system and would like to know if a 10 pound system is sufficient for the amount of coverage based on Manufacturer's recommendations. I also need to know if the gas range has adequate nozzle protection.

You said you would send an installation manual to me so that I may become familiar with the Casco System.

Recently I inspected another of your Casco "Flood System" installations at Rosie O'Grady's on Church Street, Orlando.

I would appreciate it very much if you would send the manual as soon as possible. I cannot "okay" the City Occupational License for these occupancies until these installations are checked and approved. I also mentioned that you are required by the City of Orlando License Department to register with them for a "surety bond" before installing fire extinguishing equipment in the City limits of Orlando.

Very truly yours,

C.S. Parker, Chief
ORLANDO FIRE DEPARTMENT

W.J. Campbell, Captain
Fire Prevention Division

3157/rs
February 7, 1975

W C Weir, Director
Finance Department
Orlando City Hall
400 South Orange Avenue
Orlando, Florida 32801

SUBJECT: Fire Extinguisher System
Orlando Junior Academy
30 East Evans Orlando

Dear Mr. Weir,

We at All Metal Fabricators are faced with a problem of having used a fire extinguisher contractor who operates under the name of A. Banester Fire and Safety Equipment Company in New Port Richey. These people have done at least a half-dozen jobs in the Orlando area for us. It has come to our attention in the final phases of getting the kitchen hood system approved at the Orlando Junior Academy that the contractor may not have an Orlando license for the city with a suitable bond. Because this company is licensed (#0176) and is bonded (State Farm); and upon inspection of the equipment both by our personnel and the city inspectors; plus the system is UL approved, we feel there is no question but what an adequate and safe system has been installed.

It will be extremely difficult at this point because the man has been paid for all his work to get him to come back to Orlando to secure the necessary license and post the necessary bond. Therefore, we request a waiver of these requirements for this job only. You have the assurance of this company that any further work performed in Orlando by A. Banester will be required of him to have the proper bond and license.

The only justification for this request of waiver is to prevent undue hardship to our customer, the Orlando Junior Academy, by reason of the failure to have this system approved. And we can demonstrate to the Fire Chief, Captain Cox, that a safe and adequate fire system has actually been installed.

Thank you for your consideration.

Sincerely,

Ken Regal, Vice President
Engineering

KR/jv
attachment: Copy of specifications for the system
Copy of the telegram from A. Banester Company
ORA 101 (1257) (2-016604E038) PD 02027/75 1257
ICS IPMENG2 CSP
8138429075 TDBN NEW PORT RICHEY FL 02-07 1257 P EST
PMS 2-006603E038 PD DUPLICATE OF TELEPHONED TELEGRAM TDBN NEW
PORT RICHEY FL 22 02-07 1038A EST
ALL METAL FABRICATORS INC WESTERN UNION WILL CALL
ORLANDO FL 32803
LICENSE #0176 PERMIT #176 INSURANCE STATE FARM BILL POWERS
CLEARWATER HOOD SYSTEM JUNIOR HIGH SCHOOL ORLANDO INSTALLED IN
COMPLIANCE M-F-P-A 96-17
ART BANESTER
NNNN
CONTINUOUS FIRE PROTECTION with INSTANT OPERATION
for Hotel and Restaurant Kitchens Protect Your Business and Your Equipment

CASCO KEM-S DRY CHEMICAL FIRE EXTINGUISHING SYSTEM
30 lb. – 10 lb. SIZES
The Casco system will stand guard 24 hours a day to detect fire in your cooking equipment. Once fire is detected, the Casco system instantly operates to kill the fire in seconds.

Fusible link assemblies, located in key high hazard areas will detect a fire and discharge fire-killing dry chemical into the hidden areas of the chimney, hood, filters and plenum. Within seconds the entire contents of the cylinder will be emptied making a chemical reaction with heated grease that prevents reflash and reignition.

Protect against loss of business, rising insurance rates, or being wiped out by a disastrous fire. The Casco system works automatically for you or it can be activated manually. It can be engineered to fit your restaurant exactly.

Fusible Link Assembly
Fusible links, installed in high hazard areas, pre-set at 360°, detect fires.

Manual Release
Built into valve head assembly, permits manual discharge.

Remote Manual Pull Station
Installed away from cooking areas, system can be activated by pulling handle.

Gas and/or Electric Shut Off attachment
Gas lines and electric power lines can be shut off automatically.

PRE-ENGINEERED — QUALITY FEATURES
- Only 2 models needed
- U. L. listed. Over 500 variations of installations possible
- Safe, non-toxic dry chemical, prevents flashbacks. No dangerous concentration of inert gas.
- Ease of service... Unscrew used cylinder, slip in new one without disconnecting entire system
- Multiple systems can be hooked up, by simply adding on additional components
- Casco systems protect ducts with 18° rise and right angle turns... important for single story restaurants
- Gas and/or Electric full cut-off can be installed into system
- Casco systems protect cooking appliances directly under the duct
- Manual and remote pull stations easily installed
CASCO GIVES YOU OVER 500 COMBINATIONS OF INSTALLATIONS WITH A SINGLE BASIC SYSTEM

Protect 32' hood, single duct, plenum, filter 3 surface units

Protect for dual hood, dual ducts, remote control pull station, gas and/or electric shutoffs.

Protect modern 1 story restaurants, where 18" ducts rise and right angle turns present engineering problems.

CASCO SYSTEMS USED IN COMBINATIONS

2 10 lb. System

2 30 lb. Systems

1 10 lb. System
1 30 lb. System

CASCO SUPPLEMENTARY ACCESSORIES

Fusible Link Assemblies

Pulleys

Remote Manual Pull Station

Stainless Steel Wire Rope

Junction Box

Nozzles

Gas and/or Electric Shut-Off Attachment

SPECIFICATIONS:

Model ESR-30 30 lb., Height 28 5/8" Diameter 7" Charged 350 P.S.I.
exceeds U.L. burst test of 2100 P.S.I. Charged weight 58 lbs.

Model ESR-10 10 lb., Height 25 1/8" Diameter 5" Charged 190 P.S.I.

Casco Products Corporation, Bridgeport, Conn. 06602 Subsidiary of Standard Kollsman Industries Inc.
CITY OF ORLANDO, FLORIDA
NOTIFICATION
OF ISSUANCE OF
OCCUPATIONAL LICENSE

This will advise that an Occupational License has been issued to the following licensee, and the department designated is required to promptly inspect the premises to insure Code compliance:

1. Licensee: Hutco Inc.
2. Business Name: Yum Yum Hut
3. Business Location: 1912 South Orange Avenue, Orlando, Fla.
4. Business Mailing Address: Same as #3
   Telephone: H/A
5. Licensee's Home Address: 2462 Sunderland Road, Maitland, Fla.
   Telephone: 

6. Check one: 
   X Occupational use/professional use
   ___ Change in type of occupational use
   ___ New occupational use/professional use

7. Bond

8. Competency Card

9. State Certificate

10. Name of Card/Certificate Holder:
    Address:

11. Type of Business: Restaurant - Take-Out Service 16 Seats

11-18-74 OK W/C

FIRE DEPARTMENT

6-10-74
A.Z. not ready

5-8-74 Bldg. Final
1912 S. Orange Ave.
A.T. Conteletta Co.
Permit #8047

APPROVED -
T.S. Parker, Chief
Orlando Fire Dept.

May 8, 1974

Building Official

FINAL BUILDING APPROVALS

2500 West Colonial, addition to Montgomery Ward
Permit #4708

1916 South Orange Avenue, Permit #8872

1012 South Orange Avenue, Permit #8947

A final inspection of the above-listed properties
has been made by Captain J.K. Whitaker, and all re-
quirements of the Orlando Fire Department are in
order.

C.S. Parker, Chief
ORLANDO FIRE DEPARTMENT

CSP/rs
## ORLANDO FIRE DEPARTMENT
### FIRE INSPECTION REPORT

<table>
<thead>
<tr>
<th>OCCUPANT:</th>
<th>TYPE OCCUPANCY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>EMERGENCY PHONE</td>
</tr>
<tr>
<td>OWNER-AGENT</td>
<td>DISTRICT</td>
</tr>
<tr>
<td>BUILDING CONSTRUCTION</td>
<td></td>
</tr>
<tr>
<td>NO. TENANTS</td>
<td>NO. FLOORS</td>
</tr>
<tr>
<td>NO. PEOPLE</td>
<td>FLOOR CONSTRUCTION</td>
</tr>
<tr>
<td>BASEMENT</td>
<td>ATTIC</td>
</tr>
<tr>
<td>FIRE WALLS (NO.)</td>
<td>FIRE DOORS (NO.)</td>
</tr>
<tr>
<td>FIRE ESCAPES (NO.)</td>
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<tr>
<td>STAIRWAYS (NO.)</td>
<td>INTERIOR</td>
</tr>
<tr>
<td>EXTERIOR</td>
<td>CONDITION</td>
</tr>
<tr>
<td>ELEVATOR (NO.)</td>
<td>LOCATION</td>
</tr>
<tr>
<td>DUMB WAITER (NO.)</td>
<td>LOCATION</td>
</tr>
<tr>
<td>LAUNDRY CHUTE (NO.)</td>
<td>LOCATION</td>
</tr>
<tr>
<td>PIPE SHAFT (NO.)</td>
<td>LOCATION</td>
</tr>
<tr>
<td>ELECTRICAL SHAFT (NO.)</td>
<td>LOCATION</td>
</tr>
<tr>
<td>EXITS (NO.)</td>
<td>EXIT LIGHTS</td>
</tr>
<tr>
<td>CLEAR AISLES</td>
<td>CLEAR HALLWAYS</td>
</tr>
<tr>
<td>PANIC BOLTS OR BARS</td>
<td>CONDITION</td>
</tr>
<tr>
<td>CONDITION OF WIRING</td>
<td></td>
</tr>
<tr>
<td>TYPE FUSES</td>
<td>SIZE – 30-150</td>
</tr>
<tr>
<td>LOCATION MAIN SWITCH</td>
<td>EXTENSION CORDS</td>
</tr>
<tr>
<td>LOCATION GAS SHUT-OFF</td>
<td>OPEN JUNCTION BOXES</td>
</tr>
<tr>
<td>TYPE GAS</td>
<td>NATURAL</td>
</tr>
<tr>
<td>L.P. GAS</td>
<td>COMPANY</td>
</tr>
<tr>
<td>TYPE HEAT</td>
<td>NATURAL GAS</td>
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<td>OIL</td>
<td>ELECTRIC</td>
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<tr>
<td>NEW</td>
<td>L.P. GAS</td>
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<tr>
<td>AIR CONDITIONING</td>
<td>TYPE GAS</td>
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<td>WATER CUT-OFF</td>
<td>CONDITION</td>
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<tr>
<td>FIRE PROTECTION</td>
<td>SPRINKLER SYSTEM: WET-DRY</td>
</tr>
<tr>
<td>LOCATION MAIN VALVE</td>
<td>LOCATION F.D. CONNECTION</td>
</tr>
<tr>
<td>CONDITION OF HOSE</td>
<td>DATE OF HOSE</td>
</tr>
<tr>
<td>STANDPIPE SYSTEM</td>
<td>NO. OUTLETS</td>
</tr>
<tr>
<td>NEAREST FIRE HYDRANT</td>
<td>LOCATION</td>
</tr>
<tr>
<td>ALARM SYSTEM</td>
<td>MANUAL/LOCAL</td>
</tr>
<tr>
<td>EXPOSURE: NORTH</td>
<td>AUTOMATIC</td>
</tr>
<tr>
<td>EAST</td>
<td>NIGHT WATCHMAN</td>
</tr>
<tr>
<td>WEST</td>
<td>SOUTH</td>
</tr>
<tr>
<td>EAST</td>
<td>EAST</td>
</tr>
<tr>
<td>WALL LADDER SPOTTING-NORTH</td>
<td>WEST</td>
</tr>
<tr>
<td>FIRE HAZARDS: OILS</td>
<td>GASOLINE</td>
</tr>
<tr>
<td>EXPLOSIVES</td>
<td>CHEMICALS</td>
</tr>
<tr>
<td>STORAGE CLEARANCE MATERIALS</td>
<td></td>
</tr>
</tbody>
</table>

| DATE INSPECTED: 2/22/30 | DATE RE-INSPECTED:             |

**REMARKS:**

Former Occupant: Sun Aluminum Co.

**INSPECTOR:**

---

Form 605-1
Special cleaning of storage areas around rear building.

Building under renovation.

Former occupant: Sun Aluminum Co.
<table>
<thead>
<tr>
<th><strong>BUILDING CONSTRUCTION</strong></th>
<th><strong>Masonry</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NO. FLOORS</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>NO. PEOPLE:</strong> 6</td>
<td></td>
</tr>
<tr>
<td><strong>ROOF CONSTRUCTION</strong></td>
<td>Tolled roofing and metal</td>
</tr>
<tr>
<td><strong>FLOOR CONSTRUCTION</strong></td>
<td>Concrete slab</td>
</tr>
<tr>
<td><strong>BASEMENT:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>ATTIC:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>STAIRWAYS: INTERIOR:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>STAIRWAYS: EXTERIOR:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ELEVATOR:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>DUMBWAITER:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>LAUNDRY CHUTE:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>PIPE SHAFTS:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>NO. EXITS:</strong></td>
<td>Four</td>
</tr>
<tr>
<td><strong>EXIT LIGHTS:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>PANIC BOLTS:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>CONDITION OF WIRING:</strong></td>
<td>Appears good</td>
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<tr>
<td><strong>LOCATION MAIN SWITCH:</strong></td>
<td>Inside office building</td>
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<td><strong>TYPE FUSSES:</strong></td>
<td>Breakers</td>
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<td><strong>SIZE:</strong></td>
<td>20</td>
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<tr>
<td><strong>OPEN JUNCTION BOXES:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>EXTENSION CORDS:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>LOCATION GAS SHUT-OFF:</strong></td>
<td>No gas</td>
</tr>
<tr>
<td><strong>TYPE GAS:</strong></td>
<td>CO.</td>
</tr>
<tr>
<td><strong>TYPE HEAT-OIL:</strong></td>
<td>ELECTRIC R/C</td>
</tr>
<tr>
<td><strong>STEAM:</strong></td>
<td>L.P., NATURAL GAS</td>
</tr>
<tr>
<td><strong>AIR CONDITIONING:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>DUCTWORK:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>TYPE:</strong></td>
<td>Window unit</td>
</tr>
<tr>
<td><strong>CONDITION:</strong></td>
<td>Good</td>
</tr>
<tr>
<td><strong>FIRE PROTECTION: SPRINKLER SYSTEM:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>CONDITION:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Water cut-off:</strong></td>
<td>Front parkway</td>
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<tr>
<td><strong>LOCATION MAIN VALVE:</strong></td>
<td></td>
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<tr>
<td><strong>LOCATION F.D. CONNECTION:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STANDPIPE SYSTEM:</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>NO. OUTLETS:</strong></td>
<td>Location F.D. Connection</td>
</tr>
<tr>
<td><strong>ROOF TANK:</strong></td>
<td>Structure</td>
</tr>
<tr>
<td><strong>CONDITION OF HOSE:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PORTABLE FIRE EXTINGUISHERS:</strong></td>
<td>S.A.A. 1</td>
</tr>
<tr>
<td><strong>FOAM:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PRESSURIZED WATER:</strong></td>
<td>CO.</td>
</tr>
<tr>
<td><strong>DROCH CHEMICAL:</strong></td>
<td>CTC</td>
</tr>
<tr>
<td><strong>PROPERLY SERVICED:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>CO.: Central Fla.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NEAREST FIRE HYDRANT:</strong></td>
<td>Esther and Orange</td>
</tr>
<tr>
<td><strong>SIZE MAIN:</strong></td>
<td>16&quot;</td>
</tr>
<tr>
<td><strong>ACCESSIBLE:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>ALARM SYSTEM: A.D.T:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>LOCATION:</strong></td>
<td>LOCAL</td>
</tr>
<tr>
<td><strong>AUTOMATIC:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NIGHT WATCHMAN:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>EXPOSURE NORTH:</strong></td>
<td>Service Station</td>
</tr>
<tr>
<td><strong>SOUTH:</strong></td>
<td>Esther St.</td>
</tr>
<tr>
<td><strong>HAZARDS:</strong></td>
<td>EAST Orange Ave.</td>
</tr>
<tr>
<td><strong>WEST:</strong></td>
<td>Vacant Lot</td>
</tr>
<tr>
<td><strong>AERIAL LADDER SPOTTING:</strong></td>
<td>Orange Ave.</td>
</tr>
<tr>
<td><strong>WALL LADDER NORTH:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>SOUTH:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>SPOTTING:</strong></td>
<td>EAST Yes</td>
</tr>
<tr>
<td><strong>WEST:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>FIRE HAZARDS: OILS:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>GASOLINE:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>EXPLOSIVES:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>ACIDS:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>STORAGE: CLEARANCE GOOD:</strong></td>
<td>AISLES GOOD</td>
</tr>
<tr>
<td><strong>MATERIALS:</strong></td>
<td>Office furniture and equipment, hand tools and metal products</td>
</tr>
<tr>
<td><strong>SAFETY HAZARDS:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>RESCUE HAZARDS:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STREET:</strong></td>
<td>1913 South Orange Avenue</td>
</tr>
</tbody>
</table>
5/2/72 #1 General clean up of storage areas around rear bldg
4/10/73 #2 Discontinue use of multiple sockets
    #7 Obtain five pd Tri-class fire extg

<table>
<thead>
<tr>
<th>OCCUPANT</th>
<th>Sun Aluminum Co., Inc.</th>
<th>OCCUPANCY</th>
<th>Aluminum Products Sales &amp; Mfg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>1912 S. Orange</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OWNER-AGENT</td>
<td>Contella Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td>4869 W. Washington</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>CO.</th>
<th>INSPECTING OFFICER</th>
<th>REPORT ISSUED TO</th>
<th>ACTION REQUESTED</th>
<th>RE-INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/12/71</td>
<td>5</td>
<td>Lt. Turrisi</td>
<td>Mr. Freytag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/2/72</td>
<td>5</td>
<td>Capt. Hobby</td>
<td>Mr. Fretag</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Day Time Phone: (407)649-3888
After Hours Phone: (407)718-5582
Mailing Address: ORLANDO, FL
32805

Activities:
INSP-Company Exit Check - B Shift

Assigned to:
Station, Station 05, B

Assignment Date: 04/05/2016
Schedule Date: 05/01/2016

OCC Load:
BAR
430

TEMP CLUB
300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

[Mark for Fire extinguisher not hanging]

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

__________________________
[Signature]

__________________________
[Signature]

__________________________
[Signature]

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)  x  Date
MANUEL IZCO

Company Officer Name (Print)  Emp.#  Date and Time
MANUEL IZCO
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly
Day Time Phone: (407)649-3888
After Hours Phone: (407)718-5582

Assigned to: Station, Station 05, B
Assignment Date: 04/05/2016
Schedule Date: 05/01/2016

Activities:
INSP-Company Exit Check - B Shift

Occ Load:
BAR
TEMP CLUB

430
300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane  ☐ 10. Obstructed Exit or Exitway
☐ 2. Occupant Load Not Posted  ☐ 11. Excessive Combustibles
☐ 3. Occupants in Excess of Posted Limit  ☐ 12. Combustibles in Exitway
☐ 4. Emergency/Exit Lights Inoperable
☐ 13. Other (Listed Below)
☒ 5. Exit Doors Locked
☒ Fire Extinguisher not hanging
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

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Remarks:


(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)  x  Signature

Date

Company Officer Name (Print)  x  Emp.#  Signature

Date and Time
**ORLANDO FIRE DEPARTMENT
EXIT CHECK**

**Occupancy ID:** 06501  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL

**Business Name:** PULSE  
**Business Phone:** (407)649-3888  
**Station No:** Station 05  
**Occupancy:** Assembly

<table>
<thead>
<tr>
<th>Prv</th>
<th>Mailing Address</th>
<th>Day Time Phone</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1912 S ORANGE AVE ORLANDO, FL</td>
<td>(407)649-3888</td>
<td>(407)718-5582</td>
</tr>
<tr>
<td>1</td>
<td>ORLANDO, FL 32805</td>
<td>(407)649-3888</td>
<td>(321)624-0434</td>
</tr>
</tbody>
</table>

**Activities:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assigned to</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>INS-P-Company Exit Check - B Shift</td>
<td>Station, Station 05, B</td>
<td>04/05/2016</td>
<td>05/01/2016</td>
</tr>
</tbody>
</table>

**OCC Load:**

- **BAR:** 430
- **TEMP CLUB:** 300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [x] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

*Fire Extinguisher not hanging*

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

**Remarks:**

__________________________

__________________________

__________________________

__________________________

**Customer Name (Print)**: NELLA ANNE  
**Signature**: ______________________  
**Date**: 5/21/16

**Company Officer Name (Print)**: MANUEL A. CIVROV  
**Emp.#**:  
**Signature**: ______________________  
**Date and Time**: 5/21/16
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Station No: Station 05
Occupancy: Assembly

Contact Name Mailing Address
BRIAN REGAN 2 1912 S ORANGE AVE ORLANDO, FL
BARB POMA 1 ORLANDO, FL 32806

Prty Day Time Phone After Hours Phone
Other (407)649-3888 (407)718-5582
Other (407)649-3888 (321)624-0434

Activities:
INSP-Company Exit Check - B Shift

Assigned to: Station, Station 05, B
Assignment Date: 04/05/2016
Schedule Date: 05/01/2016

Occ Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

Fire Extinguisher not hanging

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

________________________________________

(Note to Customer: Signature below is to acknowledge receipt of this report)


 x

Customer Name (Print)


 x

Company Officer Name (Print)


 x

Emp.#


 Date


 Date and Time
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501  
Location: 1912 S ORANGE AVE  
City/State: ORLANDO, FL  

Contact Name  Prty  Mailing Address  
TIM GIBSON  Other  2  1912 S ORANGE AVE  ORLANDO, FL  
BARB POMA  Other  1  

Business Name: PULSE  
Business Phone: (407)649-3888  
Station No: Station 05  
Occupancy: Assembly  

Day Time Phone: (407)649-3888  
After Hours Phone: (772)551-4563  
(407)649-3888  
(321)624-0434

Activities:  
INSP-Company Exit Check - A Shift  

OCC Load:  
BAR  430  
TEMP CLUB  300

Assigned to: Station, Station 05, A  
Assignment Date: 12/05/2015  
Schedule Date: 01/01/2016

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane  
☐ 2. Occupant Load Not Posted  
☐ 3. Occupants in Excess of Posted Limit  
☐ 4. Emergency/Exit Lights Inoperable  
☐ 5. Exit Doors Locked  
☐ 6. Aisles Obstructed  
☐ 7. Exit Door or Hardware Inoperable  
☐ 8. Improper Locks on Required Exit Doors  
☐ 9. Self Closing Doors Blocked Open  

10. Obstructed Exit or Exitway  
11. Excessive Combustibles  
12. Combustibles in Exitway  
13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:  

[Signature]

Note to Customer: Signature below is to acknowledge receipt of this report.

Customer Name (Print)  

CINDY BARBOLORE  

Signature  

Date  

[Signature]

Company Officer Name (Print)  

DAVIS ODIE  

Signature  

Date and Time  

[Signature]  

Emp.#  

Date  

1-30-16
ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Activities:
INSP-Company Survey Initial - B Shift

Assigned to:
Station, Station 05, B
Assignment Date: 10/05/2015
Schedule Date: 11/01/2015

Access:
☐ Address visible
☐ Fire protection equipment
☐ FDC connection
☐ Gate optical detector
☐ Hydrant access
☐ Key box (verified)
☐ Maintain fire lanes

AED:
☐ AED Maintenance date
☐ AED Register yes
☐ AED Trained yes
☐ Battery expiration date
☐ Brand Name
☐ Emp. CPR Trained yes
☐ Location
☐ Model #
☐ Onsite
☐ Pads expiration date
☐ Public Access yes

City Code:
☐ Change of Occupancy/use
☐ Fire Hazard/Remedy
☐ Standby Personnel
☐ Stop Work

Electrical:
☐ Circuit identification
☐ Covers/blanks/junction box missing
☐ Defective equipment/wiring
☐ Door labeled
☐ Improper breakers/fuses/locks
☐ Improper use/placement of extension cords/overloaded circuit
☐ Panel accessibility

Exit:
☐ Door(s) inoperable
☐ Emergency/Exit sign(s) inoperable
☐ Emergency Lights
☐ Exits not adequately enclosed
☐ Exits not properly arranged
☐ Improper door swing
☐ Keep fire doors closed
☐ Maintain self-closers
☐ Overcrowding
☐ Provide approved door assembly
☐ Provide/maintain rated corridor
☐ Provide exit sign(s)
☐ Remove obstruction aisles/exit way
☐ Remove storage under stairs
☐ Remove unapproved locks/hardware
☐ Vertical openings not protected

Fire Extinguishers:
☐ Conspicuously located
☐ Not accessible

Fire Protection:
☐ Missing detector(s)
☐ No sprinkler protection under stairs
☐ No supervision
☐ Provide 18" clearance
☐ Provide spare heads/wrench
☐ Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing
☐ Sprinkler impairment

Flammable Liquids:
☐ Improper use/storage/dispensing
☐ Improper container/provide cabinet
☐ MSDS sheets needed

Heating:
☐ HVAC inadequate
☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
☐ Clean dryer vents
☐ Housekeeping issues
☐ Illegal burning
☐ Interior finish inadequate
☐ Provide fuel shut off
☐ Remove BBQ grill
☐ Remove rubbish/waste/trash or weeds from building

Other:
☐ CEB action required
☐ Referral to Permitting Services
☐ Unable to contact

Permit Issued:
☐ 18A/Tent
☐ Fireworks/Pyrro/Sp. Effects
☐ Flam./Comb. Liquids
☐ Hazardous Material
☐ Temp. Assembly
☐ Open Burning

Permit Required:
☐ Provide permit for work being done

Pre Fire Plan:
☐ Conducted/Reviewed/Needed
☐ Appar. Shift Date

Provide Records for all installed:
☐ Fire protection equipment

Service/Mainten/Test/Tag:
☐ Detectors
☐ Fire Alarm________
☐ Fire Extinguisher
☐ Fire Pump
☐ Generator
☐ Hydrant(s)/painted
☐ Hood System
☐ Sprinklers
☐ Standpipe/Hoses

Signage Required:
☐ FDC Connection
☐ Fire Lane
☐ Lightweight Truss
☐ “No Smoking”
☐ Occupant Load
☐ Provide 704 Placard
☐ Stair numbering

Storage:
☐ Disorderly
☐ Too high

Remarks: No Contact

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. All violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on

Customer Name (Print) ____________________________

Company Officer or Fire Inspector Name ____________________________

Signature/ Employee Number 10807

Date 11/12/2015
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name          Priy  Mailing Address       Day Time Phone          After Hours Phone
TIM GIDION            Other 2 1912 S ORANGE AVE ORLANDO, FL   (407)649-3888     (773)551-4563
BARB FOMA             Other 1 1912 S ORANGE AVE ORLANDO, FL   (407)649-3888     (321)624-0434

Activities:          Assigned to:          Assignment Date:          Schedule Date:
INSP-Company Exit Check - C Shift

Occ Load:
BAR          430
TEMP CLUB   300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

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Remarks: NO INSTRUCTIONS

(Note: Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)          Signature          Date
Cindy Farrello

Company Officer Name (Print)          Emp.#          Signature          Date and Time
William Lemieux 11824          x

Form #: PSM 920 Rev 05/2002   Distribution: Original (WHITE) - Fire Safety Management Division   Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name: BRIAN REGAN
Prty  Mailing Address
2  1912 S ORANGE AVE ORLANDO, FL

Activities: INSP-Occupancy Load Evaluation

Assign to: FIGUEROA, Menari
Assignment Date: 12/05/2015
Schedule Date: 01/01/2016

Access:
☐ Address visible
☐ Fire protection equipment
☐ FDC connection
☐ Gate optical detector
☐ Hydrant access
☐ Key box (verified)
☐ Maintain fire lanes

AED:
☐ AED Maintenance date ____________
☐ AED Register ______ yes ______ no
☐ AED Trained ______ yes ______ no
☐ Battery expiration date ______
☐ Brand Name
gEmp. CPR Trained ______ yes ______ no
☐ Location __________
☐ Model # __________
☐ Onsite
☐ Pads expiration date ______
☐ Public Access ______ yes ______ no

City Code:
☐ Change of Occupancy/use
☐ Fire Hazard/Remedy
☐ Standby Personnel
☐ Stop Work

Electrical:
☐ Circuit identification
☐ Covers/blankets/junction box missing
☐ Defective equipment/wiring
☐ Door labeled
☐ Improper breakers/fuses/locks
☐ Improper use/placement of extension cords/overloaded circuit
☐ Panel accessibility

Exit:
☐ Door(s) inoperable
☐ Emergency/Exit sign(s) inoperable
☐ Emergency Lights
☐ Exits not adequately enclosed
☐ Exits not properly arranged
☐ Improper door swing
☐ Keep fire doors closed
☐ Maintain self-closers
☐ Overcrowding
☐ Provide approved door assembly
☐ Provide/maintain rated corridor
☐ Provide exit sign(s)
☐ Remove obstruction aisles/exit way
☐ Remove storage under stairs
☐ Remove unapproved locks/hardware
☐ Vertical openings not protected

Fire Extinguishers:
☐ Conspicuously located
☐ Not accessible

Fire Protection:
☐ Missing detector(s)
☐ No sprinkler protection under stairs
☐ No supervision
☐ Provide 18" clearance
☐ Provide spare heads/wrench
☐ Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing
☐ Sprinkler impairment

Flammable Liquids:
☐ Improper use/storage/dispensing
☐ Improper container/provide cabinet
☐ MSDS sheets needed

Heating:
☐ HVAC inadequate
☐ Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
☐ Clean dryer vents
☐ Housekeeping issues
☐ Illegal burning
☐ Interior finish inadequate
☐ Provide fuel shut off
☐ Remove BBQ grill
☐ Remove rubblish/waste/trash or weeds from building

Other:
☐ CEB action required
☐ Referral to Permitting Services
☐ Unable to contact

Permit Issued:
☐ 18A/Tent
☐ Fireworks/Pyro/Sp. Effects
☐ Flam./Comb. Liquids
☐ Hazardous Material
☐ Temp. Assembly
☐ Open Burning

Permit Required:
☐ Provide permit for work being done

Pre Fire Plan:
☐ Conducted/Reviewed/Needed

☐ Appar. Shift Date

☐ Provide Records for all installed:
☐ Fire protection equipment

Service/Maintain/Test/Tag:
☐ Detectors
☐ Fire Alarm
☐ Fire Extinguisher
☐ Fire Pump
☐ Generator
☐ Hydrant(s)/painted
☐ Hood System
☐ Sprinklers
☐ Standpipe/Hoses

Signage Required:
☐ FDC Connection
☐ Fire Lane
☐ Lightweight Truss
☐ "No Smoking"
☐ Occupant Load
☐ Provide 704 Placard
☐ Stair numbering

Storage:
☐ Disorderly
☐ Too high

Remarks: No Changes in Floor Plans

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on

Cindy Barber
Customer Name (Print)

Mervin Rivera
Company Officer or Fire Inspector Name

Signature

Date 1.28.16

Form #: FSM-MPF 12/2011 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Station No: Station 05
Occupancy: Assembly

Contact Name Mailing Address Prty
TIM GIDSON 1912 S ORANGE AVE 2
BARB POMA ORLANDO, FL

Day Time Phone After Hours Phone
(407)649-3888 (407)649-3888
(720)551-4563 (321)624-0434

Activities:
INS-P-Company Exit Check - B Shift

Occ Load:
BAR 430
TEMP CLUB 300

Assigned to: Station, Station 05, B
Assignment Date: 04/17/2015
Schedule Date: 05/01/2015

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

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Remarks:


(Note to Customer: Signature below is to acknowledge receipt of this report)

[Signature] [Date]

Customer Name (Print)

[Signature] [Date]

Company Officer Name (Print) Emp.#

[Signature] [Date and Time]
ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Station No: Station 05

Contact Name: BARB POMA
Mailing Address: ORLANDO, FL 32806

Pry: I

Day Time Phone: (407)649-3888
After Hours Phone: (321)624-0434

Activities:
INSP-Occupancy Load Evaluation

Exit:
- Door(s) inoperable
- Emergency/Exit sign(s) inoperable
- Emergency Lights
- Exits not adequately enclosed
- Exits not properly arranged
- Improper door swing
- Keep fire doors closed
- Maintain self-closers
- Overcrowding
- Provide approved door assembly
- Provide/maintain rated corridor
- Provide exit sign(s)
- Remove obstruction aisles/exit way
- Remove storage under stairs
- Remove unapproved locks/hardware
- Vertical openings not protected

Flammable Liquids:
- Improper use/storage/dispensing
- Improper container/provide cabinet
- MSDS sheets needed

Heating:
- HVAC inadequate
- Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- Clean dryer vents
- Housekeeping issues
- Illegal burning
- Interior finish inadequate
- Provide fuel shut off
- Remove BBQ grill
- Remove rubbish/waste/trash or weeds from building

Other:
- CEB action required
- Referal to Permitting Services
- Unable to contact

Fire Protection:
- Missing detector(s)
- No sprinkler protection under stairs
- No supervision
- Provide 18" clearance
- Provide spare heads/wrench
- Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing
- Sprinkler impairment

Pre Fire Plan:
- Conducted/Reviewed/Needed

Appar. Shift: Date
- Provide Records for all installed:

Fire protection equipment

Service/Maintain/Test/Tag:
- Detectors
- Fire Alarm
- Fire Extinguisher
- Fire Pump
- Generator
- Hydrant(s)/painted
- Hood System
- Sprinklers
- Standpipe/Hoses

Signage Required:
- FDC Connection
- Fire Lane
- Lightweight Truss
- "No Smoking"
- Occupant Load
- Provide 704 Placard
- Stair numbering

Storage:
- Disorderly
- Too high

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on __________.

Remarks:
"Photos Taken During Visit"

Also Served OUT FREE OPEN ISSUE DURING VISIT

Today's Visits Completes Ocupancy Load EVOL.

Customer Name (Print): [Signature]
Company Officer of Fire Inspector Name: [Signature/Employee Number]

Date: __3/11/15__

Form #: FSM-MPF 12/2011 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
**ORLANDO FIRE DEPARTMENT**

**Occupancy ID:** 06501  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL

**Business Name:** PULSE  
**Business Phone:** (407) 649-3888  
**Station No:** Station 05  
**Occupancy:** Assembly

**Contact Name:** Tim Gideon  
**Phone:** (321) 551-4543

---

**Activities:**  
INSP-Pull Fire Inspection

---

**Access:**  
- Address visible
- Fire protection equipment
- FDC connection
- Gate optical detector
- Hydrant access
- Key box (verified)
- Maintain fire lanes

**Electrical:**  
- Circuit identification
- Covers/Blank junction box missing
- Defective equipment/wiring
- Door labeled
- Improper breakers/fuses/locks
- Improper use/placement of extension cords/overloaded circuit
- Panel accessibility

**Exit:**  
- Door(s) inoperable
- Emergency/Exit sign(s) inoperable
- Exits not adequately enclosed
- Exits not properly arranged
- Improper doors swing
- Keep fire doors closed
- Maintain self-closers
- Overcrowing
- Provide approved door assembly
- Provide maintain rated corridor

**Heating:**  
- HVAC inadequate
- Provide/maintain proper clearances around vents/exhaust/water heater

**Miscellaneous:**  
- Clean dryer vents
- Housekeeping issues
- Illegal burning
- Interior finish inadequate
- Provide fuel shut off
- Remove BBQ grill
- Remove rubbish/waste/trash or weeds from building

**Fire Extinguishers:**  
- Conspicuously located
- Not accessible

**Fire Protection:**  
- Missing detector(s)
- No sprinkler protection under stairs
- No supervision
- Provide 18" clearance
- Provide spare heads/wrench
- Sprinkler head(s) painted/combed/damaged/escutcheon plates missing
- Sprinkler impairment

**Flammable Liquids:**  
- Improper use/storage/dispensing
- Improper container/provide cabinet
- MSDS sheets needed

**Permit Issued:**  
- 18A/Tent
- Fireworks/Pyro/Sp. Effects
- Flam./Comb. Liquids
- Hazardous Material
- Temp. Assembly
- Open Burning

**Permit Required:**  
- Provide permit for work being done
- Pre Fire Plan:
  - Conducted/Reviewed/Needed

**Service/Maintain/Test/Tag:**  
- Detectors
- Fire Alarm
- Fire Extinguisher
- Fire Pump
- Generator
- Hydrant(s)/painted
- Hood System
- Sprinklers
- Standpipe/Hoses

**Signage Required:**  
- Fire Lane
- "No Smoking"
- Occupant Load
- Provide 704 Placard
- Stair numbering

**Storage:**  
- Disorderly
- Too high

**Other:**  
- CEB action required
- Referral to Permitting Services
- Unable to contact

---

**Remarks:**  
- Fire Alarm System in trouble Mode - Service needed
- Extension Cords
- Fire Alarm test & Inspect needed
- Means of Egress

---

**Customer Name (Print):**  
**Signature:** [Signature]

**Company Officer Name (Print):**  
**Emp.#:** [Emp.#]
**Signature:** [Signature]

**Date and Time:** 11/15/15
**Reduction Date:** 01/13/15

---
An inspection is required by the City Fire Code in an effort to prevent loss of life or property. This report advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 407-246-2386.

### Today's Inspection Results:

<table>
<thead>
<tr>
<th>Code Section</th>
<th>Description</th>
<th>Apv</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide Fire Watch</td>
<td></td>
</tr>
<tr>
<td></td>
<td>provide fire watch log</td>
<td></td>
</tr>
<tr>
<td>Note:</td>
<td>Tested F/A system. - Call from dispatch (pager)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>dispatch (pager)</td>
<td>3/11/15</td>
</tr>
</tbody>
</table>

Received By: (Signature below is only to acknowledge receipt of this report)

[Signature]

Print Name: [Signature] Date: 2/13/15

Fire Inspector:

[Signature] Date: 2/13/15

Re-Inspection Date:
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occ Code: Assembly

Mailing Address: ORLANDO, FL 32806

Activities:
INSP-Company Exit Check - A Shift

Assigned to: Station, Station 05, A
Assignment Date: 12/17/2014
Schedule Date: 01/01/2015

Occupancy Load:

BAR
430
TEMP CLUB
300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

NO VIOLATIONS

Customer Name (Print)

Signature

Date

Company Officer Name (Print)

Emp.#

Signature

Date and Time
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Day Time Phone: (407)649-3888
After Hours Phone: (321)624-0434

Activities:
HMSP-Company Exit Check - B Shift

Oct Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Tim Stewart
Customer Name (Print)

Signature

Date

Stacy Ture
Company Officer Name (Print)

Signature

Emp.#

Date and Time
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 0501
Location: 1312 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name: BARBARA
Mailing Address: ORLANDO, FL 32806

Business Name: PULSE
Station No: Station 05
Occupancy: Assembly
Day Time Phone: (407)640-3888
After Hour Phone: (321)624-0434

Activities:
- NGSP-Company Exit Check - A Shift

Occupancy:
- BAR
- TEMP CLUB

430
500

Assigned to:
Station, Station 05, A
Assignment Date: 12/7/2013
Schedule Date: 01/01/2014

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Keep Rear Plastic Gate Unlocked

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print): Brian Wood
Signature: [Signature]
Date: 2/4/14

Company Officer Name (Print): [Name]
Emp.#: 7508
Signature: [Signature]
Date and Time: 1-6-14
ORLANDO FIRE DEPARTMENT

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05, Occupancy: Assembly

Contact Name: BABS POMA, City: ORLANDO, FL, Mailing Address: ORLANDO, FL 32806

Day Time Phone: (407)649-3888, After Hours Phone: (321)624-0434

Activity: ECP-Occupancy Load Evaluation

Access:
- Address visible
- Fire protection equipment
- FDC connection
- Gate optical detector
- Hydrant access
- Key box (verified)
- Maintain fire lanes

AED:
- AED Maintenance date
- AED Register yes no
- AED Trained yes no
- Battery expiration date
- Brand Name
- Emp. CPR Trained yes no
- Location
- Model #
- Onsite
- Pads expiration date
- Public Access yes no

City Code:
- Change of Occupancy/use
- Fire Hazard/Remedy
- Standby Personnel
- Stop Work

Electrical:
- Circuit identification
- Covers/blanks/junction box missing
- Defective equipment/wiring
- Door labeled
- Improper breakers/fuses/locks
- Improper use/placement of extension cords/overloaded circuit
- Panel accessibility

Exit:
- Door(s) inoperable
- Emergency/Exit sign(s) inoperable
- Emergency Lights
- Exits not adequately enclosed
- Exits not properly arranged
- Improper door swing
- Keep fire doors closed
- Maintain self-closers
- Overcrowding
- Provide approved door assembly
- Provide/maintained rated corridor
- Provide exit sign(s)
- Remove obstruction aisles/exit way
- Remove storage under stairs
- Remove unapproved locks/hardware
- Vertical openings not protected

Fire Extinguishers:
- Conspicuously located
- Not accessible

Fire Protection:
- Missing detector(s)
- No sprinkler protection under stairs
- No supervision
- Provide 18’ clearance
- Provide spare heads/wrench
- Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing
- Sprinkler impairment

Flammable Liquids:
- Improper use/storage/dispensing
- Improper container/provide cabinet
- MSDS sheets needed

Heating:
- HVAC inadequate
- Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- Clean dryer vents
- Housekeeping issues
- Illegal burning
- Interior finish inadequate
- Provide fuel shut off
- Remove BBQ grill
- Remove rubbish/waste/trash or weeds from building
- Other:
  - CEB action required
  - Referral to Permitting Services
  - Unable to contact

Permit Issued:
- 18A/Tent
- Fireworks/Pyro/Sp. Effects
- Flam./Comb. Liquids
- Hazardous Material
- Temp. Assembly
- Open Burning

Permit Required:
- Provide permit for work being done

Pre Fire Plan:
- Conducted/Reviewed/Needed

Appar. Shift Date
- Provide Records for all installed:
- Fire Protection equipment

Service/Maint/Test/Tag:
- Detectors
- Fire Alarm
- Fire Extinguisher
- Fire Pump
- Generator
- Hydrant(s)/painted
- Hood System
- Sprinklers
- Standpipe/Hoses

Signage Required:
- FDC Connection
- Fire Lane
- Lightweight Truss
- “No Smoking”
- Occupant Load
- Provide 704 Placard
- Stair numbering

Storage:
- Disorderly
- Too high

Remarks: No changes in floor plan.

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. All violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on

[Signature]

Customer Name (Print) ROBBINS, Suzanne

Company Officer or Fire Inspector Name

Date 1-15-14

Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner
An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. All violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection.

Customer Name (Print):

Signature:

Company Officer or Fire Inspector Name:

Signature/Employee Number:

Date:

Distribution: Original (WHITE) - Fire Safety Management Division

Copy (YELLOW) - Business Owner
Service Fire Alarm system - trouble mode
Occupancy ID: 0439
Name of Business: PULSE
Description: maintenance-General

Code Requirement:
Fire Alarm system equipment shall be maintained in accordance with manufacturer's instructions.

Comments:
Fire panel holding trouble/ silence signal needs serviced/repaired

Description:
NOTE: SEE BELOW

Code Requirement:

Comments:
Manager on duty signed for notice concerning use of sparkler within club/lounges
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Mark box below if there is a deficiency.

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperative
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Obstructed
8. Improper Door or Hardware Inoperative
9. Improper Locks on Required Exit Doors
10. Obstructed Exit or Exitway
11. Excessive Combustibles
12. Combustibles in Exitway
13. Other (Listed Below)

Fish Panel @ Truss

SILENCE More

Aisles Have Services

Next Week

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: ISSUED NOTICE CONCERNING OPEN FLAME USE OF CHAMPAGNE SPRAYER BOTTLES IS PROHIBITED PER ORLANDO CITY FIRE CODE

(Note to Customer: Signature below is to acknowledge receipt of this report)

Tim Stewart

Signature

1/20/13

Customer Name (Print)

Date

Jim Hrusk

Signature

07/29/13

Company Officer Name (Print)

Date and Time

Emp.#
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name: BARB POMA
Prty: Other
Mailing Address: ORLANDO, FL 32806

Day Time Phone: (407)649-3888
After Hours Phone: (321)624-0434

Activities:
INSP-Company Exit Check - FSM

Assigned to:
Division, Fire Safety Mgmt

Assignment Date: 10/17/2013
Schedule Date: 11/01/2013

Occ Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane ☐ 10. Obstructed Exit or Exitway
☐ 2. Occupant Load Not Posted ☐ 11. Excessive Combustibles
☐ 3. Occupants in Excess of Posted Limit ☐ 12. Combustibles in Exitway
☐ 4. Emergency/Exit Lights Inoperable ☐ 13. Other (Listed Below)
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

Fla system 3/13

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Fla system - trouble mode.

(Note to Customer: Signature below is to acknowledge receipt of this report)

X Brian M. Wood X B. J. Nolde X 11/20/13
Customer Name (Print) Signature Date

S Robbino
Company Officer Name (Print) Emp.# Signature

X 11/20/13
Date and Time
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: FULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Day Time Phone: (407)649-3888
After Hours Phone: (773)551-4563

Activities:
INSPI-Company Exit Check, - A Shift

Assigned to: Station, Station 05, A
Assignment Date: 12/05/2015
Schedule Date: 01/01/2016

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane ☐ 10. Obstructed Exit or Exitway
☐ 2. Occupant Load Not Posted ☐ 11. Excessive Combustibles
☐ 3. Occupants in Excess of Posted Limit ☐ 12. Combustibles in Exitway
☐ 4. Emergency/Exit Lights Inoperable ☐ 13. Other (Listed Below)
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Keep an accurate count on occupancy.

(Note to Customer: Signature below is to acknowledge receipt of this report)

CINDY BAHMALUCK x [Signature]
Customer Name (Print)

DAVIS Odell 7508 x [Signature]
Company Officer Name (Print) Emp.#

Date: 1-30-16
Date and Time
ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name | Prty | Mailing Address
------------|-----|-----------------
TIM GIDEON  | 2   | 1912 S ORANGE AVE
BARB POMA  | 1   | 32806

Station No: Station 05
Day Time Phone: (407) 649-3888
After Hours Phone: (321) 624-0434

Activities:
- JNSP-Company Survey Initial - B Shift

Assigned to:
- Station, Station 05, B
Assignment Date: 10/05/2015
Schedule Date: 11/01/2015

Access:
- Address visible
- Fire protection equipment
- FCC connection
- Gate optical detector
- Hydrant access
- Key box (verified)
- Maintain fire lanes

AED:
- AED Maintenance date
- AED Register:
- AED Trained:
- Battery expiration date
- Brand Name
- Emp. CPR Trained:
- Location:
- Model#
- Onsite:
- Pads expiration date:
- Public Access

City Code:
- Change of Occupancy/use
- Fire Hazard/Remedy
- Standby Personnel
- Stop Work
- Electrical:
- Circuit identification
- Covers/blank/etc. box missing
- Defective equipment/wiring
- Door labeled
- Improper breakers/fuses/locks
- Improper use/placement of extension cords/overloaded circuit
- Panel accessibility

Exit:
- Door(s) inoperable
- Emergency/Exit sign(s) inoperable
- Emergency Lights
- Exits not adequately enclosed
- Exits not properly arranged
- Improper door swing
- Keep fire doors closed
- Maintain self-closers
- Overcrowding
- Provide approved door assembly
- Provide/maintain rated corridor
- Provide exit sign(s)
- Remove obstruction aisles/exit way
- Remove storage under stairs
- Remove unapproved locks/hardware
- Vertical openings not protected

Flammable Liquids:
- Improper use/storage/dispensing
- Improper container/provide cabinet
- MSDS sheets needed

Heating:
- HVAC Inadequate
- Provide/maintain proper clearance
- Vents
- Exhaust/vent/heat exchanger

Miscellaneous:
- Clean dryer vents
- Housekeeping issues
- Illegal burning
- Interior finish inadequate
- Provide fuel shut off
- Remove BBQ grill
- Remove rubbish/waste/trash
- Other:
- CEB action required
- Referral to Permitting Services
- Provide permit for work being done

Pre Fire Plan:
- Conducted/Reviewed/Needed
- Service/Maintain/Test/Tag:
- Fire protection equipment
- Fire Alarm
- Fire Extinguisher
- Fire Pump
- Generator
- Hydrant(s)/painted
- Hood System
- Sprinklers
- Standpipe/Hoses
- Signage Required:
- FDC Connection
- Fire Lane
- "No Smoking"
- "No Smoking"
- Occupant Load
- Provide 704 Placard
- Stair numbering
- Storage:
- Disorderly
- Too high

Remarks: No Contact

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. ALL violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on

Customer Name (Print)  Signature  Date
Kleim  10/8/2015  11/21/2015

Company Officer or Fire Inspector Name  Signature/ Employee Number  Date

Form #: FSM-MPF 12/2011  Distribution: Original (WHITE) - Fire Safety Management Division  Copy (YELLOW) - Business Owner
AN INSPECTION REPORT

OCCUPANCY ID: 06501

1912 S ORANGE AVE

ORLANDO, FL

Bus. Name: PULSE

Business Phone: (407)649-3888

Station No.: Station 05

Date Time Phone: (407)649-3888

After Hours Phone: (727)551-4563

Facility Contact:

FRED GIDEON

BARB POMA

Brian Bevan

Assigned to:
FIGUEROA, Marci

Assignment Date: 12/05/15

Schedule Date: 01/01/16

Access:

Address visible

Fire protection equipment

FDI connected

Gate optical detector

Hydrant access

Key box (verified)

Maintain fire lanes

AED:

AED Register

AED Trained

Battery expiration date

Brand Name

Emp. CPR Trained

Location

Onsite

Pads expiration date

Public Access

City Code:

Change of Occupancy/Use

Fire Hazard/Remedy

Standby Personnel

Stop Work

Electrical:

Circuit identification

Covers/blanks/junction box missing

Defective equipment/wiring

Door labeled

Improper breakers/fuses/locks

Improper use/placement of extension cords/overloaded circuit

Panel accessibility

Exit:

Door(s) inoperable

Emergency/Exit sign(s) inoperable

Emergency lights

Exits not adequately enclosed

Exits not properly arranged

Improper door swing

Keep fire doors closed

Maintain self-closers

Overcrowding

Provide approved door assembly

Provide/maintain rated corridor

Provide exit sign(s)

Remove obstruction aisles/exit ways

Remove storage under stairs

Remove unapproved locks/hardware

Vertical openings not protected

Flammable Liquids:

Improper use/storage/dispensing

Improper container/provide cabinet

MSDS sheets needed

Heating:

HVAC inadequate

Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:

Clean dryers vents

Housekeeping issues

Illegal burning

Interior finish inadequate

Provide fuel shut off

Remove BBQ grill

Remove rubbish/waste/trash or weeds from building

Fire Extinguishers:

Conspicuously located

Not accessible

Fire Protection:

Missing detector(s)

No sprinkler protection under stairs

No supervision

Provide 18" clearance

Provide spare heads/wrench

Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing

Sprinkler impairment

Pre Fire Plan:

Conducted/Reviewed/Needed

Appar. Shift Date

Provide Records for all installed:

Fire protection equipment

Service/Maintain/Tes/Tag:

Detectors

Fire Alarm

Fire Extinguisher

Fire Pump

Generator

Hydrant(s)/painted

Hood System

Sprinklers

Standpipe/Hoses

Signage Required:

FDC Connection

Fire Lane

Lightweight Truss

"No Smoking"

Occupant Load

Provide 704 Placard

Stair numbering

Storage:

Disorderly

Too high

Remarks:

No changes in floor plans

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. All violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on

Cindy Barboud

Customer Name (Print)

01-28-16

Date

Marci Figueroa

Signature/Employee Number

1-28-16

Date

Company Officer or Fire Inspector Name

Form #: FSM-MPF 12/2011 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
**ORLANDO FIRE DEPARTMENT**

**EXIT CHECK**

**Occupancy ID:** 06501  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL

**Contact Name**  |  **Prty**  |  **Mailing Address**  |  **Day Time Phone**  |  **After Hours Phone**  
--- | --- | --- | --- | ---  
TIM GIDEON  |  Other  |  2  |  1912 S ORANGE AVE  |  ORLANDO, FL  |  (407)649-3888  |  (773)551-4563  
BARB POMA  |  Other  |  1  |  1912 S ORANGE AVE  |  ORLANDO, FL  |  (407)649-3888  |  (321)624-0434

**Activities:**  
INSP-Company Exit Check - C Shift

**Assigned to:**  
Station, Station 05, C

**Assignment Date:** 08/05/2015  
**Schedule Date:** 09/01/2015

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane  
- [ ] 2. Occupant Load Not Posted  
- [ ] 3. Occupants in Excess of Posted Limit  
- [ ] 4. Emergency/Exit Lights Inoperable  
- [ ] 5. Exit Doors Locked  
- [ ] 6. Aisles Obstructed  
- [ ] 7. Exit Door or Hardware Inoperable  
- [ ] 8. Improper Locks on Required Exit Doors  
- [ ] 9. Self Closing Doors Blocked Open  
- [ ] 10. Obstructed Exit or Exitway  
- [ ] 11. Excessive Combustibles  
- [ ] 12. Combustibles in Exitway  
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

**Remarks:** NO INSTRUCTIONS

---

(Note to Customer: Signature below is to acknowledge receipt of this report)

**Customer Name:** (Print)  
**Signature:**

**Emp.#**  
**Emp.#**  
**Date:** 09/25/15  
**Date and Time:** 09/25/15

**Company Officer Name:** (Print)  
**Signature:**
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name | Prty | Mailing Address | Day Time Phone | After Hours Phone
-------------|-----|----------------|----------------|-------------------
TIM GIDEON   | 2   | 1912 S ORANGE AVE, ORLANDO, FL | (407)649-3888 | (773)551-4563
BARB POMA   | 1   | 1912 S ORANGE AVE, ORLANDO, FL 32806 | (407)649-3888 | (321)624-0434

Activities:
INSP-Company Exit Check - B Shift

Occ Load:
BAR 430
TEMP CLUB 300

Assigned to: Station, Station 05, B
Assignment Date: 04/17/2015
Schedule Date: 05/01/2015

Mark box below if there is a deficiency.

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperable
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Door or Hardware Inoperable
8. Improper Locks on Required Exit Doors
9. Self Closing Doors Blocked Open
10. Obstructed Exit or Exitway
11. Excessive Combustibles
12. Combustibles in Exitway
13. Other (Listed Below)

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Remarks:

[Signature]

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)

Signature

Date

Company Officer Name (Print)

Signature

Emp.#

Date

Date and Time

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name: BARB POMA
Mailing Address: ORLANDO, FL 32806

Activities:
INSP-Occupancy Load Evaluation

Access:
- Address visible
- Fire protection equipment
- FDC connection
- Gate optical detector
- Hydrant access
- Key box (verified)
- Maintain fire lanes

AED:
- AED Maintenance date
- AED Register yes no
- AED Trained yes no
- Battery expiration date
- Brand Name
- Emp. CPR Trained yes no
- Location
- Model
- Onsite
- Pads expiration date
- Public Access yes no

City Code:
- Change of Occupancy/use
- Fire Hazard/Remedy
- Standby Personnel
- Stop Work

Electrical:
- Circuit identification
- Covers/blanks/junction box missing
- Defective equipment/wiring
- Door labeled
- Improper breakers/fuses/locks
- Improper use/placement of extension cords/overloaded circuit
- Panel accessibility

Exit:
- Door(s) inoperable
- Emergency/Exit sign(s) inoperable
- Emergency Lights
- Exits not adequately enclosed
- Exits not properly arranged
- Improper door swing
- Keep fire doors closed
- Maintain self-closers
- Overcrowding
- Provide approved door assembly
- Provide/maintain rated corridor
- Provide exit sign(s)
- Remove obstruction aisles/exit way
- Remove storage under stairs
- Remove unapproved locks/hardware
- Vertical openings not protected

Fire Extinguishers:
- Conspicuously located
- Not accessible

Fire Protection:
- Missing detector(s)
- No sprinkler protection under stairs
- No supervision
- Provide 18" clearance
- Provide spare heads/wrench
- Sprinkler head(s) painted/corroded/damaged/escutcheon plates missing
- Sprinkler impairment

Flammable Liquids:
- Improper use/storage/dispensing
- Improper container/provide cabinet
- MSDS sheets needed

Heating:
- HVAC inadequate
- Provide/maintain proper clearance around vents/exhaust/water heater

Miscellaneous:
- Clean dryers vents
- Housekeeping issues
- Illegal burning
- Interior finish inadequate
- Provide fuel shut off
- Remove BBQ grill
- Remove rubber Brisbane trash or weeds from building

Other:
- CEB action required
- Referral to Permitting Services
- Unable to contact
- Permit Issued:
- 18A/Tent
- Fireworks/Pyro/Sp. Effects
- Flam./Comb. Liquids
- Hazardous Material
- Temp. Assembly
- Open Burning
- Permit Required:
- Provide permit for work being done

Pre Fire Plan:
- Conducted/Reviewed/Needed
- Appar. Shift Date
- Provide Records for all installed:
- Fire protection equipment

Service/Mainten/Testing:
- Detectors
- Fire Alarm
- Fire Extinguisher
- Fire Pump
- Generator
- Hydrant(s)painted
- Hood System
- Sprinklers
- Standpipe/Hoses

Signage Required:
- FDC Connection
- Fire Lane
- Lightweight Truss
- No Smoking
- Occupant Load
- Provide 704 Placard
- Stair numbering
- Storage:
- Disorderly
- Too high

An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. All violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on

Customer Name (Print) [Signature]
Company Official or Fire Inspector Name [Signature/Employee Number]

Date

Form #: FSM-MPF 12/2011 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name
(1) BARB POMA
Other 1
Mailing Address
ORLANDO, FL 32806

Day Time Phone
(407)649-3888

After Hours Phone
(321)624-0434

Activities:
INSPECTION- Full Fire Inspection

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT (407) 246-2346.

Access:
- Address visible
- Fire protection equipment
- FDC connection
- Gate optical detector
- Hydrant access
- Key box (verified)
- Maintain fire lanes

Electrical:
- Circuit identification
- Covers/blank/connector box missing
- Defective equipment/wiring
- Door labeled
- Improper breakers/fuses/locks
- Improper use/placement of extension cords/overloaded circuit
- Panel accessibility

Exit:
- Door(s) inoperable
- Emergency/Exit sign(s) inoperable
- Exits not adequately enclosed
- Exits not properly arranged
- Improper door swing
- Keep fire doors closed
- Maintain self-closers
- Overcrowding
- Provide approved door assembly
- Provide/maintain rated corridor

Remedies:
- Fire Alarm test & Inspect needed
- Means of Egress
- Extension cords

(Enter remarks)

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)

Company Officer Name (Print)

Form #: 81910 Rev 05/2002 Distribution: Original (WHITE) - Fire Prevention Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
FIRE INSPECTION REPORT

Occupancy ID: 06501
Location: 1910 S Orange Ave
City/State: Orlando FL

Name: Pulse
Complex: 
Station No: 
Business Phone: 

Contact Name: 
Prty: 
Mailing Address: 
Day Time Phone: 
After Hours Phone: 

<table>
<thead>
<tr>
<th>Activities</th>
<th>Assigned To</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
</table>

An inspection is required by the City Fire Code in an effort to prevent loss of life or property. This report advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 407-246-2386.

Today's Inspection Results:

<table>
<thead>
<tr>
<th>Code Section</th>
<th>Description</th>
<th>Apv</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide Fire Watch</td>
<td></td>
</tr>
<tr>
<td></td>
<td>provide fire watch log</td>
<td></td>
</tr>
</tbody>
</table>

Note: Tested E/2 system - call from dispatch (pager) 3/1/15

Received By: (Signature below is only to acknowledge receipt of this report)

[Signature]

[Print Name] x [Signature] Date

Fire Inspector: [Signature]

[Print Name] x [Signature] Date

Re-Inspection Date:
### ORLANDO FIRE DEPARTMENT

#### EXIT CHECK

**Occupancy ID:** 06501  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL

**Contact Name:** BARB POMA  
**Prty:** Other  
**Mailing Address:** ORLANDO, FL 32806

**Business Name:** PULSE  
**Business Phone:** (407)649-3888  
**Station No.:** Station 05  
**Occupancy:** Assembly

**Day Time Phone:** (407)649-3888  
**After Hours Phone:** (321)624-0434

<table>
<thead>
<tr>
<th>Activities</th>
<th>Assigned to</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSP-Company Exit Check - A Shift</td>
<td>Station, Station 05, A</td>
<td>12/17/2014</td>
<td>01/01/2015</td>
</tr>
</tbody>
</table>

**Occ Load:**
- BAR: 430
- TEMP CLUB: 300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

**Remarks:**

**NO NOTED VIOLATIONS**

(Date to Customer: Signature below is to acknowledge receipt of this report)

Cindy Barthold  
Customer Name (Print)  
Signature

Davis Odell 7508  
Company Officer Name (Print)  
Emp.#  
Signature  
Date and Time

Form #: FSM 920 Rev 05/2002  
Distribution: Original (WHITE) - Fire Safety Management Division  
Copy (YELLOW) - Business Owner
### ORLANDO FIRE DEPARTMENT
### EXIT CHECK

**Occupancy ID:** 06501  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL

**Business Name:** PULSE  
**Business Phone:** (407)649-3888  
**Station No.:** Station 05  
**Occupancy:** Assembly

**Contact Name:** BARB POMA  
**Mailing Address:** ORLANDO, FL 32806

<table>
<thead>
<tr>
<th>Activity</th>
<th>Assigned to:</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISP-Company Exit Check - B Shift</td>
<td>Station, Station 05, B</td>
<td>04/07/2014</td>
<td>05/01/2014</td>
</tr>
</tbody>
</table>

**Off Load:**
- **BAR:** 430  
- **TEMP CLUB:** 300

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

---

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

**Remarks:**

**NO VIOLATIONS**

---

(Note to Customer: Signature below is to acknowledge receipt of this report)

**Customer Name (Print):** Tim Stewart  
**Signature:** Tim Stewart  
**Date:** 5-17-14

**Company Officer Name (Print):** Stacy Jones  
**Emp.#:**  
**Signature:**  
**Date and Time:** 5-17-14
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Day Time Phone: (407)649-3888
After Hours Phone: (321)624-0434

Activities:

Assigned to:
Station, Station 05, A

Assignment Date: 12/17/2013
Schedule Date: 01/01/2014

Occup Load:
BAR
TEMP CLUB

OCC Load:
BART
TEMP CLUB

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Keep Rear Plastic Gate Unlocked

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print) Brian M. Wood x
Signature
Date 2/4/14

Company Officer Name (Print) Davis
Emp.# 7508 x
Signature
Date and Time 1-6-14
An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. All violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection on 12/15/14.

Remarks: No Changes in Hook plans.
An inspection is required by the City of Orlando Fire Prevention Code to mitigate and prevent the loss of life or property, and to advise business owners of fire and/or life safety hazards. All violations identified on this report require immediate attention. The Orlando Fire Department will conduct a follow-up inspection.

Customer Name: Wood
Signature: [Signature]
Company Officer or Fire Inspector Name: Robbins
Signature/Employee Number: [Signature/Employee Number]
ORLANDO FIRE DEPARTMENT

06001
Occupancy ID: 06001
Location: 1912 W ORANGE AVE
City/State: ORLANDO, FL

Pulse FOMA
02806
Day Time Phone: (407)649-3888

Activities:
INSP-Exit Check /F/U Inspection

Access:
- Address visible
- Fire protection equipment
- PDC connection
- Gate
- Fire alarm
- Key box (verified)
- Maintain fire lane

Electrical:
- Circuit identification
- Overloaded outlet box
- Defective equipment/wiring
- Door labeled
- Improper breakers/fused breakers
- Improper installation of equipment/overloaded circuits
- Panel accessibility

Exit:
- Door(s) inoperable
- Emergency Exit sign(s) missing
- Exit not adequately marked
- Exit not properly arranged
- Improper door swing
- Keep fire doors closed
- Maintained doors
- Overhead storage
- Prove approved door assembly
- Prove door maintained in correct position
- Prove exit sign(s)

Flammable Liquids:
- Improper use/overspray
- Improper containers
- MSDS drains needed

Heating:
- HVAC inadequate
- Prove air vents/heat/air system

Miscellaneous:
- Clean dryer vents
- Housekeeping issues
- Illegal parking
- Interior finish inadequate
- Provide fix shut off
- Remove BBQ grill
- Remove rust/leaks/cheese/trash/food

Fire Extinguishers:
- Compromised/missing
- Not accessible

Fire Protection:
- Missing detector
- No sprinkler protection
- No smoke alarm
- Provide 18" clearance
- Provide spare heads/heads
- Sprinkler head(s) damaged/missing/missing"no head" plates missing
- Sprinkler pavement

Permit Issued:
- ISA/Text
- Firewatch
- Pyrolysis
- Paint
- Combustible material
- Fire suppression system
- Temporary Assembly
- Open Burn

Permit Required:
- Provide permit for work being done

Pre Fire Plan:
- Conducted/Reviewed/Needed

Provide Records for all installed:
- Fire protection equipment

Service / Maintain / Test / Tag:
- Detector
- Fire Alarm
- Fire Extinguisher
- Fire Pump
- Generator
- Hydrant
- Hose System
- Sparklers
- Standpipes

Signage Required:
- Fire Line
- "No Smoking"
- Occupant Load
- Provide 2 Way Sounder
- Stair marking

Storage:
- Dried mud
- Too high

Other:
- CO2 action
- Title III

Remarks:
Service Fire Alarm System - trouble mode

(321) 436-8844 Sue

Company Officer Name (Print)   Emp.

(Signature)     + 9.10.13

(Reinspection Date)  9/10/13
**Open Violations**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code Requirement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Alarm system equipment shall be maintained in accordance with manufacturer's instructions.</td>
<td>NFPA 72, 7-4</td>
<td>Fire panel holding trouble/silence signal needs serviced/repairs</td>
</tr>
<tr>
<td>Manager on duty signed for notice concerning use of sprinkler within club/lounge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Found Date:**
07/20/2013

**Code Section:**

<table>
<thead>
<tr>
<th>Code Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFPA 72, 7-4</td>
</tr>
</tbody>
</table>
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Station: 05
Occ. Capacity: Assembly

Contact Name: BARB POMA
Pty: Other
Mailing Address: ORLANDO, FL 32806

Day Time Phone: (407)649-3888
Assignment Date: 10/17/2013
Schedule Date: 11/01/2013
Assignment Time: 
After Hours Phone: (321)624-0434

Activities:

<table>
<thead>
<tr>
<th>Occ Load:</th>
<th>Assigned to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAR</td>
<td>Division, Fire Safety Mgmt</td>
</tr>
<tr>
<td>TEMP CLUB</td>
<td></td>
</tr>
<tr>
<td>430</td>
<td></td>
</tr>
<tr>
<td>300</td>
<td></td>
</tr>
</tbody>
</table>

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: *F/A system - trouble mode*

(Note to Customer: Signature below is to acknowledge receipt of this report)

[Signature]

[Date]

[Company Officer Name (Print)]

[Signature]

[Emp.#]

[Date and Time]
MONTHLY Exit Check

Mark box below if there is a deficiency.

- 1. Parking in a Fire Lane
- 2. Occupant Load Not Posted
- 3. Occupants in Excess of Posted Limit
- 4. Emergency/Exit Lights Inoperable
- 5. Exit Doors Locked
- 6. Aisles Obstructed
- 7. Exit Door or Hardware Inoperable
- 8. Improper Locks on Required Exit Doors
- 9. Self Closing Doors Blocked Open
- 10. Obstructed Exit or Exitway
- 11. Excessive Combustibles
- 12. Combustibles in Exitway
- 13. Other (Listed Below)

Fire Panel is TRIMMED
SILENCE MODE

Please have Services
Next Week

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2366.

Remarks: Issued Notice concerning Open Flame - Use of champagne is prohibited Per Florida law

(Note to Customer: Signature below is to acknowledge receipt of this report)

Tim Stewart
Customer Name (Print)

Signature
Date

S. Lush
Company Officer Name (Print) Emp. #

Signature Date and Time

Form #: PSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Day Time Phone
(407)649-3888
After Hours Phone
(321)624-0434

Contact Name
PRIV Mailing Address
BRIAN REGAN Other 2 1912 S ORANGE AVE ORLANDO, FL 32806
BARB POMA Other 1

Activities:
INSP-Company Exit Check - B Shift

Assigned to:
Station, Station 05, B
Assignment Date: 04/05/2016
Schedule Date: 05/01/2016

Occ Load:
BAR
TEMP CLUB

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
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☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

fire extinguisher not hanging

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print) [Signature] Date
NEIL A. BAHR

Company Officer Name (Print) [Signature] Date and Time
MANUEL CONTRERAS 5/21/14

Emp.#
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 065001
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly
Day Time Phone: (407)649-3888
After Hours Phone: (321)624-0434

Activities
MSP-Company Exit Check - C Shift

Assigned to:
Station, Station 05, C
Assignment Date: 08/17/2013
Schedule Date: 09/01/2013

OCC Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
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☐ 4. Emergency/Exit Lights Inoperable
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☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: ____________________________________________

(Note to Customer: Signature below is to acknowledge receipt of this report)

[Signature]

Customer Name (Print): [Name]

Company Officer Name (Print): [Name]

Emp. # [Number]

Date: 9/20/13
Date and Time: 2:25

[Signature]

[Signature]
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Day Time Phone: (407)649-3888
After Hours Phone: (321)624-0434

Activities:
INSP-Company Exit Check - C Shift

Assigned to: Station, Station 05, C
Assignment Date: 08/17/2014
Schedule Date: 09/01/2014

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: ____________________________________________________________

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)          Signature (Print)

Company Officer Name (Print)   Emp.#

Date and Time: 9/21/13 2:20
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 00501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name: DAVID POMA
Phone: 1
Mailing Address: ORLANDO, FL 32805

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
After Hours Phone: (407)649-3888
Day Time Phone: (407)649-3888

Assigned to: Division, Fire Safety Mgmt
Assignment Date: 06/05/2013
Schedule Date: 07/01/2013

MONTHLY EXIT CHECK

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

Fire Panel in Trouble
Silence Mode

die \ave Service

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Issued Notice Concerning Open Flames - Use of Champagne Sparkler Bottles is Prohibited Per Orlando City Fire Codes

(Note to Customer: Signature below is to acknowledge receipt of this report)

Tim Stewart x Jim Hurst
Customer Name (Print) Company Officer Name (Print)

Signature Signature

7/20/13 07/20/2013
Date Date and Time
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name | Prv | Mailing Address | City/State | Day Time Phone | After Hours Phone
---|---|---|---|---|---
BOBBY MILLS | Other | 2 1912 S ORANGE AVE | ORLANDO, FL | (407)549-3888 | (321)624-0434
BARI POMA | No Descrip3 | | ORLANDO, FL | | |
GREG SKENE | No Descrip1 | | ORLANDO, FL | | |

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Activities:
- INSP-Company Exit Check - FSM

Occup Load:
- BAR 430
- TEMP CLUB 300

Assigned to: Division, Fire Safety Mgmt
Assignment Date: 02/17/2013
Schedule Date: 03/01/2013

Mark box below if there is a deficiency.

- 1. Parking in a Fire Lane
- 2. Occupant Load Not Posted
- 3. Occupants in Excess of Posted Limit
- 4. Emergency/Exit Lights Inoperable
- 5. Exit Doors Locked
- 6. Aisles Obstructed
- 7. Exit Door or Hardware Inoperable
- 8. Improper Locks on Required Exit Doors
- 9. Self Closing Doors Blocked Open
- 10. Obstructed Exit or Exitway
- 11. Excessive Combustibles
- 12. Combustibles in Exitway
- 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Walk through complete.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Signature: [Signature]
Date: 3.22.13

Customer Name (Print): Brian M. Wood
Emp.#: [Emp.#]

Company Officer Name (Print): [Company Officer Name]
Signature: [Signature]
Date and Time: 3.22.13
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501

Location: 1912 S ORANGE AVE

City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Prty</th>
<th>Mailing Address</th>
<th>Day Time Phone</th>
<th>After Hours Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOBBY MILLS</td>
<td>Other</td>
<td>2 1912 S ORANGE AVE ORLANDO, FL 32801</td>
<td>(407)649-3888</td>
<td>(321)946-1119</td>
</tr>
<tr>
<td>BARB POMA</td>
<td>No Description</td>
<td>ORLANDO, FL</td>
<td>(407)649-3888</td>
<td>(321)624-0434</td>
</tr>
<tr>
<td>GREG SKEN</td>
<td>No Description</td>
<td>ORLANDO, FL</td>
<td>(407)649-3888</td>
<td>(321)698-1933</td>
</tr>
</tbody>
</table>

Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No Noted Violations

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print) x Signature 1-30-13

Company Officer Name (Print) 75053 Signature 1-30

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occunacy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: 05
Occupancy: Assembly

Activities:

Assigned to: BLAHA, Thomas
Assignment Dates: 12/17/2012
Schedule Dates: 01/01/2013

INSF-Occupancy Load Evaluation

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HERIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:
1. Is general storage orderly? 
2. Are combustible waste materials disposed of properly?
3. Are electrical panels and/or meters unobstructed?
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly?
5. Are electrical cover plates on all switches, outlets, and junction boxes?
6. Are combustible decorations flame retardant?
7. Are shafts for pipes and cables sealed?
8. Are fire lanes unobstructed?
9. Is the yard around the business free of weeds or debris?
10. If gated property, is optical opening device functioning? Is the emergency code correct?

B. Maintenance of Exitways:
1. Are exits clear and unobstructed?
2. Are doors in or leading to exits unlocked?
3. Are stairway doors closed?
4. Are exit signs posted over or on required exit doors and exitways?
5. Are exit signs and directional signs properly illuminated?
6. Are emergency lights functioning?
7. Are door self-closing devices functioning?
8. Is exit discharge clear?

C. Fire Safety Education:
1. Is a written evacuation plan provided?
2. Are records of training provided and current?
3. Do employees have knowledge of:
   a. Extinguisher type(s) and use
   b. Evacuation procedure
   c. Fire Systems (alarm, sprinkler, hose-detection)
   d. Fire Safety Practices
   e. Hazardous materials (M.S.D.S. - labeling, handling, storage, etc.)

D. Fire Protection Equipment:
1. Are fire extinguishers provided?
2. Are fire extinguishers conspicuously located and immediately available in the event of fire?
3. Are fire extinguishers tagged annually, and maintained properly?
   Date punched:
4. Are fire extinguishers fully charged and operational?
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor?
   Date punched:
6. Is commercial cooking equipment, hood and ducts free of accumulated grease?
7. Is building sprinklered, is it 100% coverage?
8. Is sprinkler system inspected and tested? (Attach copy of inspection record)
9. Are hoses cabinets and racks unobstructed?
10. Are hoses tested and inspected?
11. Is fire pump tested annually?
12. Are fire hydrants maintained?

E. Fire Alarm Systems:
1. Is fire alarm system inspected by a licensed fire alarm contractor?
   Date tagged:
   (Attach copy of last inspection)
2. Are smoke detectors operable?

F. Special Problems:
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons?
2. Does the business have a special fire extinguishing system for hazardous operation?
3. Does this business store/handle hazardous chemicals?

Remarks:

No Change in Fire Plan.

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print):

Company Officer Name (Print):

Copy (YELLOW) - Business Owner

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division
Emp.#:

Copy (YELLOW) - Business Owner

Date:

Date and Time:
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: 32801
Station 05: Assembly
Day Time Phone: (407)649-3888
After Hours Phone: (321)946-1119

Contact Name | Prty | Mailing Address | Day Time Phone | After Hours Phone
BOBBY MILLS | Other | 1912 S ORANGE AVE | (407)649-3888 | (321)946-1119
OREG SKEEN | No Descipt1 | ORLANDO, FL | (407)649-3888 | (321)698-1933
BARB FOMA | No Descipt3 | ORLANDO, FL | (407)649-3888 | (321)624-0434

Activities:
INSP-Pull Fire Inspection

Assigned to: BLAHA, Thomas
Assignment Date: 10/17/2012
Schedule Date: 11/01/2012

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:

1. Is general storage orderly? YES NO N/A
2. Are combustible waste materials disposed of properly? YES NO N/A
3. Are electrical panels and/or meters unobstructed? YES NO N/A
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly? YES NO N/A
5. Are electrical cover plates on all switches, plugs, and junction boxes? YES NO N/A
6. Are combustible decorations flame retardant? YES NO N/A
7. Are shafts for pipes and cables sealed? YES NO N/A
8. Are fire lanes unobstructed? YES NO N/A
9. Is the yard around the business free of weeds or debris? YES NO N/A
10. If gated property, is optical opening device functioning? Is the emergency code correct? YES NO N/A

B. Maintenance of Exitways:

1. Are exits clear and unobstructed? YES NO N/A
2. Are doors in or leading to exits unlocked? YES NO N/A
3. Are stairway doors closed? YES NO N/A
4. Are exit signs posted over or on required exit doors and exitways? YES NO N/A
5. Are exit signs and directional signs properly illuminated? YES NO N/A
6. Are emergency lights functioning? YES NO N/A
7. Are door self-closing devices functioning? YES NO N/A
8. Is exit discharge clear? YES NO N/A

C. Fire Safety Education:

1. Is a written evacuation plan provided? YES NO N/A
2. Are records of training provided and current? YES NO N/A
3. Do employees have knowledge of:
   a. Extinguisher type(s) and use YES NO N/A
   b. Evacuation procedure YES NO N/A
   c. Fire Systems (alarm-sprinkler-hose-detection) YES NO N/A
   d. Fire Safety Practices YES NO N/A
   e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.) YES NO N/A

D. Fire Protection Equipment:

1. Are fire extinguishers provided? YES NO N/A
2. Are fire extinguishers conspicuously located and immediately available in the event of fire? YES NO N/A
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: YES NO N/A
4. Are fire extinguishers fully charged and operational? YES NO N/A
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: YES NO N/A
6. Is commercial cooking equipment, hood and ducts free of accumulated grease? YES NO N/A
7. If building is sprinklered, is it 100% coverage? YES NO N/A
8. Is sprinkler system inspected and tested? (Attach copy of inspection record) YES NO N/A
9. Are hoses cabinets and racks unobstructed? YES NO N/A
10. Are hoses tested and inspected? Date tested: YES NO N/A
11. Is fire pump tested annually? YES NO N/A
12. Are fire hydrants maintained? YES NO N/A

E. Fire Alarm Systems:

1. Is fire alarm system inspected and tested annually by a licensed fire alarm contractor? Date tagged: 1/12
   (Attach copy of last inspection) YES NO N/A
2. Are smoke detectors operable? YES NO N/A

F. Special Problems:

1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons? YES NO N/A
2. Does the business have a special fire extinguishing system for hazardous operation? YES NO N/A
3. Does this business store/handle hazardous chemicals? YES NO N/A

Remarks:

WALK THROUGH NO VIOLATION AT THIS TIME

(Notes: Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)

Company Officer Name (Print) Emp.#

Signature Date

Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner

Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Station: 32801
Day Time Phone: (407)649-3888
After Hours Phone: (321)946-1119

Activities:
INSV-Company Exit Check - FSM

Occupancy: Assembly

Assigned to: Division, Fire Safety Mgmt
Assignment Date: 10/17/2012
Schedule Date: 11/01/2012

Occ Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

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Remarks:
CLOSED AT TIME OF DAYTIME EXIT

(Note to Customer: Signature below is to acknowledge receipt of this report)
Customer Name (Print)

X Signature

Date

Company Officer Name (Print) Emp. #

Signature

Date and Time

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name: BOBBY MILLS

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly
Day Time Phone: (407)649-3888
After Hours Phone: (321)946-1119

Activities:

INS P-Company Exit Check - FSM

<table>
<thead>
<tr>
<th>Occ Load</th>
<th>Assigned to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAR</td>
<td>Division, Fire Safety Mgmt</td>
</tr>
<tr>
<td>TEMP CLUB</td>
<td>06/08/2012</td>
</tr>
<tr>
<td></td>
<td>07/01/2012</td>
</tr>
</tbody>
</table>

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WAUC TII/RE

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)          Signature          Date
[Signature]

Company Officer Name (Print)   Emp.#               Date and Time
[Signature]

[Signature]
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Contact Name: BOBBY MILLS
Prty: Other
Mailing Address: 1 1912 S ORANGE AVE ORLANDO, FL 32801

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly
Day Time Phone: (407)649-3888
After Hours Phone: (321)946-1119

Activities:
INSP-Company Exit Check - B Shift

Assigned to: Station, Station 05, B
Assignment Date: 04/17/2012
Schedule Date: 05/01/2012

Ocp Load:
BAR
TEMP CLUB

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:


(Note to Customer: Signature below is to acknowledge receipt of this report)

X
greg sheen X
Customer Name (Print) Signature Date

X
stacy jude
Company Officer Name (Print) Emp.# Signature Date and Time

5-10-12

5-10-2012
ORLANDO FIRE DEPARTMENT

Bobby Mills

Assigned to: BLAHA, Thomas
Assignment Dates: 12/06/2011 - 01/06/2012

Fire Extinguishers
- Compressed Air
- Insufficient

Fire Protection
- Fire equipment
- Label
- Insufficient

Smoke Alarm
- Insufficient

Service Alarm System ASAP

Aluminum IN TROUBLE MODE

Brian M. Wood

Customer Signature: ...
Emp.

Unix.

Date: 1-9-12

Larin's 321-436-8850
NO CHANGE IN FLOOR PLAN

OCC COAD POSTED

1-9-12
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
Assigned to: Division, Fire Safety Mgmt
Assignment Date: 11/17/2011
Schedule Date: 12/01/2011

Occ Load:
BAR: 430
TEMP CLUB: 300

Mark box below if there is a deficiency.
☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
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Remarks:

________________________________________________________________________

(Note to Customer: Signature below is to acknowledge receipt of this report)

Brian M. Wood
Customer Name (Print) x

Date
12/16/11

Signature

Tom Blah
Company Officer Name (Print) x

Date and Time
12-16-11

Emp. #
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occuancy: Assembly

Contact Name: JUAN MILLER
Prty: Other
Mailing Address: 1 1912 S ORANGE AVE
ORLANDO, FL 32801

Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
INSP-Company Survey Initial - A

Assigned to: Station, Station 05, A
Assignment Date: 10/17/2011
Schedule Date: 11/01/2011

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/ OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:
1. Is general storage orderly? [YES/NO/N/A]
2. Are combustible waste materials disposed of properly? [YES/NO/N/A]
3. Are electrical panels and/or meters unobstructed? [YES/NO/N/A]
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly? [YES/NO/N/A]
5. Are electrical cover plates on all switches, plugs, and junction boxes? [YES/NO/N/A]
6. Are combustible decorations flame retardant? [YES/NO/N/A]
7. Are shafts for pipes and cables sealed? [YES/NO/N/A]
8. Are fire lanes unobstructed? [YES/NO/N/A]
9. Is the yard around the business free of weeds or debris? [YES/NO/N/A]
10. If gated property, is optical opening device functioning? Is the emergency code correct? [YES/NO/N/A]

B. Maintenance of Exitways:
1. Are exits clear and unobstructed? [YES/NO/N/A]
2. Are doors in or leading to exits unlocked? [YES/NO/N/A]
3. Are stairway doors closed? [YES/NO/N/A]
4. Are exit signs posted over or on required exit doors and exitways? [YES/NO/N/A]
5. Are exit signs and directional signs properly illuminated? [YES/NO/N/A]
6. Are emergency lights functioning? [YES/NO/N/A]
7. Are door self-closing devices functioning? [YES/NO/N/A]
8. Is exit discharge clear? [YES/NO/N/A]

C. Fire Safety Education:
1. Is a written evacuation plan provided? [YES/NO/N/A]
2. Are records of training provided and current? [YES/NO/N/A]
3. Do employees have knowledge of:
   a. Extinguisher type(s) and use [YES/NO/N/A]
   b. Evacuation procedure [YES/NO/N/A]
   c. Fire Systems (alarm-sprinkler-hose-detection) [YES/NO/N/A]
   d. Fire Safety Practices [YES/NO/N/A]
   e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.) [YES/NO/N/A]

D. Fire Protection Equipment:
1. Are fire extinguishers provided? [YES/NO/N/A]
2. Are fire extinguishers conspicuously located and immediately available in the event of fire? [YES/NO/N/A]
3. Are fire extinguishers tagged annually, and maintained properly? [YES/NO/N/A]
   Date punched: [__/__/__]
4. Are fire extinguishers fully charged and operational? [YES/NO/N/A]
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? [YES/NO/N/A]
   Date punched: [__/__/__]
6. Is commercial cooking equipment, hood, and ducts free of accumulated grease? [YES/NO/N/A]
7. If building is sprinklered, is it 100% coverage? [YES/NO/N/A]
8. Is sprinkler system inspected and tested? [YES/NO/N/A]
   (Attach copy of inspection record)
9. Are hoses cabinets and racks unobstructed? [YES/NO/N/A]
10. Are hoses tested and inspected? [YES/NO/N/A]
   Date tested: [__/__/__]
11. Is fire pump tested annually? [YES/NO/N/A]
   Date tested: [__/__/__]
12. Are fire hydrants maintained? [YES/NO/N/A]

E. Fire Alarm Systems:
1. Is fire alarm system inspected by a licensed fire alarm contractor? [YES/NO/N/A]
   Date tagged: [__/__/__]
   (Attach copy of last inspection)
2. Are smoke detectors operable? [YES/NO/N/A]

F. Special Problems:
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons? [YES/NO/N/A]
2. Does the business have a special fire extinguishing system for hazardous operation? [YES/NO/N/A]
3. Does this business store/handle hazardous chemicals? [YES/NO/N/A]

Remarks:

Alarm panel in trouble mode!

(Handwritten text)

(Handwritten signature)

Customer Name (Print):

(Handwritten signature)

Customer Name (Print):
Emp. #

Company Officer Name (Print):
Emp. #

Signature

Date and Time

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner

Form #: FSM 930 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name: JUAN MILLER
Privy: Other
Mailing Address: 1 1912 S ORANGE AVE ORLANDO, FL 32801

Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
INSP-Company Exit Check - C Shift

Assigned to:
Station, Station 05, C
Assignment Date: 10/17/2011
Schedule Date: 11/01/2011

Occ Load:
BAR
TEMP CLUB

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

Remarks: MONTHLY EXIT CHECK/WALK THRU
240 W S ORANGE AVE Exit:
BLACK BOX

Fine Alarm In
Trouble Silence
Fire Alarm

Customer Name (Print): Brian M. Wood
Signature: [Signature]
Date: 11/18/11

Company Officer Name (Print): [Print]
Emp.#: [Emp.#]
Signature: [Signature]
Date and Time: 11/18/11

(Note to Customer: Signature below is to acknowledge receipt of this report.)

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No.: Station 05
Occupancy: Assembly

Contact Name: JUAN MILLER
Prv: Occupant
Mailing Address: 1912 S ORANGE AVE ORLANDO, FL 32801

Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:

INSP-Company Survey Initial - B Shift

Assigned to: Station, Station 05, B
Assignment Date: 10/17/2010
Schedule Date: 11/01/2010

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:

1. Is general storage orderly? YES NO N/A
2. Are combustible waste materials disposed of properly? YES NO N/A
3. Are electrical panels and/or meters unobstructed? YES NO N/A
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly? YES NO N/A
5. Are electrical cover plates on all switches, plugs, and junction boxes? YES NO N/A
6. Are combustible decorations flame retardant? YES NO N/A
7. Are shafts for pipes and cables sealed? YES NO N/A
8. Are fire lanes unobstructed? YES NO N/A
9. Is the yard around the business free of weeds or debris? YES NO N/A
10. If gated property, is optical opening device functioning? Is the emergency code correct? YES NO N/A

B. Maintenance of Exitways:

1. Are exits clear and unobstructed? YES NO N/A
2. Are doors in or leading to exits unlocked? YES NO N/A
3. Are stairway doors closed? YES NO N/A
4. Are exit signs posted over or on required exit doors and exitways? YES NO N/A
5. Are exit signs and directional signs properly illuminated? YES NO N/A
6. Are emergency lights functioning? YES NO N/A
7. Are door self-closing devices functioning? YES NO N/A
8. Is exit discharge clear? YES NO N/A

C. Fire Safety Education:

1. Is a written evacuation plan provided? YES NO N/A
2. Are records of training provided and current? YES NO N/A
3. Do employees have knowledge of:
   a. Extinguisher type(s) and use YES NO N/A
   b. Evacuation procedure YES NO N/A
   c. Fire Systems (alarm, sprinkler, hose-detection) YES NO N/A
   d. Fire Safety Practices YES NO N/A
   e. Hazardous materials (M.S.D.S., labeling - handling, storage, etc.) YES NO N/A

D. Fire Protection Equipment:

1. Are fire extinguishers provided? YES NO N/A
2. Are fire extinguishers conspicuously located and immediately available in the event of fire? YES NO N/A
3. Are fire extinguishers tagged annually, and maintained properly? YES NO N/A
   Date tagged: 8/1/10
4. Are fire extinguishers fully charged and operational? YES NO N/A
5. Is hood extinguishing system protective commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? YES NO N/A
   Date tagged:
6. Is commercial cooking equipment, hood and ducts free of accumulated grease? YES NO N/A
7. If building is sprinklered, is it 100% coverage? YES NO N/A
8. Is sprinkler system inspected and tested? YES NO N/A
   (Attach copy of inspection record)
9. Are hoses cabinets and racks unobstructed? YES NO N/A
10. Are hoses tested and inspected? YES NO N/A
    Date tested: 9/1/10
11. Is fire pump tested annually? YES NO N/A
    Date tested: 9/1/10
12. Are fire hydrants maintained? YES NO N/A

E. Fire Alarm Systems:

1. Is fire alarm system inspected by a licensed fire alarm contractor? YES NO N/A
   Date tagged: 9/1/10
(Attach copy of last inspection)
2. Are smoke detectors operable? YES NO N/A

F. Special Problems:

1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons? YES NO N/A
2. Does the business have a special fire extinguishing system for hazardous operation? YES NO N/A
3. Does this business store/handle hazardous chemicals? YES NO N/A

Remarks:

(Nota: Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print) x S. Byrne  10/8/07
Company Officer Name (Print) x H. Kent  10/8/07

Signature
Date
Date and Time

Form #: FSM 930 Rev 05/2002  Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
Form #: FSM 930 Rev 05/2002  Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
Mark box below if there is a deficiency.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1. Parking in a Fire Lane</td>
<td>10. Obstructed Exit or Exitway</td>
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<td>11. Excessive Combustibles</td>
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<td>2. Occupant Load Not Posted</td>
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<td>12. Combustibles in Exitway</td>
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<td>3. Occupants in Excess of Posted Limit</td>
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<td>13. Other (Listed Below)</td>
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<td>4. Emergency/Exit Lights Inoperable</td>
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<td>9. Self Closing Doors Blocked Open</td>
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</table>

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

**Remarks:**

---

(Not to Customer: Signature below is to acknowledge receipt of this report)

**Customer Name (Print):** Greg Skeen

**Signature:**

**Date:** 9-30-11

**Company Officer Name (Print):**

**Emp.#:** 10809

**Signature:**

**Date and Time:** 9/30/11
Mark box below if there is a deficiency.

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
<tr>
<td>2. Occupant Load Not Posted</td>
<td>11. Excessive Combustibles</td>
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<tr>
<td>3. Occupants in Excess of Posted Limit</td>
<td>12. Combustibles in Exitway</td>
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<tr>
<td>4. Emergency/Exit Lights Inoperable</td>
<td>13. Other (Listed Below)</td>
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<tr>
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**Remarks:**

**No Noted Violations**

(Note to Customer: Signature below is to acknowledge receipt of this report)

<table>
<thead>
<tr>
<th>Brian M. Wood</th>
<th>9-17-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Name (Print)</td>
<td>Signature</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Davis Odd</th>
<th>9-17-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Officer Name (Print)</td>
<td>Emp.#</td>
</tr>
</tbody>
</table>
Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane  ☐ 10. Obstructed Exit or Exitway
☐ 2. Occupant Load Not Posted  ☐ 11. Excessive Combustibles
☐ 3. Occupants in Excess of Posted Limit  ☐ 12. Combustibles in Exitway
☐ 4. Emergency/Exit Lights Inoperable  ☐ 13. Other (Listed Below)
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Keep OUTSIDE GATE UNLOCKED at rear

(Note to Customer: Signature below is to acknowledge receipt of this report)

Brian M. Wood [Signature] 2-11-12

Company Officer Name (Print)  Date

Company Officer Name (Print)  Date and Time

Form #: FSM 920 Rev 05/2002  Distribution: Original (WHITE) - Fire Safety Management Division  Copy (YELLOW) - Business Owner
City of Orlando
Fed ID: 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description
False Fire alarm #14

Amount
350.00

INVOICE TOTAL:
350.00

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 118541
Date: 08/10/11
Invoice Total: 350.00

☐ Check #: ________________

☐ MC/Visa/AMX #: __________________________
Expiration Date: ___/___
Signature: ______________________________________

Amount Paid: ____________
Mark box below if there is a deficiency.

- [ ] 1. Parking in a Fire Lane
- [ ] 2. Occupant Load Not Posted
- [ ] 3. Occupants in Excess of Posted Limit
- [ ] 4. Emergency/Exit Lights Inoperable
- [ ] 5. Exit Doors Locked
- [ ] 6. Aisles Obstructed
- [ ] 7. Exit Door or Hardware Inoperable
- [ ] 8. Improper Locks on Required Exit Doors
- [ ] 9. Self Closing Doors Blocked Open
- [ ] 10. Obstructed Exit or Exitway
- [ ] 11. Excessive Combustibles
- [ ] 12. Combustibles in Exitway
- [ ] 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WAUC THR

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print) x James Dinnen

Company Officer Name (Print) x Tom Black

Signature

Signature

Date

Date and Time
SERVICE ALARM SYSTEM LAST 6/16

ALARM SYSTEM TO BE PERR ON LINE (MONITOR) BY 5PM OR WILL NOT BE ABLE TO OPEN (PER FIRE MARSHALL)

Tammy Richards
Tom Bleha

7-28-11

8/15/11
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Station No: Station 05
Occupancy: Assembly

Contact Name: JUAN MILLER
Pty: Occupant
Mailing Address: 1912 S ORANGE AVE ORLANDO, FL 32801

Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
INSP-Company Exit Check - C Shift

Assigned to:
Station, Station 05, C
Assignment Date: 06/17/2011
Schedule Date: 07/01/2011

OCC Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

[ ] 1. Parking in a Fire Lane [X] 10. Obstructed Exit or Exitway
[ ] 2. Occupant Load NotPosted
[ ] 3. Occupants in Excess of Posted Limit
[ ] 4. Emergency/Exit Lights Inoperable
[ ] 5. Exit Doors Locked
[ ] 6. Aisles Obstructed
[ ] 7. Exit Door or Hardware Inoperable
[ ] 8. Improper Locks on Required Exit Doors
[ ] 9. Self Closing Doors Blocked Open

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: 2 North Side exits blocked with tables & liquor bottles. Exit cleared and will be open when needed to keep exit clear in future.

(Note to Customer: Signature below is to acknowledge receipt of this report)

[Signature]

Brian M. Wood 7/9/11 02:32
Customer Name (Print)

[Signature]

Richard Lume 7/9/11 02:04
Company Officer Name (Print) Emp.#

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
City of Orlando

Fed ID: 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description
False Fire alarm #13

Amount
350.00

INVOICE TOTAL:
350.00

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 117399
Date: 07/08/11
Invoice Total: 350.00

☐ Check #: _____________

☐ MC/Visa/AX #: ____________________________
Expiration Date: __ / ___
Signature: _________________________________
Amount Paid: ______________
# ORLANDO FIRE DEPARTMENT
## EXIT CHECK

**Occupancy ID:** 06501  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL  
**Business Name:** PULSE  
**Business Phone:** (407)649-3888  
**Station No.:** Station 05  
**Occupancy:** Assembly  

### Activities:
- INSP-Company Exit Check - B Shift

### Occ Load:
- BAR: 430
- TEMP CLUB: 300

### Assigned to:
- Station, Station 05, B

### Assignment Date:
- 05/17/2011

### Schedule Date:
- 06/01/2011

Mark box below if there is a deficiency.

- 1. Parking in a Fire Lane
- 2. Occupant Load Not Posted
- 3. Occupants in Excess of Posted Limit
- 4. Emergency/Exit Lights Inoperable
- 5. Exit Doors Locked
- 6. Aisles Obstructed
- 7. Exit Door or Hardware Inoperable
- 8. Improper Locks on Required Exit Doors
- 9. Self Closing Doors Blocked Open
- 10. Obstructed Exit or Exitway
- 11. Excessive Combustibles
- 12. Combustibles in Exitway
- 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

### Remarks:

### Signed:

**Customer Name (Print):**

**Employee Name (Print):**

**Date:**

**Date and Time:**
City of Orlando

Fed ID: 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description
False Fire alarm #12

Amount
350.00

INVOICE TOTAL:
350.00

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 116150
Date: 05/31/11
Invoice Total: 350.00

☐ Check #: __________

☐ MC/Visa/AMX #: ____________________________
Expiration Date: _____/_____
Signature: ____________________________________
Amount Paid: __________
<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Parking in a Fire Lane</td>
<td>10</td>
<td>Obstructed Exit or Exitway</td>
</tr>
<tr>
<td>2</td>
<td>Occupant Load Not Posted</td>
<td>11</td>
<td>Excessive Combustibles</td>
</tr>
<tr>
<td>3</td>
<td>Occupants in Excess of Posted Limit</td>
<td>12</td>
<td>Combustibles in Exitway</td>
</tr>
<tr>
<td>4</td>
<td>Emergency/Exit Lights Inoperable</td>
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<td>Other (Listed Below)</td>
</tr>
<tr>
<td>5</td>
<td>Exit Doors Locked</td>
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<td>6</td>
<td>Aisles Obstructed</td>
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<td>Self Closing Doors Blocked Open</td>
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This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: **No Noted Violations**

(Note to Customer: Signature below is to acknowledge receipt of this report)

<table>
<thead>
<tr>
<th>Customer Name (Print)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matthew Havens</td>
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</tr>
</tbody>
</table>

Company Officer Name (Print) Emp.# Signature Date and Time

<table>
<thead>
<tr>
<th>Company Officer Name (Print)</th>
<th>Emp.#</th>
<th>Signature</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davis Call</td>
<td>7508</td>
<td></td>
<td>5-20-11</td>
</tr>
</tbody>
</table>
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: FULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name: JUAN MILLER
Pry: Occupant
Mailing Address: 1912 S ORANGE AVE ORLANDO, FL 32801

Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
INSP-Company Exit Check - FSM

Assigned to: Division, Fire Safety Mgmt
Assignment Date: 03/17/2011
Schedule Date: 04/01/2011

Occ Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane ☐ 10. Obstructed Exit or Exitway
☐ 2. Occupant Load Not Posted ☐ 11. Excessive Combustibles
☐ 3. Occupants in Excess of Posted Limit ☐ 12. Combustibles in Exitway
☐ 4. Emergency/Exit Lights Inoperable ☐ 13. Other (Listed Below)
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WANT RDU

(Note to Customer: Signature below is to acknowledge receipt of this report)

Juan Miller
Customer Name (Print)

Juan Miller
Signature

4-30-11
Date

4-30-11
Date and Time

Emp.

Signature
City of Orlando
Fed ID: 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description
False Fire alarm #11

Amount
350.00

INVOICE TOTAL:
350.00

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Invoice #: FF 114190
Invoice Total: 350.00

Pulse
1912 S. Orange Avenue
Orlando FL 32806

Date: 4/7/2011

Check #:

MC/Visa/AMX #:

Expiration Date: ___/___

Signature: ________________________________

Amount Paid: ____________________
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:

YES NO N/A
1. Are general storage orderly? ___ ___ ___
2. Are combustible waste materials disposed of properly? ___ ___ ___
3. Are electrical panels and/or meters unobstructed? ___ ___ ___
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly? ___ ___ ___
5. Are electrical cover plates on all switches, plugs, and junction boxes? ___ ___ ___
6. Are combustible decorations flame retardant? ___ ___ ___
7. Are shafts for pipes and cables sealed? ___ ___ ___
8. Are fire lanes unobstructed? ___ ___ ___
9. Is the yard around the business free of weeds or debris? ___ ___ ___
10. If gased property, is optical opening device functioning? Is the emergency code correct? ___ ___ ___

B. Maintenance of Exitways:

YES NO N/A
1. Are exits clear and unobstructed? ___ ___ ___
2. Are doors in or leading to exits unlocked? ___ ___ ___
3. Are stairway doors closed? ___ ___ ___
4. Are exit signs posted over or on required exit doors and exitways? ___ ___ ___
5. Are exit signs and directional signs properly illuminated? ___ ___ ___
6. Are emergency lights functioning? ___ ___ ___
7. Are door self-closing devices functioning? ___ ___ ___
8. Is exit discharge clear? ___ ___ ___

C. Fire Safety Education:

YES NO N/A
1. Is a written evacuation plan provided? ___ ___ ___
2. Are records of training provided and current? ___ ___ ___
3. Do employees have knowledge of:
   a. Extinguisher type(s) and use ___ ___ ___
   b. Evacuation procedure ___ ___ ___
   c. Fire Systems (alarm-sprinkler-base-detection) ___ ___ ___
   d. Fire Safety Practices ___ ___ ___
   e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.) ___ ___ ___

D. Fire Protection Equipment:

YES NO N/A
1. Are fire extinguishers provided? ___ ___ ___
2. Are fire extinguishers conspicuously located and immediately available in the event of fire? ___ ___ ___
3. Are fire extinguishers tagged annually, and maintained properly? ___ ___ ___
   Date punched: ___/___/___
4. Are fire extinguishers fully charged and operational? ___ ___ ___
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? ___ ___ ___
   Date punched: ___/___/___
6. Is commercial cooking equipment, hood and ducts free of accumulated grease? ___ ___ ___
7. Is building sprinklered, is it 100% coverage? ___ ___ ___
8. Is sprinkler system inspected and tested? ___ ___ ___
   (Attach copy of inspection record)
9. Are hoses cabinets and racks unobstructed? ___ ___ ___
10. Are hoses tested and inspected? ___ ___ ___
    Date tested: ___/___/___
11. Is fire pump tested annually? ___ ___ ___
    Date tested: ___/___/___
12. Are fire hydrants maintained? ___ ___ ___

E. Fire Alarm Systems:

YES NO N/A
1. Is fire alarm system inspected by a licensed fire alarm contractor? ___ ___ ___
   Date tagged: ___/___/___
   (Attach copy of last inspection)
2. Are smoke detectors operable? ___ ___ ___

F. Special Problems:

YES NO N/A
1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons? ___ ___ ___
2. Does the business have a special fire extinguishing system for hazardous operation? ___ ___ ___
3. Does this business store/handle hazardous chemicals? ___ ___ ___

Remarks:

---

EXIT CHECK ONLY  NO VIOLATIONS

---

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)  Signature  Date 3-20-11

Company Officer Name (Print)  Emp. #  Signature  Date 3-26-11  Time 2:20

Form #: FSM 930 Rev 05/2002  Distribution: Original (WHITE) - Fire Safety Management Division  Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
COMPANY SURVEY

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY. THIS REPORT ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 407-246-2386.

A. General Fire Precautions:

1. Is general storage orderly? YES NO N/A
2. Are combustible waste materials disposed of properly? YES NO N/A
3. Are electrical panels and/or meters unobstructed? YES NO N/A
4. Are all electrical cords and extension cords in good repair? Are extension cords used properly? YES NO N/A
5. Are electrical cover plates on all switches, plugs, and junction boxes? YES NO N/A
6. Are combustible decorations flame retardant? YES NO N/A
7. Are shafts for pipes and cables sealed? YES NO N/A
8. Are fire ladders unobstructed? YES NO N/A
9. Is the yard around the business free of weeds or debris? YES NO N/A
10. If gaseous property, is optical opening device functioning? Is the emergency code correct? YES NO N/A

B. Maintenance of Exitways:

1. Are exits clear and unobstructed? YES NO N/A
2. Are doors in or leading to exits unlocked? YES NO N/A
3. Are stairway doors closed when not in use? YES NO N/A
4. Are exits signs posted over or on required exit doors and exitways? YES NO N/A
5. Are exit signs and directional signs properly illuminated? YES NO N/A
6. Are emergency lights functioning? YES NO N/A
7. Are doors self-closing devices functioning? YES NO N/A
8. Is exit discharge clear? YES NO N/A

C. Fire Safety Education:

1. Is a written evacuation plan provided? YES NO N/A
2. Are records of training provided and current? YES NO N/A
3. Do employees have knowledge of:
   a. Extinguisher types(s) and use YES NO N/A
   b. Evacuation procedure YES NO N/A
   c. Fire Systems (alarm-sprinkler-hose-detection) YES NO N/A
   d. Fire Safety Practices YES NO N/A
   e. Hazardous materials (M.S.D.S. - labeling - handling - storage - etc.) YES NO N/A

D. Fire Protection Equipment:

1. Are fire extinguishers provided? YES NO N/A
2. Are fire extinguishers conspicuously located and immediately available in the event of fire? YES NO N/A
3. Are fire extinguishers tagged annually, and maintained properly? Date punched: 12/1/10 YES NO N/A
4. Are fire extinguishers fully charged and operational? YES NO N/A
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? Date punched: YES NO N/A
6. Is commercial cooking equipment, hood and ducts free of accumulated grease? YES NO N/A
7. Is building sprinklered, is it 100% coverage? YES NO N/A
8. Is sprinkler system inspected and tested? (Attach copy of inspection record) YES NO N/A
9. Are hoses cabinets and racks unobstructed? YES NO N/A
10. Are hoses tested and inspected? Date tested: YES NO N/A
11. Is fire pump tested annually? Date tested: YES NO N/A
12. Are fire hydrants maintained? YES NO N/A

E. Fire Alarm System:

1. Is fire alarm system inspected by a licensed fire alarm contractor? Date tagged: (Attach copy of last inspection) YES NO N/A
2. Are smoke detectors operative? YES NO N/A

F. Special Problems:

1. Does this business store/handle flammable or combustible liquids in excess of 15 gallons? YES NO N/A
2. Does the business have a special fire extinguishing system for hazardous operations? YES NO N/A
3. Does this business store/handle hazardous chemicals? YES NO N/A

Remarks: 

10 Violations

(Noe to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print) x Signature 2-2-11

Company Officer Name (Print) x Signature 2-2-11

Date and Time

Form #: FSM 930 Rev 05/2002
Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner

Copy (YELLOW) - Business Owner

Printed: Original (WHITE) - Fire Safety Management Division
City of Orlando

Fed ID: 59-6000396
Phone: (407) 246-2611
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description
False Fire Alarm #10

Amount
350.00

INVOICE TOTAL:
350.00

---

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 112025
Date: 2/1/2011
Invoice Total: 350.00

☐ Check #: ____________

☐ MC/Visa/AMX #: __________________________

Expiration Date: _____/_____

Signature: __________________________

Amount Paid: ____________
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly
Mailing Address: 1912 S ORANGE AVE ORLANDO, FL 32801
Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
Hisp-Company Exit Check - A Shift

Assigned to:
Station, Station 05, A

Assignment Date: 12/17/2010
Schedule Date: 01/01/2011

Occ Load:
BAR 430
TEMP CLUB 300

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open
☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: NO VIOLATIONS

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)  [Signature]  1-20-11

Company Officer Name (Print)  [Signature]  1-26-11

Emp.# Date and Time
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
INS-P-Company Exit Check - C Shift

Assigned to:
Station, Station 05, C

Assignment Date: 10/17/2010
Schedule Date: 11/01/2010

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperable
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Door or Hardware Inoperable
8. Improper Locks on Required Exit Doors
9. Self Closing Doors Blocked Open
10. Obstructed Exit or Exitway
11. Excessive Combustibles
12. Combustibles in Exitway
13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

__________________________

(Note to Customer: Signature below is to acknowledge receipt of this report)

Matthew Haines
Customer Name (Print)

__________________________

Bob Dance
Company Officer Name (Print)

__________________________

Signature
Emp.#

__________________________

Signature
Date and Time

11-26-10 9:05
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name: JUAN MILLER
Priv: Occupant
Mailing Address: 1912 S ORANGE AVE
ORLANDO, FL 32801
Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
INSP-Company Exit Check - FSM

Load: BAR TEMP CLUB

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks:

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)  x  Signature  Date

Company Officer Name (Print)  x  Signature  Date and Time
Mark box below if there is a deficiency.

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperable
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Door or Hardware Inoperable
8. Improper Locks on Required Exit Doors
9. Self Closing Doors Blocked Open

10. Obstructed Exit or Exitway
11. Excessive Combustibles
12. Combustibles in Exitway
13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: Violation

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print) x Signature Date

Company Officer Name (Print) Emp.# Signature Date and Time

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Station No: Station 05
Occupancy: Assembly

Day Time Phone: (407)649-3333
After Hours Phone: (407)395-1432

Activities:
Add/Copy Exit Check - A Permit

Assigned for:
Station, Station 05, A

Assignment Date: 09/17/2010
Schedule Date: 09/20/2010

Mark box below if there is a deficiency.

1. Parking in a Fire Lane
2. Occupant Load Not Posted
3. Occupants in Excess of Posted Limit
4. Emergency/Exit Lights Inoperable
5. Exit Doors Locked
6. Aisles Obstructed
7. Exit Door or Hardware Inoperable
8. Improper Locks on Required Exit Doors
9. Self Closing Doors Blocked Open

10. Obstructed Exit or Exitway
11. Excessive Combustibles
12. Combustibles in Exitway
13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: No noted violation

(Notes to Customer: Signature below is to acknowledge receipt of this report)

Matthew Haines
Customer Name (Print)

Signature

Date

Company Officer Name (Print)

Signature

Date and Time

Form #: FSM 920 Rev 05/2002 Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
ORLANDO FIRE DEPARTMENT
EXIT CHECK

Occupancy ID: 06501
Location: 1912 S ORANGE AVE
City/State: ORLANDO, FL

Business Name: PULSE
Business Phone: (407)649-3888
Station No: Station 05
Occupancy: Assembly

Contact Name: JUAN MILLER
Priv: Occupant
Mailing Address: 1912 S ORANGE AVE ORLANDO, FL 32801
Day Time Phone: (407)649-3888
After Hours Phone: (407)595-1432

Activities:
INSP-Company Exit Check - FSM

Assigned to: Division, Fire Safety Mgmt
Assignment Date: 07/17/2010
Schedule Date: 08/01/2010

Mark box below if there is a deficiency.

☐ 1. Parking in a Fire Lane
☐ 2. Occupant Load Not Posted
☐ 3. Occupants in Excess of Posted Limit
☐ 4. Emergency/Exit Lights Inoperable
☐ 5. Exit Doors Locked
☐ 6. Aisles Obstructed
☐ 7. Exit Door or Hardware Inoperable
☐ 8. Improper Locks on Required Exit Doors
☐ 9. Self Closing Doors Blocked Open

☐ 10. Obstructed Exit or Exitway
☐ 11. Excessive Combustibles
☐ 12. Combustibles in Exitway
☐ 13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

Remarks: WALK THRU

NO VIOLATIONS AT THIS TIME

(Note to Customer: Signature below is to acknowledge receipt of this report)

Customer Name (Print)  x  Signature  Date
JAMES BYNE
8-21-10

Company Officer Name (Print)  x  Signature  Emp.
JAMIE BAIN  8-21-10

Date and Time
# ORLANDO FIRE DEPARTMENT
## EXIT CHECK

**Occupancy ID:** 06501  
**Location:** 1912 S ORANGE AVE  
**City/State:** ORLANDO, FL  
**Business Name:** PULSE  
**Business Phone:** (407)649-3888  
**Station No:** Station 05  
**Occupancy:** Assembly  

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Priv</th>
<th>Mailing Address</th>
<th>Assigned to</th>
<th>Assignment Date</th>
<th>Schedule Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUAN MILLER</td>
<td>1</td>
<td>1912 S ORANGE AVE ORLANDO, FL 32801</td>
<td>Station, Station 05, B</td>
<td>05/17/2010</td>
<td>06/01/2010</td>
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</tbody>
</table>

**Activities:**

1. Parking in a Fire Lane  
2. Occupant Load Not Posted  
3. Occupants in Excess of Posted Limit  
4. Emergency/Exit Lights Inoperable  
5. Exit Doors Locked  
6. Aisles Obstructed  
7. Exit Door or Hardware Inoperable  
8. Improper Locks on Required Exit Doors  
9. Self Closing Doors Blocked Open  
10. Obstructed Exit or Exitway  
11. Excessive Combustibles  
12. Combustibles in Exitway  
13. Other (Listed Below)

This review was cursory in nature and may not have revealed all possible fire code violations. This review is to assist in maintaining safe premises. The deficiencies noted above must be corrected immediately. Other fire code violations may be noted by a full inspection conducted by the Fire Safety Management Division. For further information, please call 407-246-2386.

**Remarks:**

---

(Note to Customer: Signature below is to acknowledge receipt of this report)

**Customer Name (Print):** [Signature]  
**Company Officer Name (Print):** [Signature]  
**Emp.#:** [Signature]  
**Date and Time:** [Signature]
CITY OF ORLANDO, FLORIDA
FIRE INSPECTION REPORT

File Number: FF-28

Street Number: 1912
Street Name: S ORANGE AV

Business Name: LORENZO S
Business Owner: GARY BRANDT

Mail Address: 1912 S ORANGE AV
City and State: ORLANDO FL
Zip: 32805
Emergency Phone: 407-849-5249

Type of Business: RESTAURANT

Occ Grp: A1
Occ Cd: 161
Complex # of Exits: 3

Due Inspection Date: 11/15/98

FI 2

FIRE HAZARD RE-INSPECTION

An inspection is required by City Fire Code in an effort to prevent loss of life or property, and advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) detailed herein is a violation of the Orlando Fire Prevention Code. A follow-up inspection will be conducted.

<table>
<thead>
<tr>
<th>CODE SECTION</th>
<th>TYPE</th>
<th>COUNT</th>
<th>DESCRIPTION</th>
<th>APV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 NFPA 70</td>
<td>V</td>
<td>02</td>
<td>Repair/Replace/Install Approved Wiring REMOVE EXTENSION CORDS</td>
<td></td>
</tr>
<tr>
<td>2 FPC 24.12 (a)</td>
<td>V</td>
<td>02</td>
<td>Remove Accumulation of Combustible Waste REMOVE COMBUSTABLE FROM AROUND OVEN</td>
<td></td>
</tr>
<tr>
<td>3 NFPA 70, 110-12</td>
<td>V</td>
<td>10</td>
<td>Install Electric in Workmanlike Manner REPAIR ALL SPLICED WIRES</td>
<td></td>
</tr>
<tr>
<td>4 NFPA 101, 5-2.1.5.3</td>
<td>V</td>
<td>02</td>
<td>Provide One Releasing Device Exit Doors REMOVE SLIDE BOLTS FROM EXITS</td>
<td></td>
</tr>
<tr>
<td>5 NFPA 101, 5-2.1.5.1</td>
<td>V</td>
<td>01</td>
<td>Provide Approved Exit Hardware PROVIDE APPROVED LOCKS ON EXITS</td>
<td></td>
</tr>
<tr>
<td>6 NF 223-5762</td>
<td>N</td>
<td>01</td>
<td>2ND EMERGENCY</td>
<td></td>
</tr>
</tbody>
</table>

An alternate to the system, condition, arrangement, material, equipment or provision specified in this Notice may be accepted by the Fire Marshal which would afford a substantially equivalent level of safety. Each application for an alternate must be filled with the Fire Marshal in writing before the date set for compliance, and must be accompanied by evidence or supporting information as may be required to justify the request. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 246-2386.

REINSPECTION DATE

Building Owner: RUSTY CONTILLA
Owner Address: 2413 HOPKINS AV
City and State: ORLANDO FL

Received By: [Signature]
Date: 2/20/98

Distribution: Original (WHITE) - Fire Safety Management Division  Copy (YELLOW) - Business Owner
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number: 006501
Street Number: 1912
Street Name: ORANGE
Type: AV
Business Phone: 407-295-3477
Business Name: LORENZO S
Business Owner: GARY BRANDT
Mailing Address: 1912 S ORANGE AV
City and State: ORLANDO FL
Zip: 328060000
Census Tract: 11400

Type of Business: RESTAURANT

Occ Grp: A1
Occ Cd: 161
Complex: 000

# of Exits: 3
Maximum Load: 75
Total Sq. Ft.: 2700

Date: 11-3-97
Time: 15:26
Activity: 25
Inspector: 22

Due Inspection Date: 11-15-97

COMPANY SURVEY INITIAL INSPECTION

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/or LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

GENERAL FIRE PRECAUTIONS

1. Are fire extinguishers provided?
   YES [ ] NO [ ] N/A [ ]
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of a fire?
   YES [ ] NO [ ] N/A [ ]
3. Are fire extinguishers tagged and maintained properly?
   YES [ ] NO [ ] N/A [ ]
4. Are fire extinguishers fully charged and operational?
   YES [ ] NO [ ] N/A [ ]
5. Is hood extinguishing system protecting commercial cooking equipment tested semi-annually by a licensed fire equipment contractor (Attach copy of inspection record)
   YES [ ] NO [ ] N/A [ ]
6. Is commercial cooking equipment hood and ducts free of accumulated grease?
   YES [ ] NO [ ] N/A [ ]
7. Is building fully sprinklered?
   YES [ ] NO [ ] N/A [ ]
8. Is sprinkler system inspected and tested?
   YES [ ] NO [ ] N/A [ ]
9. Are hose cabinets and racks unobstructed?
   YES [ ] NO [ ] N/A [ ]
10. Are hoses tested and inspected? Date tested ______
    YES [ ] NO [ ] N/A [ ]
11. Is fire pump tested annually? Date tested ______
    YES [ ] NO [ ] N/A [ ]

MAINENANCE OF EXITWAYS

1. Are exits clear and unobstructed?
   YES [ ] NO [ ] N/A [ ]
2. Are doors in or leading to exits unlocked?
   YES [ ] NO [ ] N/A [ ]
3. Are stairway doors closed?
   YES [ ] NO [ ] N/A [ ]
4. Are exit signs posted over or on required exit doors and exitways?
   YES [ ] NO [ ] N/A [ ]
5. Are exit signs and directional signs properly illuminated?
   YES [ ] NO [ ] N/A [ ]
6. Are emergency lights functioning?
   YES [ ] NO [ ] N/A [ ]
7. Are door self-closing devices functioning?
   YES [ ] NO [ ] N/A [ ]
8. Is exit discharge clear?
   YES [ ] NO [ ] N/A [ ]

FIRE SAFETY EDUCATION

1. Is a written fire evacuation plan provided?
   YES [ ] NO [ ] N/A [ ]
2. Are records of training provided and current?
   YES [ ] NO [ ] N/A [ ]
3. Do employees have knowledge of:
   a. Extinguisher type and use
      YES [ ] NO [ ] N/A [ ]
   b. Evacuation Procedures
      YES [ ] NO [ ] N/A [ ]
   c. Fire Systems (sprinkler-hose-detection)
      YES [ ] NO [ ] N/A [ ]
   d. Fire Safety Protocols
      YES [ ] NO [ ] N/A [ ]
   e. Hazardous materials (M.S.D.S. - labeling-handling-storage-etc.)
      YES [ ] NO [ ] N/A [ ]

REMARKS:
Remove eastern panel
Open West side of 1st floor
Remove combustible items around oven and warmers

Building Owner: RUDY CONTIELLA
Owner Address: 2413 HOPKINS AV
City and State: ORLANDO FL
Received By: Signature of Inspector:
Date: 11-3-97
Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number: 006501   CS-26

Business Name: LORENZO S
Business Owner: GARY BRANDT
Mailing Address: 1912 S ORANGE AV
City and State: ORLANDO FL
Zip: 328060000
Emergency Phone: 407-295-3477

Street Number: 1912
Dir: S
Street Name: ORANGE
Type: AV
Bidg. Unit: N/A
Business Phone: 407-425-4346

Type of Business: RESTAURANT

<table>
<thead>
<tr>
<th>Yr. Const</th>
<th>Const Type</th>
<th>Stories</th>
<th>Height</th>
<th>Detectors</th>
<th>Alarm Sys</th>
<th>Standpipes</th>
<th>Sprinklr</th>
<th>Sp System</th>
<th>Exting</th>
<th>Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
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<td>1</td>
<td>12</td>
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<td>01</td>
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</table>

Date: 11-4-96
Time: 0015
Activity: Inspection
Inspector: B
Terr: 05
Dist: 01
Shift: P
Priority: 12
Insp Fd: 02004
Last Inspector: 12/29/95

SPECIAL PROJECTS: Date Inspection Date
11/15/96

GENERAL FIRE PRECAUTIONS
1. Is general storage orderly? YES
2. Are combustible waste materials disposed of properly? YES
3. Are electrical panels and/or meters unobstructed? YES
4. Are all electrical cords and extension cords in good repair? YES
5. Are electrical cover plates on all switches, plugs, and junction boxes? YES
6. Are combustible decorations flame retardant? YES
7. Are shafts for pipes and cables sealed? YES
8. Are fire lanes unobstructed? YES
9. Is the yard around your business free of weeds or debris? YES

MAINTENANCE OF EXITWAYS
1. Are exits clear and unobstructed? YES
2. Are doors in or leading to exits unlocked? YES
3. Are stairway doors closed? YES
4. Are exit signs posted over or on required exit doors and exitways? YES
5. Are exit signs and directional signs properly illuminated? YES
6. Are emergency lights functioning? YES
7. Are door self-closing devices functioning? YES
8. Is exit discharge clear? YES

FIRE SAFETY EDUCATION
1. Is a written fire evacuation plan provided? YES
2. Do employees have knowledge of:
   a. Extinguisher type(s) and use
   b. Evacuation Procedures
   c. Fire Systems (alarm-sprinkler-hose-detection)
   d. Are records of training provided and current?
   e. Hazardous materials (M.S.D.S. - labeling-handling-storage -etc.)

REMARKS: NEED DROP CEILING REPLACED IN KITCHEN
AN INSPECTION IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) DETAILED HEREIN IS A VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. A FOLLOW-UP INSPECTION WILL BE CONDUCTED.

<table>
<thead>
<tr>
<th>CODE SECTION</th>
<th>TYPE</th>
<th>COUNT</th>
<th>DESCRIPTION</th>
<th>APV</th>
</tr>
</thead>
<tbody>
<tr>
<td>NFPA 101, 5.2.2.3.2</td>
<td>V</td>
<td>01</td>
<td>Enclose/Protect Openings Between Floors CEILING TILE MISSING IN THE KITCHEN</td>
<td>12-21-95</td>
</tr>
<tr>
<td>NFPA 70, 373-4</td>
<td>V</td>
<td>01</td>
<td>NOTE 1 USING TAPE FOR BLANKS IN BREAKER BOX</td>
<td>12-29-95</td>
</tr>
</tbody>
</table>

An alternate to the system, condition, arrangement, material, equipment or provision specified in this Notice may be accepted by the Fire Marshal which would afford a substantially equivalent level of safety. Each application for an alternate must be filled with the Fire Marshal in writing before the date set for compliance, and must be accompanied by evidence or supporting information as may be required to justify the request. If it is claimed that the true intent of the Code has been misinterpreted or is not applicable, the Owner or Agent may appeal to the Building and Fire Code Board of Appeals. For further information or assistance, please contact the Fire Safety Management Office at 246-2386.

REINSPECTION DATE: DEC 31

Building Owner: RUSTY CONTELLA
Owner Address: 2413 HOPKINS AV
City and State: ORLANDO FL
Received By: x
Date: 12-29-95
Signature of Inspector: [Signature]
Compliance Date: 12-29-95
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number: 006501
Sheet Number: S
Street Name: ORANGE
Type: AV
Bldg. Unit: 11400
Business Phone: 407-425-4345

Business Name: LORENZO S
Business Owner: GARY BRANDT

Mailing Address: 1912 S ORANGE AV
City and State: ORLANDO FL
Zip: 328050000
Emergency Phone: 407-295-3477

Type of Business: RESTAURANT
Occ Grp: 41
Occ Cd: 161
Complex: 000
# of Exits: 3
Maximum Load: 75
Total Sq. Ft.: 2700

Yr. Const: 75
Const Type: 05
Stories: 1
Height: 12
Detectors: 08
Alarm Sys: 08
Standpipes: 08
Sprinklers: 08
Sp System: 01
Exting: 01
Special Instructions: 01 00 00 00 00

Date: 11-09-95
Time: 26
Activity: Inspector: 293
Terr: 05
Dist: 01
Shift: C
Priority: B
Insp Prd: 12
Last Inspector: 03954
Last Inspected: 11/22/94

COMPANY SURVEY INITIAL INSPECTION
Due Inspection Date: 11/15/95

GENERAL FIRE PRECAUTIONS
1. Is general storage orderly? YES
2. Are combustible waste materials disposed of properly? YES
3. Are electrical panels and/or meters unobstructed? YES
4. Are all electrical cords and extension cords in good repair? YES
5. Are electrical cover plates on all switches, plugs, and junction boxes? YES
6. Are combustible decorations flame retardant? YES
7. Are shafts for pipes and cables sealed? YES
8. Are fire lanes unobstructed? YES
9. Is the yard around your business free of weeds or debris? YES

MAINTENANCE OF EXITWAYS
1. Are exits clear and unobstructed? YES
2. Are doors in or leading to exits unlocked? YES
3. Are stairway doors closed? YES
4. Are exit signs posted over or on required exit doors and exitways? YES
5. Are exit signs and directional signs properly illuminated? YES
6. Are emergency lights functioning? YES
7. Are door self-closing devices functioning? YES
8. Is exit discharge clear? YES

FIRE SAFETY EDUCATION
1. Is a written fire evacuation plan provided? YES
2. Do employees have knowledge of:
   a. Fire extinguisher types and use
   b. Evacuation Procedures
   c. Systems (alarm- sprinkler- hose- detection)
   d. Records of training provided and current
   e. Hazardous materials (M.S.O.S. - labeling- handling- storage- etc.)

FIRE PROTECTION EQUIPMENT
1. Are fire extinguishers provided? YES
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire? YES
3. Are fire extinguishers tagged annually and maintained properly? YES
4. Are fire extinguishers fully charged and operational? YES
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? YES
6. Is commercial cooking equipment, hood and ducts free of accumulated grease? YES
7. Is building fully sprinklered? YES
8. Is sprinkler system inspected and tested? Date tested: 11-01-95
9. Are hose cabinets and racks unobstructed? YES
10. Are hose tested and inspected? Date tested: 11-01-95
11. Is fire pump tested annually? Date tested: 11-01-95

FIRE ALARM SYSTEMS
1. Is manual fire alarm system inspected by a licensed fire alarm contractor at least annually? Date tagged: 11-01-95
2. Are smoke detectors operable? YES

SPECIAL PROBLEMS
1. Are flammable and combustible liquids properly stored? Permit #:
   Qty.:
2. Do you have a special fire extinguishing system for hazardous operation? Permit #:
   Qty.:
3. Are hazardous chemicals properly stored? YES

REMARKS:

No Violations. On Premises Advised They Would Take Care Of Citation
Title. They Stated That 1725 Was A New Problem. I Initially Wrote Down No
Violations, But I See That This Problem Was Need Since Last Year.

Building Owner: RUSTY CONTELLA
Owner Address: 2413 HOPKINS AV
City and State: ORLANDO FL
Received By: X
Date: 11-09-95
Signature of Inspector: X
Compliance Date: 11-09-95

Distribution: Original (WHITE) - Fire Safety Management Division Copy (YELLOW) - Business Owner
This survey is performed by City of Orlando Fire Department in an effort to prevent loss of life or property, and advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) indicated herein is in violation of the Orlando fire prevention code. For further information or assistance, please contact fire safety management at 246-2386.

### General Fire Precautions

1. Is general storage orderly? **YES**
2. Are combustible waste materials disposed of properly? **NO**
3. Are electrical panels and/or meters unobstructed? **NO**
4. Are all electrical cords and extension cords in good repair? **NO**
5. Are electrical cover plates on all switches, plugs, and junction boxes? **NO**
6. Are combustible decorations flame retardant? **NO**
7. Are snags, fraying, and cables sealed? **NO**
8. Are fire lanes unobstructed? **NO**
9. Is the yard around your business free of weeds or debris? **NO**

### Maintenance of Exitways

1. Are exits clear and unobstructed? **NO**
2. Are doors in or leading to exits unlocked? **NO**
3. Are stairway doors closed? **NO**
4. Are exit signs posted over or on required exit doors and exitways? **NO**
5. Are exit signs and directional signs properly illuminated? **NO**
6. Are emergency lights functioning? **NO**
7. Are door self-closing devices functioning? **NO**
8. Is exit discharge clear? **NO**

### Fire Safety Education

1. Is a written fire evacuation plan provided? **NO**
2. Do employees have knowledge of:
   a. Extinguisher type(s) and use **NO**
   b. Evacuation Procedures **NO**
   c. Fire Systems (alarm, sprinkler, hose detection) **NO**
   d. Records of training provided and current? **NO**
   e. Hazardous materials (M.S.D.S., labeling, handling, storage, etc.) **NO**

### Fire Protection Equipment

1. Are fire extinguishers provided? **YES**
2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire? **YES**
3. Are fire extinguishers tagged annually and maintained properly? **NO**
   Date punched: ___/___/___
4. Are fire extinguishers fully charged and operational? **NO**
5. Is hood extinguishing system protecting commercial cooking equipment tagged semi-annually by a licensed fire equipment contractor? **NO**
   Date punched: ___/___/___
6. Is commercial cooking equipment, hood and ducts free of accumulated grease? **NO**
7. Is building fully sprinklered? **NO**
8. Is sprinkler system inspected and tested? **NO**
9. Are hose cabinets and racks unobstructed? **NO**
10. Are hoses tested and inspected? Date tested: ___/___/___
11. Is fire pump tested annually? Date tested: ___/___/___

### Fire Alarm Systems

1. Is manual fire alarm system inspected by a licensed fire alarm contractor at least annually? Date tagged: ___/___/___
   **NO**
2. Are smoke detectors operable? **NO**

### Special Problems

1. Are flammable and combustible liquids properly stored? Permit #: ___ City: ___
2. Do you have a special fire extinguishing system for hazardous operation? Permit #: ___ City: ___
3. Are hazardous chemicals properly stored? Permit #: ___ City: ___

### Remarks:

Replace missing ceiling tiles (kitchen area).

---

**Building Owner:** Rusty Contella  
**Owner Address:** 2413 Hopkins AV  
**City and State:** Orlando FL  
**Received By:** [Signature]  
**Date:** 11/22/94  
**Distribution:** Original (WHITE) - Fire Safety Management Division  
Copy (YELLOW) - Business Owner
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number 006501

Business Name LORENZO S
Business Owner GARY BRANDT

Mailing Address 1912 S ORANGE AV
City and State ORLANDO FL
Zip 328060000
Emergency Phone 407-295-3477

Type of Business RESTAURANT

Ooo Gmp 161 Ooo Cd 000 Complex 000 # of Exit(s) 3

Date 0123493 Time 0015 Activity 26 Inspector 3720

COMPANY SURVEY INITIAL INSPECTION 2/25/93

Due Inspection Date 2/25/93

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 246-2386.

GENERAL FIRE PRECAUTIONS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is general storage orderly?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Are combustible waste materials disposed of properly?</td>
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<td>[ ]</td>
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<td>[ ]</td>
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</tr>
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<td>Are all electrical cords and extension cords in good repair?</td>
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<td>Are electrical cover places on all switches, plugs, and junction boxes?</td>
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<td>Are combustible decorations flame retardant?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Are shafts for pipes and cables sealed?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Are fire lanes unobstructed?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Is a yard around your business free of weeds or debris?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

MAINTENANCE OF EXITWAYS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are exits clear and unobstructed?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Are doors in or leading to exits unlocked?</td>
<td>[ ]</td>
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<td>Are stairway doors closed?</td>
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<td>Are door self-closing devices functioning?</td>
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<tr>
<td>Is exit discharge clear?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

FIRE SAFETY EDUCATION

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a written fire evacuation plan provided?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Are records of training provided and current?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Do employees have knowledge of:</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>a. Extinguisher type(s) and use</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. Evacuation Procedures</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. Fire Systems (alarm-sprinkler-hose-detection)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. Fire Safety Practices</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. Hazardous materials (M.S.D.S. - labeling-handling-storage -etc.)</td>
<td>[ ]</td>
<td>[ ]</td>
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</table>

SPECIAL PROBLEMS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you store/handle flammable or combustible liquids in excess of 15 gallons?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Do you have a special fire extinguishing system for hazardous operation?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Do you store/handle hazardous chemicals?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

REMARKS: Dismantle dining area extinguisher.
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number: 006501

Street Number: 1912
Street Name: ORANGE

Type: RESTAURANT

Date of Survey: 2/25/92

Business Name: LORENZO S
Business Owner: DARY BRANDT

Mailing Address: 1912 S ORANGE AV
City and State: ORLANDO FL
Zip: 32806
Emergency Phone: 407-285-3477

RESTAURANT

Yr. Const: 05
Const Type: 1
Stories: 1.2
Height: 08
Detectors: 08
Alarm Sys: 08
Standpipe(s): 01
Sprinkler System: 01
Exiting Special Instructions: 01

Activity: 88
Inspector: 27

Due Inspection Date: 2/05/92

COMPANY SURVEY APPROVAL

This survey is performed by City of Orlando Fire Department in an effort to prevent loss of life or property, and advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) indicated herein is in violation of the Orlando Fire Prevention Code. For further information or assistance, please contact the fire prevention office at 246-2386.

General Fire Precautions
1. Is general storage orderly?
2. Are combustible waste materials disposed of properly?
3. Are electrical panels and/or meters unobstructed?
4. Are all electrical cords and extension cords in good repair?
5. Are electrical covers plates on all switches, plugs, and junction boxes?
6. Are combustible decorations flame retardant?
7. Are shafts for pipes and ducts sealed?
8. Are fire lanes unobstructed?
9. Is the yard around your building free of weeds or debris?

Maintenance of Exitways
1. Are exits clear and unobstructed?
2. Are doors in or leading to exits unlocked?
3. Are stairway doors closed?
4. Are exit signs posted over or on required exits, doors, and stairways?
5. Are exit signs and directional signs properly illuminated?
6. Are emergency lights functioning?
7. Are door self-closing devices functioning?
8. Is exit discharge clear?

Fire Protection Equipment

<table>
<thead>
<tr>
<th>Item</th>
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<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are fire extinguishers provided?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Are fire extinguishers conspicuously located, accessible and immediately available in the event of fire?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Are fire extinguishers tagged annually, and maintained properly?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. Are fire extinguishers fully charged and operational?</td>
<td>[ ]</td>
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</tr>
<tr>
<td>5. Is hood extinguishing system protecting commercial cooking equipment tagged annually by a licensed fire equipment contractor?</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>6. Is commercial cooking equipment hood and ducts free of accumulated grease?</td>
<td>[ ]</td>
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<td>7. Is building fully sprinklered?</td>
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<td>8. Is sprinkler system inspected and tested?</td>
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<td>9. Are hose cabinets and racks unobstructed?</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>10. Are hoses tested and inspected? Date tested:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11. Is fire pump tested annually? Date tested:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fire Alarm Systems

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is manual fire alarm system inspected by a licensed fire alarm contractor?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Are smoke detectors operational?</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
</tbody>
</table>

Special Problems

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
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<tbody>
<tr>
<td>1. Do you store/handle flammable or combustible liquids in excess of 15 gallons?</td>
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<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Do you have a special fire extinguishing system for hazardous operation?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Do you store/handle hazardous chemicals?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Remarks:

---

Building Owner: RUSTY CONTILLA
Owner Address: 2413 HOPKINS AV
City and State: ORLANDO FL

Received By: X
Date: 2/25/92
Signature of Inspector: [signature]
Compliance Date: 2/25/92

Distribution: Original (WHITE) - Fire Safety Management Division
Copy (YELLOW) - Business Owner
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number: 006501

Street Number: 1912
Dir: S
Street Name: ORANGE

Type: AV
Bldg Unit: 
Business Phone: 407-425-436

Business Name: LORENZO S

Business Owner: GARY BRANIDT

Mailing Address: 1912 S ORANGE AV

City and State: ORLANDO FL
Zip: 328060000
Emergency Phone: 407-295-3477

Type of Business: RESTAURANT

Yr Const: 75
Const Type: 05
Stories: 1
Height: 12
Detectors: 08
Alarm Sys: 08
Standpipes: 08
Sprinkler: 01
Sprk System: 01
Exting.: 01
Special Instructions: 00 00 00 00 00

Date: 12/26/90
Time: 00:25
Activity: 29

Officer: 3627
Terr: 05
Dist: 01
Shift: A
Priority: B
Insp Prd: 12
Last Inspector: 03627
Last Inspected: 11/29/89
Due Inspection Date: 02/05/92

FIRE HAZARD APPROVAL: 01/05/91

THIS SURVEY IS PERFORMED BY CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS IN VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT THE FIRE PREVENTION OFFICE AT 849-2386.

CODE SECTION | TYPE COUNT | DESCRIPTION |
-------------|------------|-------------|
1            | NFPA 96, 8-2 | Hood System OUT OF DATE NEEDS TO BE SERVICED. |
2            | NFPA 10, 4-4.1 | Fire Extinguisher OUT OF SERVICE. NEEDS TO BE SERVICED. |

COMPLIED 02/05/91

Robert Johnson

REMARKS:

Building Owner: HUSTY CONTELLA
Owner Address: 2413 HOPKINS AV
City and State: ORLANDO FL

Received By: , Date: 1/9/90, Signature of Officer: A R R F
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number
006501

Census Tract
11400

Street Number
1912

Business Phone
407-295-3477

Dir
S

Mailing Address
1912 S ORANGE AV

Street Name
ORANGE

City and State
ORLANDO FL

Type
Restaurant

Occupancy
A1 161 000

Type of Business
Restaurant

Complex
00

Yr Const
75

# of Exits
3

Const Type
05

Maximum Load
75

Stories
1

Total Sq. Ft.
2700

Height
12

Special Instructions
00 00 00 00 00 00

Detectors
08

Inspr Prd
12

Alarm Sys
08

Last Inspector
02361

Standpipes
00

Last Inspected
11/28/88

Sprinkler
00

Special Instructions
01

Exting.
08

Due Inspection Date
11/28/89

Date
11/29/89

Fire Hazard Approval

Time
.15

Activity
22

Due Inspection Date
11/28/89

Officer
3627

Due Inspection Date
11/28/89

Terr
05

0 F.A.

Dist
01

Special Instructions
01

Shift
0

Exting.
01

Special Instructions
01

Priority
B

Special Instructions
01


CODE SECTION
1 NFPA 10 H-4.1

DESCRIPTION
FIRE EXTINGUISHER TAG TORN OFF.

APV
1

REMARKS:

Building Owner
XUSTY CONTELLA

City and State
ORLANDO FL

Owner Address
2413 HOPKINS AV

Received By:

Date
11/29/89

Signature of Officer
11/28/88
**CITY OF ORLANDO, FLORIDA**  
**COMPANY SURVEY**

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<thead>
<tr>
<th>File Number</th>
<th>006529</th>
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<tbody>
<tr>
<td>Street Number</td>
<td>006529</td>
<td>Dir</td>
<td>O</td>
</tr>
<tr>
<td>Business Name</td>
<td>LUCEROZ</td>
<td>Business Owner</td>
<td>LUCEROZ</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>1943 E ORANGE AV</td>
<td>City and State</td>
<td>ORLANDO FL</td>
</tr>
<tr>
<td>Type of Business</td>
<td>RESTAURANT</td>
<td>Occup Grp</td>
<td>01</td>
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<tr>
<td>Yr Const</td>
<td>95</td>
<td>Const Type</td>
<td>05</td>
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</table>

| Date | 10-10-88 | Time | 20 | Activity | 05 | Officer | 3274 | Terr | 03 | Dist | 04 | Shift | P | Priority | 12 | Inspect | 01 | Last Inspector | 07648 | Last Inspected | 10/25/88 |
|------|----------|-----|-----|---------|-----|--------|-----|------|-----|------|-----|-------|---|----------|----|------------|------|----------------|------|

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<table>
<thead>
<tr>
<th>CODE SECTION</th>
<th>TYPE</th>
<th>COUNT</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>1</td>
<td>NFPA 70</td>
<td>V</td>
<td>HAVE COVER PUT ON JUNCTION BOX IN DINING AREA</td>
</tr>
<tr>
<td>2</td>
<td>NFPA 70</td>
<td>V</td>
<td>PROVIDE PROPER WIRING FOR VIDEO GAME</td>
</tr>
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</table>

**REMARKS:**

- [Signature]

**Building Owner** | **Owner Address** | **City and State**
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>XAVIER LORTELLI</td>
<td>2473 HUNTING AV</td>
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**Received By:**

<table>
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<th>Signature of Officer</th>
<th>Date</th>
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<tbody>
<tr>
<td><em>[Signature]</em></td>
<td>10/10/88</td>
</tr>
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</table>
CITY OF ORLANDO, FLORIDA
COMPANY SURVEY

File Number: 6501
Census Tract: 114.00

Street Number/Dir/Street Name: 1912 S ORANGE
Type/Bldg. Unit/Business Name: NY LORENZOS

Owner of Business: GARY BRANDT
Business Phone/Mailing Address: 425-4346; 1912 S ORANGE AVE 295-3477
Emergency Phone: 

Type of Business: RESTAURANT
Occ Grp Class/Occ Code/Complex Code City & State Zip Code: HL 161 15 ORL, FL 32806

Construction Type/Stories/Total square ft./Height/Maximum Load/Year Constructed: 5/1/2700/10/75/75

Required Exits/Detectors/Alarm System/Sprinkler Type/Special System/Standpipe/Fire Extinguisher: 3/8/8/8/1/1/1

Date/Time/Activity/Inspecting Officer/Territory/District/Shift/Priority/Inspection Period: 09/24/87/130/26/302-1/5/1/A/B/10-12
Last Inspector/Date Last Inspected/Special Instructions/Due Inspection Date: 

THIS SURVEY IS PERFORMED BY THE CITY OF ORLANDO FIRE DEPARTMENT IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND Advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) indicated herein is in violation of the Orlando Fire Prevention Code. For further information or assistance, please contact the Fire Prevention Bureau at 849-2386.

Line #/Code Type/Code Section/Count/Description/Approved:
1 V NFPA 1015 1985 1 Exit Sign Light Out
1 V NFPA 968-3 1 Hood System Out of Service NO PRESSURE IN CYLINDERS

REMARKS:

Bldg. Owner: ANITA CITHELL
Owner Address: 543 HOPKINS AVE
City and State: ORL, FL

Received By: 
Date: 09/24/87
Signature of Company Officer: 

907a.86
A- GENERAL FIRE PRECAUTIONS

A-1. Are waste materials disposed of properly?  YES  
SFFC 33.201

A-2. Is general storage orderly and separated from heat sources?  YES  
SFFC 33.203

A-3. Are vents, heating appliances and exhaust systems properly installed and maintained?  YES  
SFFC 33.402

A-4. Are unlawful heating devices being used?  YES  
SFFC 33.401

A-5. Is electric wiring or apparatus in obvious violation to electrical code?  YES  
SFFC 33.405

A-6. Are fire lanes unobstructed?  YES  
SFFC 18.106

B- MAINTENANCE OF EGRESS PATHS

B-1. Are exits clean and unobstructed?  YES  
15.01 NFFF 101, S-1.6.3

B-2. Are all doors in or leading to required exits unlocked?  YES  
15.01 NFFF 101, S-2.1.2.4.1

B-3. Are exit signs posted over or on required exit doors and exits?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-4. Are exits adequately enclosed?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-5. Are stairway doors kept closed?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-6. Are exit signs and directional signs properly displayed?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-7. Is panic hardware free of chains, locks, bars, or other devices?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-8. Are emergency lighting facilities properly arranged and maintained?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-9. Can power operated doors be manually opened?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-10. Are exit door self-closing devices present and functioning properly?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-11. Do required exit doors swing in the direction of exit travel?  YES  
15.01 NFFF 101, S-2.1.2.4.3

B-12. Are "Number of Occupants Permitted" signs properly displayed?  YES  
15.01 NFFF 101, S-2.1.2.4.3

C- FIRE PROTECTION EQUIPMENT

C-1. Are fire extinguishers provided in building areas in accordance with NFFF 101.6.6.1

C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in the event of a fire? NFFF 10.1.2.202

C-3. Are fire extinguishers maintained properly? NFFF 10.18.202

C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly? 18.202 NFFF 96


C-6. Are fire department connections properly identified? 18.202 NFFF 13-2.7

C-7. Are fire department connection caps in place? 18.202 NFFF 13-2-7

C-8. Are sections marked as to areas of building covered? 18.202 NFFF 13-4-1.2


C-10. Are sprinkler heads painted, corroded or damaged? 18.202 NFFF 13.6.11

C-11. Is storage of a minimum of 18" from heads and two feet from ceiling? 18.202 NFFF 13-4-2.5

C-12. Are control valves readily accessible? 18.214 NFFF 13-3.6-14.2.1

C-13. Does water flow cause transmission of alarm to central station and sound local alarm? 18.213 NFFF 13-3-17

C-14. Are hose cabinets or racks unobstructed and easily operable? 18.202 NFFF 14-4-1

C-15. Are all fire pump valves open for operation and control devices in a ready state? 18.202 NFFF 14-7-2.3


C-17. Is pump room clean, free from storage, well lit and heated? 18.202 NFFF 20-11-3

D- FIRE ALARM SYSTEM

D-1. If provided, is fire alarm system or fire detection system maintained per 18.206?

D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (if no, refer to Fire Prevention) 18.206

E - SPECIAL PROBLEMS

E-1. Are utility shafts and other openings between floors enclosed or sealed? 15.01 NFFF 101-6-2

E-2. Are doors in stairways and other vertical shafts (e.g., trunks, chutes, etc.) equipped with self-closing and positive locking devices? 15.01 NFFF 101-6-2

E-3. Are interior stairways enclosed or otherwise protected, if required? 15.01 NFFF 101-6-2

E-4. Are spray painting booths properly installed and maintained? 18.203

E-5. Are flammable and/or combustible liquids properly stored and handled? Chapter 20

E-6. Are liquid petroleum gas installations properly installed, maintained and handled? 24.05

E-7. Are hazardous chemicals properly stored and handled? 24.03

OTHER (DESCRIBE BELOW)

REMARKS:

HEAVY DUTY FIT CondReqd (A-5)

HAVE EXTINGUISHERS SERVICES (E-3)

This survey is required by city fire code in an effort to prevent loss of life or property, and advises you of fire and/or life safety hazards which require your immediate attention. Each of these hazards (1) inferred herein is a violation of the Orlando Fire Prevention Code. For further information or assistance, please contact Fire Prevention Bureau at 849-2386.

Thank you for your cooperation

☐ REFER TO FIRE PREVENTION

FIRE OFFICIAL

EP# M. Miller

645-27 (revised 2-83)
<table>
<thead>
<tr>
<th>A - GENERAL FIRE PRECAUTIONS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1. Are waste materials disposed of properly?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>A-2. Is general storage property and separated from heat sources?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>A-3. Are vents, heating appliance, and exhaust systems properly installed and maintained?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>A-4. Are unlawful smoking devices being used?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>A-5. Is electric wiring or apparatus to obvious violation to electrical code?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>A-6. Are fire lanes unobstructed?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| A-1. Are exit ways clear and unobstructed? | Yes | No | N/A |
| A-2. Are all doors in or leading to required exits unlocked? | Yes | No | N/A |
| A-3. Are exit signs posted over or on required exit doors and exitways? | Yes | No | N/A |
| A-4. Are exit ways adequately enclosed? | Yes | No | N/A |
| A-5. Are stairway doors kept closed? | Yes | No | N/A |
| A-6. Are exit signs and directional signs properly illuminated? | Yes | No | N/A |
| A-7. Is panic hardware free of chains, locks, bars, or other devices? NFPA 101, 5-1.1.2.2 | Yes | No | N/A |
| A-8. Are emergency lighting facilities properly arranged and maintained? NFPA 101, 5-9, 16.01 | Yes | No | N/A |
| A-9. Can power operated doors be manually opened? NFPA 101, 5-2.1.1.3 | Yes | No | N/A |
| A-10. Are exit doors self-closing devices present and functioning properly? NFPA 101, 5-2.1.2.3 | Yes | No | N/A |
| A-11. Do required exit doors swing in the direction of exit travel? NFPA 101, 5-2.1.1.4.4 | Yes | No | N/A |

<table>
<thead>
<tr>
<th>B - MAINTENANCE OF EXITWAYS</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>C - FIRE PROTECTION EQUIPMENT</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.202?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire? NFPA 10-18.202</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>C-3. Are fire extinguishers maintained properly?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>C-5. Are the OS &amp; Y and dry's fully open? NFPA 13.3-6</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>C-6. Are fire department connections properly identified? NFPA 13.2-7</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>

C-7. Are fire department connection caps in place? NFPA 13-2.7; 18.202
C-8. Are sections marked as to area of building covered? NFPA 13-3; 18.202
C-10. Are sprinkler heads painted, corroded or damaged? NFPA 13.3-15; 18.202
C-11. Is storage a minimum of 18" from heads and 2 feet from ceiling? NFPA 13-4.2.5; 18.202
C-12. Are control valves readily accessible? 13-4.2.1-3; 18.202
C-13. Does water flow cause transmission of alarm to central station and sound local alarm? NFPA 13-3-16; 18.214
C-14. Are hose cabinets or racks unobstructed and easily operable? NFPA 13-4.4-1; 18.202
C-15. Are all fire pump valves open for operation and control devices in a ready state? NFPA 13-12.3; 18.202
C-17. Is pump room clean, free from storage, well lighted and heated? NFPA 13-12.3; 18.202

D - FIRE ALARM SYSTEM
D-1. If provided, is fire alarm system or fire detection system maintained per 18.202? | Yes | No | N/A |
D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention) 18.202

E - SPECIAL PROBLEMS
E-1. Are utility shafts & other openings between floors enclosed or sealed? NFPA 10-16.1 | Yes | No | N/A |
E-2. Are doors in stairways & other vertical shafts (linen, trash chutes etc.) equipped with self-closers & positive locking devices? NFPA 10-16.1 | Yes | No | N/A |
E-3. Are interior stairways enclosed or otherwise protected, if required: NFPA 10-16.1 | Yes | No | N/A |
E-4. Are spray painting booths properly installed and maintained? 18.203
E-5. Are flammable liquids properly stored and handled? Chapter 20
E-6. Are liquid petroleum gas installations properly installed, maintained and handled? 25.04 NFPA 58
E-7. Are hazardous chemicals properly stored and handled? 24.03

O - OTHER (DESCRIBE BELOW) | Yes | No | N/A |

REMARKS:

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THANK YOU FOR YOUR COOPERATION

REFFER TO FIRE PREVENTION 645-27
### A - GENERAL FIRE PRECAUTIONS

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
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<tbody>
<tr>
<td>A-1. Are waste materials disposed of properly?</td>
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### B - MAINTENANCE OF EXITWAYS

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<tr>
<td>B-1. Are exit ways clear and unobstructed?</td>
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<td>B-2. Are all doors in or leading to required exit ways unlocked?</td>
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<td>B-7. In panic hardware free of chains, locks, bars, or other devices?</td>
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<td>B-10. Are exit door self-closing devices present and functioning properly?</td>
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<td>B-11. Do required exit doors swing in the direction of travel?</td>
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### C - FIRE PROTECTION EQUIPMENT

<table>
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<tbody>
<tr>
<td>C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.202?</td>
<td>☑️</td>
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<td></td>
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<tr>
<td>C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire?</td>
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<td></td>
<td></td>
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<tr>
<td>C-3. Are fire extinguishers maintained properly?</td>
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<tr>
<td>C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly?</td>
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<td></td>
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<td>C-5. Are the OS &amp; Y and PFW's fully open?</td>
<td>☑️</td>
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<td></td>
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<tr>
<td>C-6. Are fire department connections properly identified?</td>
<td>☑️</td>
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### D - FIRE ALARM SYSTEM

<table>
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<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
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<tbody>
<tr>
<td>D-1. If provided, is fire alarm system or fire detection system maintained per NFPA 20-202?</td>
<td>☑️</td>
<td></td>
<td></td>
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<tr>
<td>D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? (If no, refer to Fire Prevention)</td>
<td>☑️</td>
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### E - SPECIAL PROBLEMS

<table>
<thead>
<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>E-1. Are utility shafts &amp; other openings between floors enclosed or sealed?</td>
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<tr>
<td>E-2. Are doors in stairways &amp; other vertical shafts (twin, trash chutes, etc.) equipped with self-closing &amp; positive locking devices?</td>
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<tr>
<td>E-3. Are interior stairways enclosed or otherwise protected, if required?</td>
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<td>E-4. Are spray painting booths properly installed and maintained?</td>
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<tr>
<td>E-5. Are flammable and/or combustible liquids properly stored and handled?</td>
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<tr>
<td>E-6. Are liquid petroleum gas installations properly installed, maintained and handled?</td>
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<tr>
<td>E-7. Are hazardous chemicals properly stored and handled?</td>
<td>☑️</td>
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</tbody>
</table>

### REMARKS:

__________________________________________

### THIS SURVEY IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND ADVISES YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARDS(S) INDICATED HEREIN IS A VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT FIRE PREVENTION BUREAU AT 849-2386.

☐ REFER TO FIRE PREVENTION

FIRE OFFICIAL

645-27 (Revised 82)
ORLANDO FIRE DEPARTMENT COMPANY SURVEY

FOR EMERGENCY - 422-7121

Date of Survey: 7-20-81
Shift: D
Station: 5

Address of Property: 1913 S. Orange
Company or Occupancy Name: LOKENZOS
Name of Owner or Agent: MR. CONTELLA
Address of Owner or Agent: ORLANDO
Person Authorizing Survey: FRANCES BROWN

A - GENERAL FIRE PRECAUTIONS

A-1. Are waste materials disposed of properly? YES NO N/A
A-2. Is general storage orderly and separated from heat sources? 32.203
A-3. Are vents, heating appliance and exhaust systems properly installed and maintained? 32.402
A-4. Are summer heating devices being used? 28.10
A-5. Is electric wiring or apparatus in obvious violation to electrical code? 32.405
A-6. Are fire lanes unobstructed? 19.106

B - MAINTENANCE OF EXITWAYS

B-1. Are exit ways clear and unobstructed? 15.03A
B-2. Are all doors in or leading to required exits unlocked? 15.04
B-3. Are exit signs posted over or on required exit doors and exitways? 15.04
B-4. Are exit ways adequately enclosed? 15.04
B-5. Are stairways doors closed? 16004
B-6. Are exit signs and directional signs properly illuminated? 15.10
B-7. Is panic hardware free of chains, locks, bars, or other devices? NFPA 101, 5-2.2.1.2 15.01
B-8. Are emergency lighting facilities properly arranged and maintained? NFPA 101, 5-9, 15.01
B-9. Can power operated doors be manually opened? NFPA 101, 5-2.1.3 15.01
B-10. Are exit door self-closing devices present and functioning properly? NFPA 101, 5-2.1.2.3 15.01
B-11. Do required exit doors swing in the direction of exit travel? NFPA 101, 5-2.1.1.4 15.01
B-12. Are "Number of Occupants Permitted" signs properly displayed? NFPA 101, 17-2.5.3

C - FIRE PROTECTION EQUIPMENT

C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.2017? YES NO N/A
C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire? NFPA 10-18.202
C-3. Are fire extinguishers maintained properly? NFPA 10-18.202
C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly? 18.202
C-6. Are fire department connections properly identified? NFPA 13-2-7; 18.202

REMARKS:

FOOD SYSTEM DOES NOT COMPLY TO STANDARDS -?

A-(S) DISCONTINUE USE OF MULTIPLE SOCKETS OR B-(L) OCCUPANT SIGN NOT DISPLAYED (SECOND NOTICE)

THIS SURVEY IS REQUIRED BY CITY FIRE CODE IN AN EFFORT TO PREVENT LOSS OF LIFE OR PROPERTY, AND Advises YOU OF FIRE AND/OR LIFE SAFETY HAZARDS WHICH REQUIRE YOUR IMMEDIATE ATTENTION. EACH OF THE HAZARD(S) INDICATED HEREIN IS A VIOLATION OF THE ORLANDO FIRE PREVENTION CODE. FOR FURTHER INFORMATION OR ASSISTANCE, PLEASE CONTACT FIRE PREVENTION BUREAU at 849-2386.

THANK YOU FOR YOUR COOPERATION
Address of Property: 1912 S Orange Ave
Restaurant

Company or Occupancy Name: Loko's

Address of Owner or Agent: 3243 E. 3792

Name of Owner or Agent: M. Costa

Emergency Telephone Number: 321-4392

Date of Survey: 11/10/80

Shift: 14

Station: 5

A - GENERAL FIRE PRECAUTIONS
A-1. Are waste materials disposed of properly? YES
A-2. Is general storage orderly and separated from heat sources? YES
A-3. Are vents, heating appliance and exhaust systems properly installed and maintained? YES
A-4. Are unlawful heating devices used? NO
A-5. Is electric wiring or apparatus in obvious violation to electrical code? NO
A-6. Are fire lanes unobstructed? YES

B - MAINTENANCE OF EXITWAYS
B-1. Are exit ways clear and unobstructed? YES
B-2. Are all doors in or leading to required exitways unlocked? YES
B-3. Are exit signs posted over or on required exit doors and exits? YES
B-4. Are exit ways adequately enclosed? YES
B-5. Are stairway doors kept closed? YES
B-6. Are exit signs and directional signs properly illuminated? YES
B-7. Is panic hardware free of chains, locks, bars, or other devices? YES
B-8. Are emergency lighting facilities properly arranged and maintained? YES
B-9. Can power operated doors be manually opened? YES
B-10. Are exit door self-closing devices present and functioning properly? YES
B-11. Do required exit doors swing in the direction of exitway? YES
B-12. Are "Number of Occupants Permitted" signs properly displayed? YES

C - FIRE PROTECTION EQUIPMENT
C-1. Are fire extinguishers provided in building areas in accordance with NFPA 10-18.202? YES
C-2. Are fire extinguishers conspicuously located where they will be readily accessible and immediately available in event of fire? YES
C-3. Are fire extinguishers maintained properly? YES
C-4. Is the fixed extinguishing system over the commercial cooking equipment maintained properly? YES
C-5. Are the OS & Y and PTV's fully open? YES
C-6. Are fire department connections properly identified? YES

D - FIRE ALARM SYSTEM
D-1. If provided, is fire alarm system or fire detection system maintained per 18.202? YES
D-2. Does fire alarm sound local alarm and/or transmit alarm to central station? YES

E - SPECIAL PROBLEMS
E-1. Are utility shafts & other openings between floors enclosed or sealed? YES
E-2. Are doors in stairways & other vertical shafts (linen, trash chutes etc.) equipped with self-closers & positive locking devices? YES
E-3. Are interior stairways enclosed or otherwise protected, if required: YES
E-4. Are fire-rated doors installed and maintained? YES
E-5. Are flammable and/or combustible liquids properly stored and handled? YES
E-6. Are liquid petroleum gas installations properly installed, maintained and handled? YES
E-7. Are hazardous chemicals properly stored and handled? YES

Remarks:
(C-3) Have extinguishing property served lost number of occupants.

This survey is required by City Fire Code in an effort to prevent loss of life or property, and advises you of fire and/or life safety hazards which require your immediate attention. Each of the hazard(s) indicated herein is a violation of the Orlando Fire Prevention Code. For further information or assistance, please contact Fire Prevention Bureau at 849-2366.

Thank you for your cooperation.

REFER TO FIRE PREVENTION
645-57

Fire Official: F. S. J. Bohemian

Received: 9/28/80
False Fire Alarm Incident Report
Report Print Date/Time  4/26/2010  2:03:55PM

Basic Incident Data

<table>
<thead>
<tr>
<th>Date</th>
<th>Alarm</th>
<th>Code</th>
<th>PropUse</th>
<th>Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/23/2010</td>
<td>0015437</td>
<td>743</td>
<td>140</td>
<td>05</td>
</tr>
</tbody>
</table>

Occ Name
1912 S ORANGE Ave

Narratives

CAD Narrative

CAD Event #: FFD100423015437 Type: ALARM
Comments: ***RMA
Original Location : PULSE
Engine 5

Dispo: C  Operator: SEARS, NICHOLAS  Priority: 1
AFA - RIGHT WHITE ROOM/PULL ENTRY
OP 407-649-388

Responded for a commercial AFA. Arrived to find a one story masonry building with nothing showing. On premise advised they had a smoke machine on the dance floor and it caused a smoke detector to activate. Engine 5 investigated the interior and found no problems. Engine 5 returned to service. Alarm was reset by on premise management.
### ORLANDO FIRE DEPARTMENT

**Occupancy ID:** 06501  
**Name of Business:** PULSE  
**Description:**  
EC002 Occupant Load - Posting

**Code Requirement:**  
Provide signs for maximum occupant load.

**Comments:**  
MUST MAINTAIN ACCURATE OCCUPANCY COUNT AT ALL TIMES, UTILIZING HANDHELD CLICKERS

<table>
<thead>
<tr>
<th>Description</th>
<th>Found Date</th>
<th>Code Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z3 False Fire Alarm 7 or more</td>
<td>04/08/2010</td>
<td>CITY FIRE CODE, 41.06</td>
</tr>
</tbody>
</table>

**Code Requirement:**  
A false fire alarm has occurred at this location within the last twelve months. The fee is $200.00. Please make the appropriate repairs to prevent a reoccurrence.

**Comments:**  
#8 4-8-10 13168 malfunction Inv 102627

**Description:**  
BUILDING PERMITS

**Code Requirement:**  
1.3.6.3 Repairs, renovations, alterations, reconstruction, change of occupancy, and additions to buildings shall conform with NFPA 101, Life Safety Code, and the adopted building code of the jurisdiction.

**Comments:**  
**Description:** OCC. LOAD POSTING

**Code Requirement:**  
Signs approved by the AHJ stating the maximum occupant content shall be conspicuously posted and maintained by the owner of the building... it shall be unlawful to remove or deface such notice

**Comments:**  
OCCUPANT LOAD SET @ 300 PERSONS PER FIRE MARSHAL AS OF 4-30-2010 UNTIL SPRINKLER SYSTEM IS INSTALLED

<table>
<thead>
<tr>
<th>Description</th>
<th>Found Date</th>
<th>Code Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPRESSION SYSTEM REQUIRED</td>
<td>04/30/2010</td>
<td>CITY FIRE CODE, 24.27</td>
</tr>
</tbody>
</table>

**Code Requirement:**  
Sprinkler system required in accordance with this code, NFPA 1, and NFPA 101

**Comments:**  
**Description:** OCCUPANT LOAD-DIAGRAM

**Code Requirement:**  
The AHJ shall be permitted to require an approved diagram to substantiate any increase in occupant load.

**Comments:**
provide new floor plans (drawings) to the office of permitting services for occupant load evaluation

<table>
<thead>
<tr>
<th>Description:</th>
<th>Found Date:</th>
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<tbody>
<tr>
<td>NOTE: SEE BELOW</td>
<td>05/12/2010</td>
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</table>

<table>
<thead>
<tr>
<th>Code Requirement:</th>
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<table>
<thead>
<tr>
<th>Comments:</th>
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<tbody>
<tr>
<td>per tim johnson no new plans required at this time (per prop.mgr after meeting with tim johnson)</td>
</tr>
</tbody>
</table>

08995
City of Orlando

Fed ID: 59-6000396
Phone: (407) 246-2511
Email: AR@CityofOrlando.Net
Fax: (407) 246-2247

Invoice #: FF 103633
Billing Date: 5/18/2010
Due Date: 6/17/2010
Amount: 200.00

Bill To: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Remit to:
City of Orlando
Centralized Revenue, 1st Flr
400 South Orange Avenue
Orlando FL 32801-3365

Description
False fire alarm #9

Amount
200.00

INVOICE TOTAL:
200.00

DATE: JUL 21 2010

Cut along the line and return bottom portion with your payment.

CITY OF ORLANDO ACCOUNTS RECEIVABLE PAYMENT STUB

Customer: 336792
Pulse
1912 S. Orange Avenue
Orlando FL 32806

Invoice #: FF 103633
Date: 5/18/2010
Invoice Total: 200.00

☐ Check #: ____________________________

☐ MC/Visa/AMEX #: ____________________________

Expiration Date: ___/____

Signature: ____________________________

Amount Paid: ____________________________
False Fire Alarm Incident Report
Report Print Date/Time  4/9/2010  10:52:01AM

Basic Incident Data
Date  Alarm  Code  PropUse  Station  File Number
4/8/2010  0013168  733  162  05  06581
Occ Name
Address  1912 S ORANGE Ave

Narratives

CAD Narrative
CAD Event #: FFD100408013168 Type: ALARM  Dispo: C  Operator: WILLIAMS, JENNIFER  Priority: 2
Comments: ***RMA.
AFA SMK RIGHT RIGHT WHITE ROOM PULL ENTRY
Original Location: PULSE  REF NO 7185475
E-5

E-5 arrived on scene and found nothing showing. Met with on premise who advises us that alarm panel showed pull station at front entry. No problem. no fire.

Letter Sent:
Invoice Sent:
Documentation Received:
Inspector Comments: