The University of the State of New York THE STATE EDUCATION DEPARTMENT

Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

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Dist	rict	Sch	ooll	Nam	е										 		 	 				
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Faci	lity/	Buil	ding	Na	me												 					
н	i	g	h		S	С	h	0	0	1												
Stre	et A	ddre	988	(NO	PO	Box	Nun	ber	s)								 	 				
City	City/Town/Village Zip Code																					
0	g	d	е	n	S	b	u	r	g									1	3	6	6	9

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
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- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.
, ·
1. Please indicate the primary use of this facility:
 INSTRUCTIONAL
○ ADMINISTRATIVE
O BUS MAINTENANCE
O BUS STORAGE ONLY
○ LEASED FACILITY OFF SCHOOL GROUNDS
MAINTENANCE
OTHER
Please Specify:
O PUBLIC LIBRARY
O STORAGE
O VACANT
2. Is there a fire sprinkler system in this facility? YES NO
If 'yes', is the sprinkler alarm connected with the building alarm? YES NO
3. Is there a fire hydrant system for facility protection? YES NO
If 'yes', indicate ownership of system (select one):
Public owned
School owned
Other
Please Specify:

the building is not District	Owned, provide t	ne name and add	ress of Landlord or	Building Owner:
Name *				
Address *				
Telephone # *				
the District lease the build	ling or spaces with	in the building to	others? O YES	O NO
		in the building to	others? O YES	6 O NO
the District lease the build yes, indicate the tenant(s)		in the building to	others? 🔵 YES	5 O NO
		in the building to	others? 🔵 YES	6 O NO
yes, indicate the tenant(s)		in the building to	others? 🔵 YES	S O NO
yes, indicate the tenant(s) Name *		in the building to	others? 🔵 YES	3 O NO
yes, indicate the tenant(s)		in the building to	o others? O YES	S O NO
yes, indicate the tenant(s) Name *		in the building to	others? (YES	S O NO
yes, indicate the tenant(s) Name *		in the building to	others? (YES	S O NO
yes, indicate the tenant(s) Name *		in the building to	others? (YES	O NO
yes, indicate the tenant(s) Name *		in the building to	others? () YES	S O NO
yes, indicate the tenant(s) Name * Address *		in the building to	others? O YES	S O NO
yes, indicate the tenant(s) Name * Address *		in the building to	others? (YES	S O NO
yes, indicate the tenant(s) Name * Address *		in the building to	others? () YES	S O NO
yes, indicate the tenant(s) Name * Address *		in the building to	others? () YES	S O NO

ember 1 and June 30 of the process EMERGENCY DRILLS	revious school year:		O YES
	red between September 1, ar red to be evacuation drills Fo	ur (4) drills are required to be	
1	Date	Evacuation	Lockdown
		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0
If the required number of	fire and emergency della-	uroro not hald desire 45%	المارية والمراجع والمراجع
If the required number of describe the reason:	Tire and emergency drills	were not neid during this	reporting cycle, p

8d. Average time to eva	cuate facility was:	minutes	seconds	
9/1/05) which requires	every school in New Yo	provided in accordance with sec ork State to provide a minimum fety for each month school is in	of 45 minutes of instruc	
8f. Employee fire preve accordance with Secti		d fire safety training was provide re Code	ed, and records maintain	ned, in
9. If the fire alarm syste	em was activated, was	the fire department immediatel	ly notified? YES	О но
10. Have there been an	y fires in this facility si	nce the last annual fire inspection	on report? YES	O NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total cost of pro	perty damage

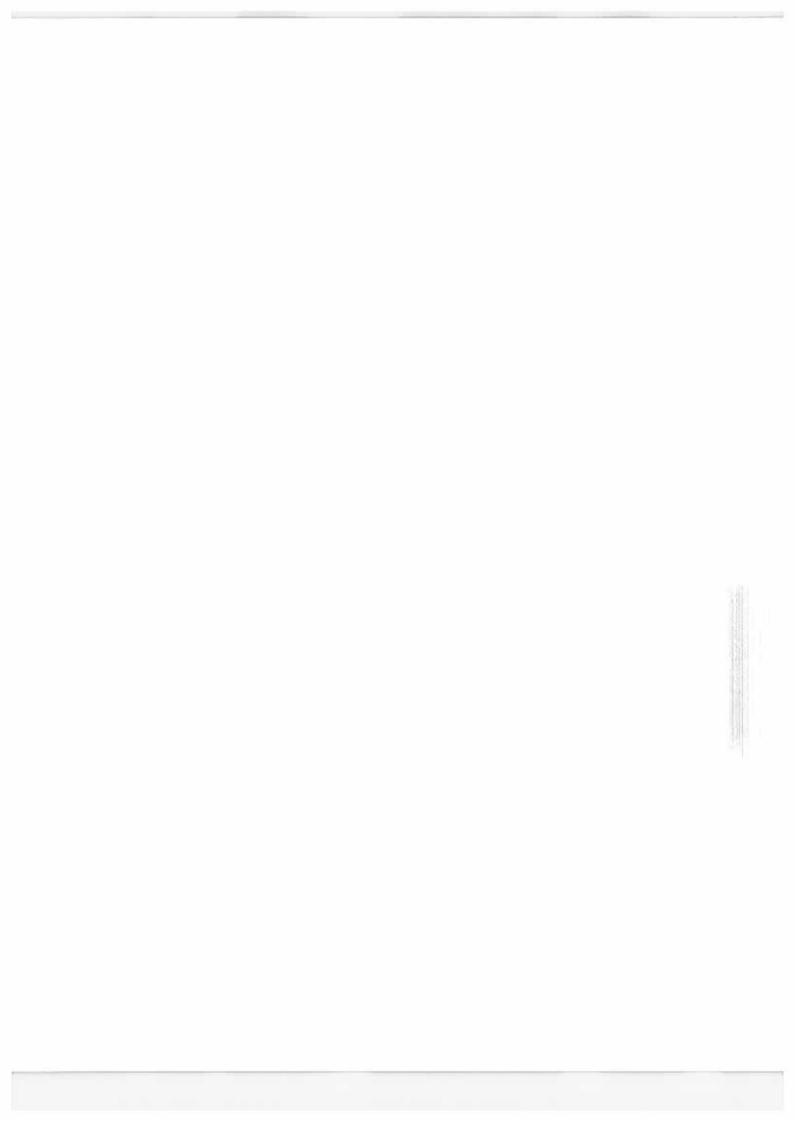
Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

			Distribution (Open One	
School District_	Ogdensburg CSD	Building Name	High-School	
Facility #				

	Part complet s only – e	ed for pu			Part	II-B	-		Part	II-B			Pari	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2								19G-1			
01D-1				08D-2				14A-2				19H-2			
01E-1				08E-2				14B-2							
	<u> </u>			09A-2				14C-2				20A-1			
02A-2				09B-2				14D-1				208-1			
02B-1				09C-1				14E-1		_		20C-1	L		
02C-3				09D-1	Х			15A-2	l I			21A-3			
02D-1				09F-2				15B-1				22A-3			
02E-2	X			09G-2				15C-2				22B-3			
02F-3				10A-2				15D-2				22C-3			
02G-2				10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2				23D-2			
				11A-2				16D-2				24A-3			
04A-2	—			11B-1				17A-3				25A-1			
04B-2	ļ		- 2	11C-2				17B-2		_		25B-1			
04C-1				11D-2				17C-2				25C-1			
	↓			11E-1				17D-2							
05A-3	1			100.0				17E-1				26A-3			<u> </u>
05B-2	1			12A-1				17F-3						lditional	
05C-2	1			12B-3				17G-1						ormance	
004.4	-			12C-2				17H-2	X					l, check	
06A-1	-			12D-2		_		171-2				26A-3 a		ne Code	section
06B-1	 			12E-1				17J-1	\vdash				bel	ow.	
06C-1				12F-1				17K-1	\vdash						18
06D-2 06E-3	1			12G-1 12H-1		-		17L-1	\vdash		 	-		·	
06F-1	+							18A-2	 				Inspe	ector	-
06G-1	+			12I-1 12J-1	-			18B-2	 		\vdash	The	inspect	or has b	een 📗
06H-2	+			12J-1	X			18C-2				provi	ded with	а сору	of the
0017-2	+	-		12K-1	-			18D-2 19A-3	 					's school	
07A-3	+			12L-1				19A-3 19B-2	\vdash				safety		
07B-2	+			12N-1				19B-2 19C-1					_	·	
07C-2	 			120-2				19D-1				Yes	<u>_X</u>	No	
070-2	1					0 0	l - '6 Al-	e building ha	1 1	- 10					

Part III: Public School Certifications

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accur	and the information in this Fire Safety Report represents, rate description of the building and conditions they ection has maintained their certification requirements
Name: Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification #1211-0338
Email: Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspection available any records and/or required documents individual identified below certifies that the	ation of the person responsible for monitoring this ector; provided access to all spaces; and made entation requested by the inspector) is building inspection was conducted on this date a specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent	
I hereby submit this fire inspection report on behal	f of the Board of Education and certify that:
 Public notice of report availability has been put Any nonconformances noted as corrected on the Sheet portion of this report were corrected on the Violations which are not corrected immediately approved by the Commissioner. 	he Public School Fire Safety Non-Conformance Report the date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature



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- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the
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Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

1. Plea	se indicate the primary use of this facility:
0	INSTRUCTIONAL
0	ADMINISTRATIVE
0	BUS MAINTENANCE
0	BUS STORAGE ONLY
0	LEASED FACILITY OFF SCHOOL GROUNDS
0	MAINTENANCE
0	OTHER
	Please Specify:
0	PUBLIC LIBRARY
	STORAGE
0	VACANT
2. Is th	ere a fire sprinkler system in this facility? YES NO
If 'y	yes', is the sprinkler alarm connected with the building alarm? O YES O NO
3. Is th	ere a fire hydrant system for facility protection? O YES O NO
lf'	yes', indicate ownership of system (select one):
	O Public owned
	○ School owned
	Other
	Please Specify:

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-

conformances for Items #25A-1 through #26A-3

		es guidance to teaching staff emergency drills required by evious school year:	y Section 807 of Education La	YES w held between YES
& EMERGEN	CY DRILLS			-
NOTE Eig Eight (8)	tht (8) are requir drills are require	ed between September 1, an ed to be evacuation drills Fo	d December 31 ur (4) drills are required to be	lockdown drills
		Date	Evacuation	Lockdown
	1		0	•
	2		0	0
	3		0	0
	4		0	0
	5		0	0
	6		0	0
	7		0	0
	8		0	0
	9		0	0
	10		0	0
	11		•	0
	12		0	0
. If the require describe the	ed number of t reason:	fire and emergency drills	were not held during this	reporting cycle, plea
	is .			

8d. Average time to eva	cuate facility was:	minutes	seconds			
9/1/05) which requires	every school in New Yo	provided in accordance w rk State to provide a mini ety for each month schoo	imum of 45 minut			arson,
8f. Employee fire preve accordance with Secti		fire safety training was p e Code	provided, and reco	rds maintair YES	ned, in	NO
9. If the fire alarm syste	em was activated, was t	he fire department imme	ediately notified?	O YES	0	NO
10. Have there been any	y fires in this facility sin	ce the last annual fire in:	spection report?	O YES	0	NO
a. If 'yes', indicate:	Number of fires	Number of injuries	То	tal cost of pro	perty d	amage

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

School District Ogdensburg CSD Building Name Kennedy
Facility #

	Part complet only – e	ed for pu			Part	II-B			Part	II-B			Part	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2								19G-1			
01D-1				08D-2				14A-2				19H-2			
01E-1				08E-2				14B-2							
				09A-2				14C-2				20A-1			
02A-2			- 1	09B-2				14D-1				20B-1			
02B-1				09C-1				14E-1				20C-1			
02C-3				09D-1	_			15A-2				21A-3			
02D-1				09F-2				15B-1				22A-3			
02E-2	X			09G-2				15C-2				22B-3			
02F-3				10A-2				15D-2			1	22C-3			
02G-2				10B-2				15E-1				23A-1			
				10C-1				16A-2	Х			23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2		_		23D-2			
				11A-2				16D-2				24A-3			
04A-2				11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2							
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3			5		If any ad		
05C-2				12B-3				17G-1						ormance	
				12C-2				17H-2						l, check i	
06A-1				12D-2				171-2				26A-3 a		e Code :	section
06B-1	ļ			12E-1	Χ			17J-1					belo	OW.	
06C-1				12F-1				17K-1							
06D-2				12G-1				17L-1							
06E-3				12H-1				18A-2					laan		- 1
06F-1				121-1				18B-2	<u> </u>			The	<u>Inspe</u>	ector or has be	200
06G-1	1			12J-1	X			18C-2						or nas bo a copy o	
06H-2				12K-1				18D-2				provi	ucu Willi Alle Yas	a copy o	n ale I fire
	\vdash			12L-1				19A-3				hiean	ous year safety		ı ıne
07A-3				12M-1				19B-2					saicty !	eport.	i
07B-2				12N-1				19C-1				You	X	No	
07C-2				120-2				19D-1				163		110	-

Part III: Public School Certifications

Section III-A. Fire Inspector	
The individual noted below inspected this building a to the best of their knowledge and belief, an accura observed. The individual that performed this inspector pursuant to Title 19 Part 1208	and the information in this Fire Safety Report represents, te description of the building and conditions they ction has maintained their certification requirements
Name: Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification #1211-0338
Email: <u>Lshaw@boces.com</u>	(as designated by the NYS Department of State)
Section III-B. Building Administrator or Design	iee
Please provide the name and contact informa inspection (whomever accompanied the inspeavailable any records and/or required docume	
	s building inspection was conducted on this date specific locations of any non-conformances report.
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent	
I hereby submit this fire inspection report on behalf	of the Board of Education and certify that:
 Public notice of report availability has been pub Any nonconformances noted as corrected on the Sheet portion of this report were corrected on the Violations which are not corrected immediately approved by the Commissioner. 	ne Public School Fire Safety Non-Conformance Report ne date indicated, and that
Name:	Telephone #: ()
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ADMINISTRATIVE
BUS MAINTENANCE
BUS STORAGE ONLY
LEASED FACILITY OFF SCHOOL GROUNDS
 MAINTENANCE
OTHER
Please Specify:
O PUBLIC LIBRARY
STORAGE
VACANT
2. Is there a fire sprinkler system in this facility? YES ONO
If 'yes', is the sprinkler alarm connected with the building alarm? YES NO
3. Is there a fire hydrant system for facility protection? O YES O NO
If 'yes', indicate ownership of system (select one):
Public owned
School owned
Other
Please Specify:

the building is not District O	wned, provide the name	and address of Landl	ord or Building Ov	vner:
Name *				
Address *				
Telephone # *				
	ng or spaces within the bu	ilding to others?) YES 🔘 I	NO
	ng or spaces within the bu	ilding to others?) YES O I	NO
yes, indicate the tenant(s):	ng or spaces within the bu	ilding to others?	YES O	МО
yes, indicate the tenant(s): Name *	ng or spaces within the bu	ilding to others?	YES O	NO
yes, indicate the tenant(s):	ng or spaces within the bu	ilding to others?	YES O	NO
yes, indicate the tenant(s): Name *	ng or spaces within the bu	ilding to others?	YES O	NO
yes, indicate the tenant(s): Name *	ng or spaces within the bu	ilding to others?	YES O	NO
yes, indicate the tenant(s): Name *	ng or spaces within the bu	ilding to others?	YES O	NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the bu	illding to others?	YES O	NO
yes, indicate the tenant(s): Name *	ng or spaces within the bu	ilding to others?	YES O	NO
Address *	ng or spaces within the bu	ilding to others?	YES O	NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the bu	illding to others?	YES O	NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the bu	ilding to others?	YES O	NO
yes, indicate the tenant(s): Name * Address *		illding to others?	YES O	NO

conformances for Items #25A-1 through #26A-3

MERGENCY DRILLS			
-	ed between September 1, an ed to be evacuation drills Fo		e lockdown drills
	Date	Evacuation	Lockdowi
1		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0

8d. Average time to eva	cuate facility was:	minutes	seconds			
9/1/05) which requires	ention instruction was pr every school in New York prevention, and life safet	State to provide a mi	nimum of 45 minut	the Educatio les of instruct ES	n Law (tion in	arson,
	ention, evacuation, and fi on F406 of the NYS Fire		provided, and reco	ords maintain YES	ed, in	NO
9. If the fire alarm syste	em was activated, was the	e fire department imn	nediately notified?	O YES	0	NO
10. Have there been any	y fires in this facility sinc	e the last annual fire i	nspection report?	O YES	0	NO
a. If 'yes', indicate:	Number of fires	Number of injuries	То	tal cost of pro	perty d	amage

School District Ogdensburg CSD Building Name Madill Facility #

	Part complet s only – e	ed for pu			Part	II-B			Part	II-B			Part	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2	1			08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2				111111				19G-1			
01D-1				08D-2			1	14A-2				19H-2			
01E-1				08E-2				14B-2							
				09A-2				14C-2				20A-1			
02A-2				09B-2				14D-1				20B-1			
02B-1			1	09C-1				14E-1				20C-1			
02C-3				09D-1	Х			15A-2				21A-3			
02D-1			1	09F-2			- 5	15B-1				22A-3			
02E-2				09G-2				15C-2				22B-3			
02F-3				10A-2				15D-2				22C-3			
02G-2				108-2				15E-1				23A-1			
				10C-1				16A-2	X			23B-1			
03A-3				10D-1				16B-2		·		23C-1			
03B-1								16C-2				23D-2			
				11A-2				16D-2				24A-3			
04A-2				11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2							
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3						ditional	
05C-2				12B-3				17G-1						ormance	
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06A-1				12D-2				171-2				26A-3 a		ne Code	section
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06F-1				121-1		<u> </u>		18B-2				The		ector or has b	000
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	1			12L-1		<u> </u>		19A-3				Piea		report:	/: III C
07A-3	ļ			12M-1				19B-2					Juicty	ispoit.	
07B-2	1			12N-1				19C-1				Yes	вХ	No	
07C-2				120-2		<u> </u>	l l.	19D-1							

All schools complete Section 8 only if the building has electrically-operated folding partitions. Initial Inspection: Fire Safety Inspector: Name__<u>Linda Shaw</u> Date___<u>07/28/2023</u>_ Registry #___1211-0338____ (26E-4)Final Inspection (if required): Fire Safety Inspector: Name_ Date_ Registry #__ (26F-4)

Part III: Public School Certifications

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accura	and the information in this Fire Safety Report represents, te description of the building and conditions they ction has maintained their certification requirements
Name:Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification #1211-0338
Email: Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspeavailable any records and/or required docume The individual identified below certifies that this	tion of the person responsible for monitoring this ctor; provided access to all spaces; and made ntation requested by the inspector) s building inspection was conducted on this date specific locations of any non-conformances
Section III-C. School Superintendent	
I hereby submit this fire inspection report on behalf	of the Board of Education and certify that:
 Public notice of report availability has been pub Any nonconformances noted as corrected on the Sheet portion of this report were corrected on the Violations which are not corrected immediately approved by the Commissioner. 	ne Public School Fire Safety Non-Conformance Report ne date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature



The University of the State of New York THE STATE EDUCATION DEPARTMENT of Facilities Planning - Room 1060 Education Building Anne

Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

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Faci	lity/	Buil	ding	Na	me																		
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City	/Tov	vn/V	illag	je		L						I	1		 			Z	ip C	ode	•		
0	g	d	е	n	ន	b	u	r	g										1	3	6	6	9

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the
 facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

. Please indicate the primary use of this facility:	
O INSTRUCTIONAL	
O ADMINISTRATIVE	
BUS MAINTENANCE	
BUS STORAGE ONLY	
LEASED FACILITY OFF SCHOOL GROUNDS	
 MAINTENANCE 	
OTHER	
Please Specify:	
PUBLIC LIBRARY	
STORAGE	
VACANT	
. Is there a fire sprinkler system in this facility? YES NO If 'yes', is the sprinkler alarm connected with the building alarm? YES NO	
. Is there a fire hydrant system for facility protection? O YES O NO	
If 'yes', indicate ownership of system (select one):	
Public owned	
 School owned 	
Other	
Please Specify:	

he building is not Dis	trict Owned, provide	the name and a	ddress of Landlo	rd or Building Owner
Name *				
Address *				
Telephone # *				
he District lease the	building or spaces wit	hin the building	to others?	YES O NO
		hin the building	to others?	YES O NO
yes, indicate the tena		hin the building	to others?	YES O NO
		hin the building	to others?	YES O NO
yes, indicate the tena		hin the building	to others?	YES O NO
yes, indicate the tena		hin the building	to others?	YES O NO
yes, indicate the tena Name *		hin the building	to others?	YES O NO
yes, indicate the tena Name *		hin the building	to others?	YES O NO
yes, indicate the tena Name *		hin the building	to others?	YES O NO
yes, indicate the tena Name * Address *		hin the building	to others?	YES O NO
yes, indicate the tena Name *		hin the building	to others?	YES O NO
yes, indicate the tena Name * Address *		hin the building	to others?	YES O NO
yes, indicate the tena Name * Address *		hin the building	to others?	YES O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-

conformances for Items #25A-1 through #26A-3

	revious school year: ired between September 1, ar red to be evacuation drills Fo		YES
	Date	Evacuation	Lockdown
1		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0
f the required number of escribe the reason:	fire and emergency drills	were not held during this	reporting cycle, p

8d. Average time to eva	cuate facility was:	minutes	seconds			
9/1/05) which requires	every school in New Yo	provided in accordance v ork State to provide a mir fety for each month scho	nimum of 45 minut			arson,
8f. Employee fire preve accordance with Secti		fire safety training was re Code	provided, and reco	rds maintair YES	ned, in	NO
9. If the fire alarm syste	em was activated, was	the fire department imm	ediately notified?	O YES	0	NO
10. Have there been an	y fires in this facility si	nce the last annual fire ir	nspection report?	YES	0	NO
a. If 'yes', indicate:	Number of fires	Number of injuries	To	tal cost of pro	operty d	amage

Part II:Public School Fire and Building Safety Non-Conformance Report SheetSchool DistrictOgdensburg CSDBuilding NameHS Garage 1 Facility #

	Part l complet only – e	ed for pu			Part	II-B			Part	II-B			Part	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1	1		
01C-1				08C-2								19G-1			
01D-1				08D-2				14A-2				19H-2			
01E-1	1			08E-2				14B-2							
				09A-2				14C-2				20A-1			
02A-2				09B-2				14D-1				20B-1			
02B-1				09C-1			1	14E-1				20C-1		•	
02C-3				09D-1				15A-2				21A-3			
02D-1				09F-2			160	15B-1			1	22A-3			
02E-2				09G-2				15C-2				22B-3			
02F-3				10A-2			2	15D-2				22C-3			
02G-2				10B-2			-	15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2				23D-2			
				11A-2				16D-2			1	24A-3			
04A-2				11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
-				11E-1				17D-2							
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3						ditional	
05C-2		-		12B-3				17G-1						ormance	
				12C-2				17H-2						i, check	
06A-1				12D-2				171-2				26A-3 a		ne Code	section
06B-1				12E-1				17J-1					bel	OW.	
06C-1				12F-1				17K-1				<u></u>			
06D-2				12G-1				17L-1							12
06E-3			- 6	12H-1				18A-2							
06F-1				121-1				18B-2				471	Insp		
06G-1				12J-1				18C-2						or has b	
06H-2				12K-1				18D-2						a copy	
				12L-1				19A-3				prev		r's schoo report:	אווופ ווו
07A-3				12M-1				19B-2					sarety	report:	
07B-2				12N-1				19C-1				Vac	. Y	No	
07C-2				120-2				19D-1				168	<u>~</u> _	110	

All schools complete Section 8 only if the building has electrically-operated folding partitions.

Initial Inspection:		-	
Fire Safety Inspector:	NameLinda Shaw		
	Date07/28/2023	Registry #1211-0338	(26E-4)
Final Inspection (if requ	ired):	<u> </u>	, ,
Fire Safety Inspector:	Name		
• •	Date	Registry #	(26F-4)

Part III: Public School Certifications

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an acc	ng and the information in this Fire Safety Report represents, curate description of the building and conditions they spection has maintained their certification requirements
Name:Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification #1211-0338
Email: <u>Lshaw@boces.com</u>	(as designated by the NYS Department of State)
inspection (whomever accompanied the insavailable any records and/or required docu The individual identified below certifies that	rmation of the person responsible for monitoring this spector; provided access to all spaces; and made mentation requested by the inspector) this building inspection was conducted on this date he specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent I hereby submit this fire inspection report on belt Public notice of report availability has been a corrected of sheet portion of this report were corrected of Sheet portions which are not corrected immediate approved by the Commissioner. Name: Title:	published, and that n the <i>Public School Fire Safety Non-Conformance Report</i> on the date indicated, and that
Email:	Signature



The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

BEDS CODE #

Dist	rict	Sch	ool	Nam	e			· ·									 						
0	g	d	е	n	ន	b	u	r	g		С	i	t	У	s	D							
Fac	ility/	Buil	ding	Na	me																		
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City	/Tov	vn/V	/illaç	e														7	Zip C	ode	:		
0	g	d	е	n	ន	b	u	r	g										1	3	6	6	9

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the
 facility and complete a separate report for each facility.
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- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be
 posted in public view in a prominent location within this facility.

Note : Please insert the date the actual inspection took place. *The Inspection Date cannot be earlier than 45 days before the Due Date.*

I. Please indicate the primary use of this facility:	
○ INSTRUCTIONAL	
 ADMINISTRATIVE 	
BUS MAINTENANCE	
BUS STORAGE ONLY	
LEASED FACILITY OFF SCHOOL GROUNDS	
MAINTENANCE	
OTHER	
Please Specify:	
O PUBLIC LIBRARY	
○ STORAGE	
○ VACANT	
2. Is there a fire sprinkler system in this facility? YES NO If 'yes', is the sprinkler alarm connected with the building alarm? YES	NO
3. Is there a fire hydrant system for facility protection? YES NO	
If 'yes', indicate ownership of system (select one):	
Public owned	
School owned	
Other	
Please Specify:	

the building is not Dist Name *				
Address *				
Telephone # *				
the District large the h				0
the District lease the b	ouilding or spaces within	the building to others	5? O YES	О но
yes, indicate the tenar		the building to other	s? O YES	О но
		the building to other	5? YES	О но
yes, indicate the tenar		the building to other	s? O YES	O NO
yes, indicate the tenar		the building to other	5? O YES	О но
yes, indicate the tenar		the building to other	s? O YES	O NO
yes, indicate the tenar		the building to other	5? O YES	O NO
yes, indicate the tenar		the building to other	s? O YES	O NO
yes, indicate the tenar Name * Address *		the building to other	s? O YES	O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-conformances for Items #25A-1 through #26A-3

ovide dates of twelve fire and ember 1 and June 30 of the pr		Section 807 of Education Lav	w held between YES
	red between September 1, an red to be evacuation drills Fou		lockdown drills
	Date	Evacuation	Lockdown
1		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0
If the required number of describe the reason:	fire and emergency drills	were not held during this	reporting cycle, pl

8d. Average time to eva	cuate facility was:	minutes	seconds				
8c. Arson and fire preve 9/1/05) which requires fire prevention, injury p	every school in New Yo	rk State to provide a m	inimum of 45 minu		nstruc		arson,
8f. Employee fire preve accordance with Secti		fire safety training wa e Code	s provided, and rec	ords ma		ned, in	NO
9. If the fire alarm syste	m was activated, was t	the fire department im	mediately notified?	0 '	YES	0	NO
10. Have there been any	/ fires in this facility sir	nce the last annual fire	inspection report?	0	YES	0	NO
a. If 'yes', indicate:	Number of fires	Number of injurie	s To	otal cos	t of pro	perty d	lamage

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

School District_Ogdensburg CSD_____ Building Name_ HS Garage 2 _____ Facility #

	Part i complete only – e	ed for pu			Part	II-B			Part	II-B			Pari	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2								19G-1			
01D-1				08D-2				14A-2				19H-2			
01E-1				08E-2				148-2							
				09A-2				14C-2				20A-1			
02A-2				09B-2				14D-1				20B-1			
02B-1				09C-1				14E-1				20C-1			
02C-3				09D-1				15A-2				21A-3			
02D-1				09F-2				15B-1				22A-3			
02E-2				09G-2				15C-2				22B-3			
02F-3				10A-2				15D-2				22C-3			
02G-2				10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2				23D-2			
				11A-2	-			16D-2				24A-3			
04A-2				11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2							
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3					If any ac	ditional	
05C-2				12B-3				17G-1						ormance	
				12C-2				17H-2				are o	bserved	i, check i	tem
06A-1				12D-2				171-2				26A-3 a		ne Code :	section
06B-1				12E-1				17J-1		Ì			bel	ow.	
06C-1				12F-1				17K-1				l —			
06D-2				12G-1				17L-1							
06E-3				12H-1				18A-2			1		4		
06F-1				121-1				18B-2				T).	Inspe	ector	1 32
06G-1				12J-1				18C-2				Ine	inspect	or has be	eΠ Abc
06H-2				12K-1				18D-2				provi	uea with	a copy o	n tne Liire
				12L-1				19A-3				previ	ous year safety	r's schoo	TIE
07A-3			1	12M-1				19B-2					Balety	report.	
07B-2				12N-1				19C-1				Yes	×	No	
07C-2				120-2				19D-1				166		.10	_

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accura	and the information in this Fire Safety Report represents, te description of the building and conditions they ction has maintained their certification requirements
Name:Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification # _1211-0338
Email: <u>Lshaw@boces.com</u>	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspeavailable any records and/or required docume The individual identified below certifies that this and can confirm the (provide inspection date) identified within this	ntion of the person responsible for monitoring this ctor; provided access to all spaces; and made intation requested by the inspector) s building inspection was conducted on this date specific locations of any non-conformances report.
Name:	Telephone #: ()
Title:	Email:
<u> </u>	Signature
Section III-C. School Superintendent	
I hereby submit this fire inspection report on behalf	of the Board of Education and certify that:
 Public notice of report availability has been pub Any nonconformances noted as corrected on the Sheet portion of this report were corrected on the Violations which are not corrected immediately approved by the Commissioner. 	ne Public School Fire Safety Non-Conformance Report ne date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature



The University of the State of New York
THE STATE EDUCATION DEPARTMENT

THE STATE EDUCATION DEPARTMENT
Office of Facilities Planning - Room 1060 Education Building Annex
Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

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Dist	rict/	Sch	ooll	Nam	е		·								•	<u> </u>		•		•	•				
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INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the
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- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Part I: General Information and Fire/Life Safety History

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

Inspection Date 07/28/2023

. Please indicate the primary use of this facility:	
INSTRUCTIONAL	
○ ADMINISTRATIVE	
BUS MAINTENANCE	
BUS STORAGE ONLY	
LEASED FACILITY OFF SCHOOL GROUNDS	
MAINTENANCE	
OTHER	
Please Specify:	
O PUBLIC LIBRARY	
STORAGE	
O VACANT	
t. Is there a fire sprinkler system in this facility? YES NO	
If 'yes', is the sprinkler alarm connected with the building alarm? YES N	10
s. Is there a fire hydrant system for facility protection? O YES O NO	
If 'yes', indicate ownership of system (select one):	
Public owned	
School owned	
Other	
Please Specify:	

Name *	ride the name and address of Landlord	Ü
ivame *		
Address *		
Telephone # *		
relephone #		
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relephone #		
тегерлопе ж		
	s within the building to others?	YES () NO
the District lease the building or space	s within the building to others?	YES O NO
the District lease the building or space	s within the building to others?	YES O NO
	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s):	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s):	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s):	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name *	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name *	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name *	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name *	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name * Address *	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name *	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name * Address *	s within the building to others?	YES O NO
the District lease the building or space yes, indicate the tenant(s): Name * Address *	s within the building to others?	YES O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-conformances for Items #25A-1 through #26A-3

ember 1 and June 30 of the p	revious school year.		O YES
NOTE Eight (8) are requi Eight (8) drills are requi	ired between September 1, au red to be evacuation drills Fo	nd December 31 our (4) drills are required to be	e lockdown drills
	Date	Evacuation	Lockdown
1		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		•	0
11		•	0
12		0	0
f the required number of escribe the reason:	fire and emergency drills v	were not held during this	reporting cycle, plea

8d. Average time to evad	cuate facility	was:	minutes	seconds			
8e. Arson and fire preve 9/1/05) which requires of fire prevention, injury p	every school i	n New York State to	provide a mini	mum of 45 minut	the Education les of instruct	n Law (cion in ON	arson,
8f. Employee fire preve accordance with Section			r training was pi	rovided, and reco	ords maintain YES	ed, in	NO
9. If the fire alarm syste	m was activa	ted, was the fire de	partment imme	diately notified?	YES	0	NO
10. Have there been any	fires in this f	facility since the las	t annual fire ins	pection report?	O YES	0	NO
a. If 'yes', indicate:	Number of fir	res Num	ber of injuries	То	tal cost of pro	perty d	amage

 Part II:
 Public School Fire and Building Safety Non-Conformance Report Sheet

 School District
 Ogdensburg CSD
 Building Name
 HS Garage 3
 Facility #

(to be	Part I complete only - e	ed for pu	iblic lig 4")		Part	II-B			Part	II-B			Part	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2				100				19G-1			
01D-1				08D-2				14A-2				19H-2			
01E-1				08E-2				14B-2				14			
	1			09A-2				14C-2				20A-1			
02A-2			90	09B-2			- I	14D-1				20B-1			
02B-1				09C-1				14E-1				20C-1			
02C-3				09D-1			1	15A-2				21A-3			
02D-1				09F-2				15B-1			1	22A-3			
02E-2				09G-2				15C-2	1			22B-3			
02F-3				10A-2				15D-2				22C-3			
02G-2	1			10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2	1			23D-2			
				11A-2				16D-2				24A-3			
04A-2				11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2							1
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3					If any ac		
05C-2				12B-3				17G-1					on-confe		8
				12C-2				17H-2					bserved		
06A-1				12D-2				171-2				26A-3 a	nd list th		section
06B-1				12E-1				17J-1					bel	ow.	
06C-1				12F-1				17K-1				-			
06D-2				12G-1				17L-1							
06E-3				12H-1				18A-2				-			
06F-1				121-1				18B-2					inspe		
06G-1				12J-1				18C-2			3		inspect		
06H-2				12K-1				18D-2				provi	ded with	a copy	or the
				12L-1				19A-3				previ	ous year		DI TIF e
07A-3				12M-1				19B-2					safety	report:	
07B-2				12N-1		1		19C-1				V		Ma	
07C-2				120-2				19D-1				1 63	:_ <u>X</u>	NO	

7C-2					120-2					19D-1					100	 110
				Ali	schools (complete	Section 8	only if t	he I	building ha	s electri	cally-ope	rated fol	ding	g partitions.	
Initial I	nspection	<u>on</u> :														
Fire Saf	ety Insp	ector:	Na	me	Linda S	Shaw			_							
			Da	ite_	07/28/	2023			_		Regi	istry #	1211-03	338		(26E-4)
Final In	spectio	n (if re	quired):													, ,
Fire Saf	ety Insp	ector:	Na	me												
			Da	ite_		200					Regi	istry #				(26F-4)

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accura	and the information in this Fire Safety Report represents, ate description of the building and conditions they ection has maintained their certification requirements
Name: <u>Linda Shaw</u>	Telephone #: (315) 212-9479
Title: Consultant	Certification # _1211-0338
Email: <u>Lshaw@boces.com</u>	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspection available any records and/or required documents.) The individual identified below certifies that the	eation of the person responsible for monitoring this ector; provided access to all spaces; and made entation requested by the inspector) is building inspection was conducted on this date specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent I hereby submit this fire inspection report on behalt Public notice of report availability has been pull Any nonconformances noted as corrected on the Sheet portion of this report were corrected on the Sheet portion of this report were corrected on the Sheet portions which are not corrected immediately approved by the Commissioner.	blished, and that he <i>Public School Fire Safety Non-Conformance Report</i> the date indicated, and that
Name:	Telephone #: ()
Email:	Signature



Updated DECEMBER 2020

The University of the State of New York THE STATE EDUCATION DEPARTMENT ice of Facilities Planning - Room 1060 Education Build

Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

BEL)S C	ODF	: #																					
Dist	rict	Sch	ooll	Vam	е		-			- A					- b			-	- 1	 		_		
0	g	d	е	n	s	b	u	r	g		С	i	t	У		S	D							
Faci	lity/	Buil	ding	Na	me													1 2						
Н	S		G	a	r	a	g	е		4														
Stre	et A	ddre	ess	NO	PO	Box	Nun	nbers	s)	25 V							- A							
		L			L						<u> </u>	L				<u> </u>	<u> </u>							Щ
City	/Tov	vn/V	'illag	e		2.775	3.5						_							 Zip C	ode	:		
0	g	d	е	n	ន	b	u	r	g											1	3	6	6	9

INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the
 facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Part I: General Information and Fire/Life Safety History

Note : Please insert the date the actual inspection took place. *The Inspection Date cannot be earlier than 45 days before the Due Date.*

Inspection Date 07/28/2023

ı. Please	se indicate the primary use of this facility:	
⊚ in:	NSTRUCTIONAL	
	ADMINISTRATIVE	
O BU	BUS MAINTENANCE	
⊜ BU	BUS STORAGE ONLY	
O LE	EASED FACILITY OFF SCHOOL GROUNDS	
○ M/	MAINTENANCE	
O 01	OTHER	
Ple	Please Specify:	
(i) PI	PUBLIC LIBRARY	
	STORAGE	
- 33 -	VACANT	
	77. W. V.	
2. Is ther	ere a fire sprinkler system in this facility? YES NO	
If 'ye:	ves', is the sprinkler alarm connected with the building alarm? YES () NO
		<i>,</i> 110
3. Is ther	ere a fire hydrant system for facility protection? O YES NO	
If 'vo	ves', indicate ownership of system (select one):	
	Public owned	
	School owned	
0	Other	
	Please Specify:	

the building is not Distri Name *				
Address *				
Telephone # *				
receptione #				
the District lease the bu	ilding or spaces within	the building to other:	5? VE R	O NO
the District lease the bu		the building to others	s? O YES	O NO
yes, indicate the tenant		the building to others	5? O YES	О но
		the building to others	s? () YES	O NO
yes, indicate the tenant Name *		the building to others	5? YES	○ мо
yes, indicate the tenant		the building to others	s? O YES	○ но
yes, indicate the tenant Name *		the building to others	5? YES	O NO
yes, indicate the tenant Name *		the building to others	5? YES	○ но
yes, indicate the tenant Name *		the building to others	5? () YES	O NO
yes, indicate the tenant Name * Address *		the building to others	5? YES	O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-conformances for Items #25A-1 through #26A-3

Ť		s guidance to teaching staff	?	s, a copy of Section 807 YES
	ates of twelve fire and (I and June 30 of the pre		Section 807 of Education La	w held between YES O
	CENCY DOLL C			
	RGENCY DRILLS	ed between September 1, an	d December 21	
			ur (4) drills are required to be	e lockdown drills
		Date	Evacuation	Lockdown
	1		0	0
	2		0	0
	3		0	0
	4		0	0
	5		0	0
	6		0	0
	7		0	0
	8		0	0
	9		0	0
	10		0	0
	11		0	0
	12		0	0
		ire and emergency drills	owere not held during this	

8d. Average time to eva	cuate facility was:	minutes	seconds		
9/1/05) which requires	every school in New Yo	provided in accordance with s ork State to provide a minimu fety for each month school is	m of 45 minutes of in	struction in	arson,
8f. Employee fire preve accordance with Secti		l fire safety training was prov re Code	ided, and records ma		NO
9. If the fire alarm syste	em was activated, was	the fire department immedia	tely notified? 🔘 Y	ES 🔾	NO
10. Have there been an	y fires in this facility si	nce the last annual fire inspec	ction report? O Y	ES O	NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total cost	of property d	lamage

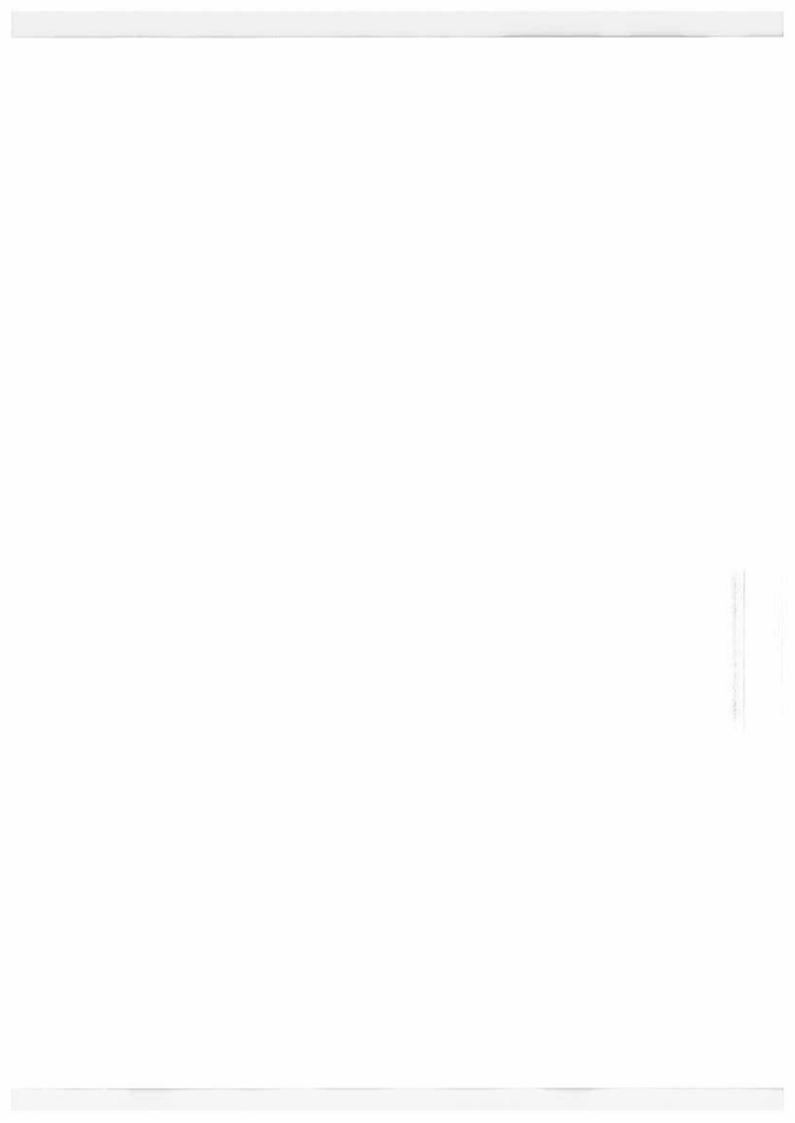
Part II: Public School Fire and Building Safety Non-Conformance Report Sheet School District_Ogdensburg CSD Building Name HS Garage 4

Facility #

	Part i complete only – e	ed for pu				Part	II-B			Part	II-B			Part	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected		Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2					08A-2				13A-2				19E-1			
01B-1				M	08B-2				13B-2				19F-1			
01C-1					08C-2				1000				19G-1			
01D-1					08D-2				14A-2				19H-2			
01E-1					08E-2				14B-2							
					09A-2				14C-2			1	20A-1			
02A-2					09B-2				14D-1				20B-1			
02B-1					09C-1				14E-1				20C-1			
02C-3					09D-1				15A-2				21A-3			
02D-1					09F-2				15B-1				22A-3			
02E-2					09G-2				15C-2				22B-3			
02F-3					10A-2				15D-2			8.	22C-3			
02G-2					10B-2				15E-1			7	23A-1			
					10C-1				16A-2				23B-1			
03A-3					10D-1				16B-2			9	23C-1			
03B-1									16C-2				23D-2			
					11A-2				16D-2				24A-3			
04A-2					11B-1				17A-3				25A-1			
04B-2					11C-2				17B-2			1	25B-1			
04C-1					11D-2				17C-2				25C-1			
					11E-1				17D-2							
05A-3									17E-1				26A-3			
05B-2					12A-1				17F-3					If any ac	Iditional	
05C-2					12B-3				17G-1				n	on-confe	ormance	s
					12C-2				17H-2						l, check i	
06A-1					12D-2				171-2				26A-3 a	nd list th	ne Code :	section
06B-1					12E-1				17J-1					bel	ow.	
06C-1					12F-1				17K-1				II —			
06D-2					12G-1	<u> </u>			17L-1				I			
06E-3					12H-1				18A-2				I —			
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06G-1					12J-1				18C-2						or has be	
06H-2					12K-1				18D-2		_		provi	aea with	а сору	or the
					12L-1				19A-3		_		previ	ous year	's schoo	i fire
07A-3					12M-1				19B-2					safety	героп:	
07B-2					12N-1				19C-1				Var	<u>X</u>	No	
07C-2					120-2				19D-1			1	168		140	==01

All schools complete Section 8 only if the building has electrically-operated folding partitions. **Initial Inspection:** Name__<u>Linda Shaw</u>_____ Fire Safety Inspector: Date 07/28/2023 Registry # 1211-0338 (26E-4) Final Inspection (if required): Fire Safety Inspector: Name___ Registry #_____ Date____ (26F-4)

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accur	and the information in this Fire Safety Report represents, rate description of the building and conditions they ection has maintained their certification requirements
Name: Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification # _1211-0338
Email:Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the insparation available any records and/or required documents). The individual identified below certifies that the	nation of the person responsible for monitoring this sector; provided access to all spaces; and made sentation requested by the inspector) nis building inspection was conducted on this date specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent	
I hereby submit this fire inspection report on beha	alf of the Board of Education and certify that:
 Public notice of report availability has been put Any nonconformances noted as corrected on Sheet portion of this report were corrected on Violations which are not corrected immediatel approved by the Commissioner. 	the Public School Fire Safety Non-Conformance Report the date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature



The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Updated DECEMBER 2020

Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(<u>THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY</u> – DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

BEL	SC	ODE	= #		T	-					-	100		T .	17.0	-	T	7	2 00	-	1			77257	
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Stre	et A	ddr	ess ((NO	PQ	Box	Nun	ber	s)																
City	/Tov	vn/V	illag	e														•		Z	Zip C	ode	<u> </u>		
0	g	đ	е	n	ន	b	u	r	g												1	3	6	6	9

INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be
 posted in public view in a prominent location within this facility.

Part I: General Information and Fire/Life Safety History

Inspection Date 07/28/2023

The Inspection Date cannot be earlier than 45 days before the Due Date.
1. Please indicate the primary use of this facility:
○ INSTRUCTIONAL
○ ADMINISTRATIVE
BUS MAINTENANCE
BUS STORAGE ONLY
LEASED FACILITY OFF SCHOOL GROUNDS
MAINTENANCE
OTHER
Please Specify:
O PUBLIC LIBRARY
○ STORAGE
O VACANT
2. Is there a fire sprinkler system in this facility? YES NO
If 'yes', is the sprinkler alarm connected with the building alarm? YES NO
3. Is there a fire hydrant system for facility protection? O YES O NO
If 'yes', indicate ownership of system (select one):
Public owned
School owned
Other
Please Specify:

	wned, provide the name and address o	t candiord of building Owner.
Name *		
Address *		
Telephone # *		
relephone # *		
he District lease the buildin	g or spaces within the building to othe	rs? O YES O NO
es, indicate the tenant(s):	g or spaces within the building to othe	rs? O YES O NO
es, indicate the tenant(s):	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name *	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name *	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name *	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name *	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name * Address *	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name *	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name * Address *	g or spaces within the building to othe	rs? O YES O NO
/es, indicate the tenant(s): Name * Address *	g or spaces within the building to othe	rs? O YES O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-

conformances for Items #25A-1 through #26A-3

	e dates of twelve fire and er 1 and June 30 of the pre	emergency drills required by evious school year:	Section 807 of Education Lav	w held between YES
& EM	ERGENCY DRILLS			
	-	ed between September 1, and ed to be evacuation drills Fou		lockdown drills
		Date	Evacuation	Lockdown
	1		0	0
	2		0	0
	3		0	0
	4		0	0
	5		0	0
	6		0	0
	7		0	0
	8		0	0
	9		0	0
	10		0	0
	11		0	0
	12		0	0
. If th	e required number of taribe the reason:	fire and emergency drills v	vere not held during this	reporting cycle, plea

8d. Average time to eva	cuate facility was:	minutes	seconds	
9/1/05) which requires	every school in New Yo	provided in accordance with se rk State to provide a minimum ety for each month school is in	n of 45 minutes of instruc	
8f. Employee fire preve accordance with Secti		fire safety training was provid e Code	led, and records maintain	ned, in
9. If the fire alarm syste	em was activated, was f	the fire department immediate	ely notified? YES	О но
10. Have there been an	y fires in this facility sir	nce the last annual fire inspect	ion report? YES	O NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total cost of pro	perty damage

Part II:Public School Fire and Building Safety Non-Conformance Report SheetSchool DistrictOgdensburg CSDBuilding NameHS Garage 5 Facility #

	Part I complete only – e	ed for pu			Part	II-B			Part	11-B			Part	Part II-B				
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected			
01A-2				08A-2				13A-2				19E-1						
01B-1				08B-2			1	13B-2				19F-1						
01C-1				08C-2				1				19G-1						
01D-1				08D-2				14A-2				19H-2						
01E-1				08E-2			1	14B-2										
				09A-2				14C-2				20A-1						
02A-2				09B-2				14D-1				20B-1						
02B-1			9	09C-1				14E-1				20C-1						
02C-3				09D-1				15A-2				21A-3						
02D-1				09F-2				15B-1				22A-3						
02E-2				09G-2				15C-2				22B-3						
02F-3	1			10A-2				15D-2				22C-3						
02G-2				10B-2				15E-1				23A-1						
				10C-1				16A-2				23B-1						
03A-3	1			10D-1				16B-2				23C-1						
03B-1								16C-2				23D-2						
				11A-2				16D-2				24A-3	[
04A-2				11B-1				17A-3				25A-1						
04B-2				11C-2				17B-2				25B-1						
04C-1				11D-2				17C-2				25C-1						
				11E-1				17D-2										
05A-3				<u> </u>				17E-1				26A-3			100			
05B-2				12A-1				17F-3						ditional				
05C-2				12B-3				17G-1						ormance				
				12C-2				17H-2						l, check				
06A-1				12D-2				171-2				26A-3 a		ne Code	section			
06B-1				12E-1				17J-1					bel	ow.				
06C-1				12F-1				17K-1							_			
06D-2				12G-1				17L-1										
06E-3				12H-1				18A-2					les e					
06F-1				121-1				18B-2				71.		ector				
06G-1				12J-1				18C-2						or has b				
06H-2				12K-1				18D-2						a copy				
				12L-1				19A-3				previ		r's schoo	n tire			
07A-3				12M-1				19B-2				safety report:						
07B-2				12N-1				19C-1				Var	×	No				
07C-2				120-2				19D-1				163	<u>~</u>	110				

	All schools complete Section 8 only if the building	ng has electrically-operated folding partitions.	
Initial Inspection:			
Fire Safety Inspector:	NameLinda Shaw		
	Date 07/28/2023	Registry #1211-0338	(26E-4)
Final Inspection (if requ	ired):	• • ——	, ,
Fire Safety Inspector:	Name		
	Date	Registry #	(26F-4)

Section III-A. Fire Inspector							
The individual noted below inspected this building a to the best of their knowledge and belief, an accura observed. The individual that performed this inspector pursuant to Title 19 Part 1208							
Name: Linda Shaw	Telephone #: (315) 212-9479						
Title: Consultant Certification # 1211-0338 (as designated by the NYS Department of State)							
Email: <u>Lshaw@boces.com</u>	(as designated by the NYS Department of State)						
Section III-B. Building Administrator or Design Please provide the name and contact informatinspection (whomever accompanied the inspective available any records and/or required docume	tion of the person responsible for monitoring this ctor; provided access to all spaces; and made						
The individual identified below certifies that this building inspection was conducted on this date and can confirm the specific locations of any non-conformances (provide inspection date) identified within this report.							
Name:	Telephone #: ()						
Title:	Email:						
	Signature						
Section III-C. School Superintendent							
I hereby submit this fire inspection report on behalf	of the Board of Education and certify that:						
 Public notice of report availability has been published, and that Any nonconformances noted as corrected on the <i>Public School Fire Safety Non-Conformance Report Sheet</i> portion of this report were corrected on the date indicated, and that Violations which are not corrected immediately shall be corrected within a period of time approved by the Commissioner. 							
Name:	Telephone #: ()						
Title:							
Email:	Signature						



Updated DECEMBER 2020

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

SC	ODE	#												_										
District/School Name																								
g	d	е	n	ß	b	u	r	g		C	i	t	У		S	D								
Facility/Building Name																								
ន		G	a	r	a	g	е		6															
et A	ddre	ess (NO	PO	Box	Nun	ber	s)																
City/Town/Village Zip Code																								
g	d	е	n	ន	b	u	r	g												1	3	6	6	9
	rict/s g lity/ S et A /Tov	rict/Scho g d lity/Buil S et Addre /Town/V	g d e lity/Building S G et Address (rict/School Nam g d e n lity/Building Nam S G a et Address (NO /Town/Village g d e n	rict/School Name g d e n s lity/Building Name S G a r et Address (NO PO /Town/Village g d e n s	rict/School Name g d e n s b lity/Building Name S G a r a et Address (NO PO Box /Town/Village g d e n s b	rict/School Name g d e n s b u lity/Building Name S G a r a g et Address (NO PO Box Num /Town/Village g d e n s b u	rict/School Name g d e n s b u r lity/Building Name S G a r a g e et Address (NO PO Box Numbers /Town/Village g d e n s b u r	rict/School Name g d e n s b u r g lity/Building Name S G a r a g e et Address (NO PO Box Numbers) /Town/Village g d e n s b u r g	rict/School Name g d e n s b u r g lity/Building Name S G a r a g e 6 et Address (NO PO Box Numbers) /Town/Village g d e n s b u r g	rict/School Name g d e n s b u r g C lity/Building Name S G a r a g e 6 et Address (NO PO Box Numbers) /Town/Village g d e n s b u r g	rict/School Name g d e n s b u r g C i lity/Building Name S G a r a g e 6 et Address (NO PO Box Numbers) /Town/Village g d e n s b u r g	rict/School Name g d e n s b u r g C i t lity/Building Name S G a r a g e 6 et Address (NO PO Box Numbers) /Town/Village g d e n s b u r g	rict/School Name g d e n s b u r g C i t y lity/Building Name S G a r a g e 6 et Address (NO PO Box Numbers) /Town/Village g d e n s b u r g	rict/School Name g d e n s b u r g C i t y lity/Building Name S G a r a g e 6 et Address (NO PO Box Numbers) /Town/Village g d e n s b u r g	rict/School Name g d e n s b u r g C i t y S lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6	rict/School Name g d e n s b u r g C i t y S D lity/Building Name S G a r a g e 6

INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Part I: General Information and Fire/Life Safety History

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

Inspection Date 07/28/2023

1. Please indicate the primary use of this facility:
○ INSTRUCTIONAL
○ ADMINISTRATIVE
BUS MAINTENANCE
BUS STORAGE ONLY
LEASED FACILITY OFF SCHOOL GROUNDS
MAINTENANCE
OTHER
Please Specify:
PUBLIC LIBRARY
STORAGE
VACANT
7,5,111
2. Is there a fire sprinkler system in this facility? YES NO
If 'yes', is the sprinkler alarm connected with the building alarm? YES ONO
3. Is there a fire hydrant system for facility protection? YES NO
If 'yes', indicate ownership of system (select one):
O Public owned
○ School owned
Other
Please Specify:

the building is not District				VIIICI.
Name *				
Address *				
T. 1				
Telephone # *				
the District lease the build	ing or spaces within the	building to others?	O YES O	NO
		building to others?	O YES O	NO
yes, indicate the tenant(s)		building to others?	O YES O	NO
		building to others?	O YES O	NO
yes, indicate the tenant(s)		building to others?	O YES O	NO
yes, indicate the tenant(s) Name *		building to others?	O YES O	NO
yes, indicate the tenant(s)		building to others?	O YES O	NO
yes, indicate the tenant(s) Name *		building to others?	O YES O	NO
yes, indicate the tenant(s) Name *		building to others?	O YES O	NO
yes, indicate the tenant(s) Name *		building to others?	O YES O	NO
yes, indicate the tenant(s) Name *		building to others?	O YES O	NO
yes, indicate the tenant(s) Name * Address *		building to others?	O YES O	NO
yes, indicate the tenant(s) Name * Address *		building to others?	O YES O	NO
yes, indicate the tenant(s) Name * Address *		building to others?	O YES O	NO
yes, indicate the tenant(s) Name * Address *		building to others?	O YES O	NO

conformances for Items #25A-1 through #26A-3

b. Provide dates	of twelve fire and	s guidance to teaching staff	y Section 807 of Education La	
september 1 and	l June 30 of the pre	vious school year:		O YES C
RE & EMERGE	NCY DRILLS			
NOTE E Eight (8	Eight (8) are require B) drills are require	ed between September 1, ar d to be evacuation drills Fo	d December 31 ur (4) drills are required to be	lockdown drills
		Date	Evacuation	Lockdown
	1		0	0
	2		0	0
	3		0	0
	4		0	0
	5		0	0
	6		0	0
	7		0	0
	8		0	0
	9		•	0
	10		•	0
	11		•	0
	12		0	0
	10			_
	12		0	0

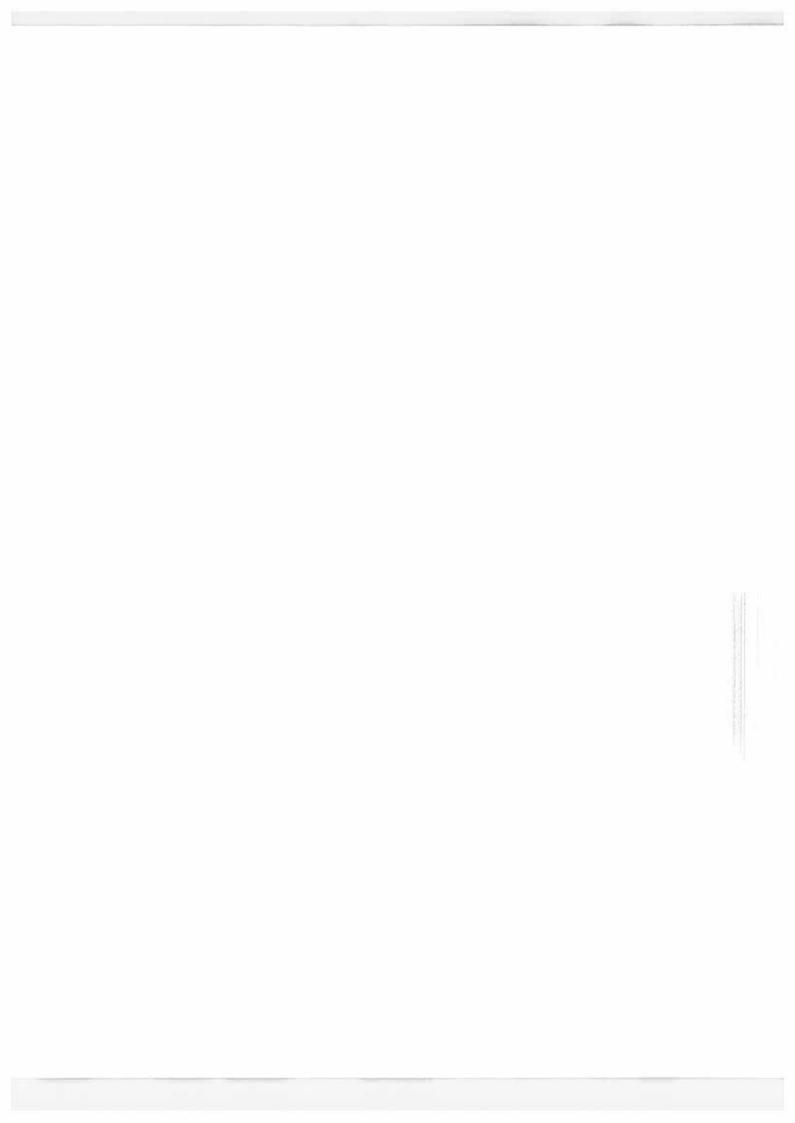
8d. Average time to evacuate facility was:	minutes	seconds			
8c. Arson and fire prevention instruction was pro 9/1/05) which requires every school in New York fire prevention, injury prevention, and life safety	State to provide a min	imum of 45 minut			arson,
8f. Employee fire prevention, evacuation, and fir accordance with Section F406 of the NYS Fire C		provided, and reco	rds maintair YES	ned, in	NO
9. If the fire alarm system was activated, was the	fire department imme	ediately notified?	O YES	0	NO
10. Have there been any fires in this facility since	the last annual fire in	spection report?	O YES	0	NO
a. If 'yes', indicate: Number of fires	Number of injuries	Tot	al cost of pro	perty da	amage

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

School District_Ogdensburg CSD_____ Building Name___HS Garage 6______
Facility#

Part II-A (to be completed for public schools only – except "Big 4")					Part II-B Part II-B							Part II-B				
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	
01A-2				08A-2				13A-2				19E-1				
01B-1	<u> </u>			08B-2				13B-2				19F-1				
01C-1	<u> </u>			08C-2				100				19G-1				
01D-1	 			08D-2				14A-2				19H-2				
01E-1				08E-2				14B-2								
				09A-2				14C-2				20A-1				
02A-2	1			09B-2				14D-1				20B-1				
02B-1				09C-1				14E-1				20C-1				
02C-3	1			09D-1				15A-2				21A-3				
02D-1				09F-2				15B-1				22A-3	1			
02E-2				09G-2				15C-2				22B-3				
02F-3				10A-2				15D-2				22C-3				
02G-2				10B-2				15E-1				23A-1				
-				10C-1				16A-2				23B-1				
03A-3				10D-1				16B-2				23C-1				
03B-1								16C-2				23D-2				
				11A-2				16D-2				24A-3			Ī	
04A-2				118-1				17A-3		•		25A-1				
04B-2				11C-2				17B-2				25B-1				
04C-1				11D-2			1	17C-2				25C-1				
				11E-1				17D-2								
05A-3								17E-1			2	26A-3			(8)	
05B-2				12A-1				17F-3						dditional		
05C-2				12B-3				17G-1						ormance		
				12C-2				17H-2						d, check		
06A-1				12D-2				171-2				26A-3 a		he Code	section	
06B-1				12E-1				17J-1					bel	ow.		
06C-1				12F-1				17K-1				-				
06D-2				12G-1				17L-1				<u></u>			- 3	
06E-3				12H-1				18A-2					lac-			
06F-1				121-1				18B-2				The		ector		
06G-1				12J-1			\Box	18C-2						tor has b n a copy		
06H-2				12K-1				18D-2						r's scho		
				12L-1				19A-3				prev		report:	or rine	
07A-3				12M-1				19B-2					Saicty	report.		
07B-2				12N-1				19C-1				Yes	s_X_	No		
07C-2				120-2				19D-1								

Section III-A. Fire Inspector							
The individual noted below inspected this building a to the best of their knowledge and belief, an accura observed. The individual that performed this inspector pursuant to Title 19 Part 1208							
Name:Linda Shaw	Telephone #: (315) 212-9479						
Title: Consultant	Certification #1211-0338						
Email: Lshaw@boces.com	(as designated by the NYS Department of State)						
Section III-B. Building Administrator or Design	iee						
Please provide the name and contact informa inspection (whomever accompanied the inspeavailable any records and/or required docume							
The individual identified below certifies that this building inspection was conducted on this date and can confirm the specific locations of any non-conformances (provide inspection date) identified within this report.							
Name:	Telephone #: ()						
Title:	Email:						
	Signature						
Section III-C. School Superintendent							
I hereby submit this fire inspection report on behalf	of the Board of Education and certify that:						
 Public notice of report availability has been published, and that Any nonconformances noted as corrected on the <i>Public School Fire Safety Non-Conformance Report Sheet</i> portion of this report were corrected on the date indicated, and that Violations which are not corrected immediately shall be corrected within a period of time approved by the Commissioner. 							
Name:	Telephone #: ()						
Title:							
Email:	Signature						



Updated DECEMBER 2020

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

	3 C	ODE	#															 	 				
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Dist	rict	Sch	ool l	Nam	е																		
0	g	d	æ	n	ន	b	u	r	g		C	i	t	У		S	D						
Faci	lity/	Buil	ding	Na	me																		
С	е	n	t	r	а	1		R	е	С	е	i	v	i	n	g							
Stre	et A	ddre	ess	(NO	PO	Box	Nun	ber	s)									•					
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City	/Tov	vn/V	illag	je	•														Zip (ode	}		
0	g	d	е	n	s	b	u	r	g										1	3	6	6	9

INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the
 facility and complete a separate report for each facility.
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- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be
 posted in public view in a prominent location within this facility.

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.	
1. Please indicate the primary use of this facility:	
INSTRUCTIONAL	
 ADMINISTRATIVE 	
BUS MAINTENANCE	
BUS STORAGE ONLY	
LEASED FACILITY OFF SCHOOL GROUNDS	
○ MAINTENANCE	
OTHER	
Please Specify:	
O PUBLIC LIBRARY	
STORAGE	
O VACANT	
2. Is there a fire sprinkler system in this facility? YES NO	
The short of the optimizer system in this facility.	
If 'yes', is the sprinkler alarm connected with the building alarm? O YES O No	D
3. Is there a fire hydrant system for facility protection? O YES O NO	
If 'yes', indicate ownership of system (select one):	
Public owned	
School owned	
Other	
Please Spedify:	

Name *			
Name .			
Address *			
Telephone # *			
the District lease the buildir	ng or spaces within the b	uilding to others?	YES O NO
	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s):	ng or spaces within the b	uilding to others?	YES O NO
	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s): Name *	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s):	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s): Name *	og or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s): Name *	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s): Name *	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the b	uilding to others?	YES O NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the b	uilding to others?	YES O NO

conformances for Items #25A-1 through #26A-3

ember 1 and June 30 of the part of the par	revious school year:	y Section 807 of Education La	O YES
NOTE Eight (8) are requ	ired between September 1, ar red to be evacuation drills Fo	nd December 31 ur (4) drills are required to be	e lockdown drills
	Date	Evacuation	Lockdown
1		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		•	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0
the required number of escribe the reason:	fire and emergency drills v	vere not held during this i	eporting cycle, p

8d. Average time to eva	cuate facility was:	minutes	seconds	
9/1/05) which requires	every school in New Yo	provided in accordance with s ork State to provide a minimu fety for each month school is	m of 45 minutes of instru	•
8f. Employee fire preve accordance with Secti		l fire safety training was prov re Code	ided, and records mainta	ined, in
9. If the fire alarm syste	em was activated, was	the fire department immedia	tely notified? YES	O NO
10. Have there been an	y fires in this facility si	nce the last annual fire inspe	ction report? YES	O NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total cost of p	roperty damage

School District Ogdensburg CSD Building Name Central Receiving
Facility #

	Part I completes only – e	ed for pu			Part	II-B			Part	II-B			Pari	l II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2			2	08A-2				13A-2			-	19E-1			
01B-1			1	08B-2				13B-2				19F-1			
01C-1			1	08C-2				1,02 2				19G-1			
01D-1				08D-2				14A-2			13	19H-2			
01E-1			1	08E-2				14B-2				10/12			
			1	09A-2				14C-2				20A-1			
02A-2			i i	09B-2				14D-1				20B-1		-	
02B-1			1	09C-1				14E-1				20C-1	 		
02C-3				09D-1			1	15A-2	 			21A-3			
02D-1				09F-2				15B-1	┝╌╌┼		-	22A-3			
02E-2				09G-2				15C-2	 			22B-3			
02F-3	+			10A-2				15D-2			-	22C-3			
02G-2	1			10B-2				15E-1	 			23A-1	 		
020-2	+ -	$\overline{}$		10C-1			-	16A-2	 			23B-1	-		
03A-3	+ -		- 0	10D-1			-	16B-2	\vdash						
03B-1	+ +			100-1				16C-2	 			23C-1			
000-1				11A-2			- 1					23D-2			
04A-2	+			11B-1				16D-2	 			24A-3			
04A-2 04B-2	1			11C-2				17A-3	-			25A-1			
04D-2 04C-1	+ -							17B-2	\vdash			25B-1			
040-1				11D-2				17C-2				25C-1			
054.0	+ +		-	11E-1				17D-2					\vdash		
05A-3	+	$\overline{}$		101.1			10	17E-1	\vdash			26A-3			30
05B-2	-			12A-1			- 4	17F-3	\vdash				If any ad	Iditional	
05C-2	-		2	12B-3				17G-1					on-confe		
	1			12C-2				17H-2				are	bserved	l, check i	item
06A-1				12D-2				171-2				26A-3 a	nd list th		section
06B-1	+			12E-1				17J-1					belo	ow.	
06C-1				12F-1				17K-1							
06D-2	\perp			12G-1				17L-1							
06E-3				12H-1			10	18A-2							_
06F-1	↓			121-1				18B-2					Inspe		
06G-1	oxed			12J-1				18C-2					inspect		
06H-2				12K-1				18D-2					ded with		
				12L-1				19A-3				previ	ous year		ii tire
07A-3				12M-1				19B-2					safety	report:	
07B-2				12N-1				19C-1				V	v	M-	
07C-2				120-2				19D-1				Yes	_X	NO	

Part III: Public School Certifications

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accura	and the information in this Fire Safety Report represents, te description of the building and conditions they ction has maintained their certification requirements
Name: Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification # 1211-0338 (as designated by the NYS Department of State)
Email: Lshaw@boces.com	
inspection (whomever accompanied the inspectation and records and/or required documents). The individual identified below certifies that this	ation of the person responsible for monitoring this actor; provided access to all spaces; and made entation requested by the inspector) s building inspection was conducted on this date specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
	
Section III-C. School Superintendent I hereby submit this fire inspection report on behalt Public notice of report availability has been pull Any nonconformances noted as corrected on to Sheet portion of this report were corrected on 3. Violations which are not corrected immediately approved by the Commissioner.	blished, and that he <i>Public School Fir</i> e <i>Safety Non-Conformance Report</i> the date indicated, and that
Name:	Telephone #: ()
Email:	Signature



Updated DECEMBER 2020

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building A

Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

BED	<u>s c</u>	ODE	#							 													
Dist	rict/	Sch	ool I	Nam	е																		
0	g	d	е	n	យ	b	u	r	g	C	i	t	У		S	D							
Faci	lity/	Buil	ding	, Na	me																		
C	0	n	U	е	ន	ន	i	0	n	ន	r	a	n	d						,			
Stre	et A	ddre	ess	(NO	PO	Box	Nun	ber	s)														
City	/Tov	vn/V	illaç	je														Z	Zip C	ode	;		
0	g	đ	е	n	ន	b	u	r	g										1	3	6	6	9

INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
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- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

1. Please indicate the primary use of this facility:	
O INSTRUCTIONAL	
O ADMINISTRATIVE	
O BUS MAINTENANCE	
BUS STORAGE ONLY	
LEASED FACILITY OFF SCHOOL GROUNDS	
○ MAINTENANCE	
O OTHER	
Please Specify:	
O PUBLIC LIBRARY	
O STORAGE	
O VACANT	
VACANT	
2. Is there a fire sprinkler system in this facility? YES NO	
If 'yes', is the sprinkler alarm connected with the building alarm? O YES O N	0
3. Is there a fire hydrant system for facility protection? O YES O NO	
If 'yes', indicate ownership of system (select one):	
Public owned	
School owned	
Other	
Please Specify:	

. If the	building is not Dist	rict Owned. pro	ovide the name	and address of	Landlord or Ru	ilding Owner
	me *					manig variet.
Ado	dress *					
Tele	ephone # *					
es the	District lease the b	uilding or space	es within the bu	ilding to others	9? O YES	O NO
			es within the bu	ilding to others	? O YES	O NO
. If yes,	District lease the b indicate the tenar		es within the bu	ailding to others	s? O YES	O NO
If yes,	indicate the tenar		es within the bu	uilding to others	? O YES	O NO
. If yes, Nar	indicate the tenar		es within the bu	ailding to others	? O YES	O NO
. If yes, Nar	indicate the tenar		es within the bu	ailding to others	? O YES	O NO
. If yes, Nar	indicate the tenar		es within the bu	uilding to others	? O YES	O NO
If yes,	indicate the tenar		es within the bu	uilding to others	? O YES	O NO
Nar	indicate the tenar		es within the bu	ailding to others	? O YES	O NO
Nar	indicate the tenar me * dress *		es within the bu	ailding to others	? O YES	O NO
Nar Add	indicate the tenar me * dress *		es within the bu	uilding to others	? O YES	O NO
Nar Add	indicate the tenar me * dress *		es within the bu	uilding to others	? O YES	O NO
If yes, Nar Add	indicate the tenar me * dress *	t(s):		uilding to others	? O YES	O NO

	ates of twelve fire and of and June 30 of the pre		Section 807 of Education Law	w held between O YES
	RGENCY DRILLS			
	-	ed between September 1, and to be evacuation drills For	d December 31 ur (4) drills are required to be	lockdown drills
		Date	Evacuation	Lockdown
	1		0	0
	2		0	0
	3		0	0
	4		0	0
	5		0	0
	6		0	0
	7		0	0
	8		0	0
	9		0	0
	10		0	0
	11		0	0
	12		0	0
c. If the r	required number of for the reason:	îre and emergency drills	were not held during this	reporting cycle, plea

8d. Average time to evacuate facility was:	minutes	seconds	
8c. Arson and fire prevention instruction was pro 9/1/05) which requires every school in New York fire prevention, injury prevention, and life safety	State to provide a min	imum of 45 minutes of instru	
8f. Employee fire prevention, evacuation, and fir accordance with Section F406 of the NYS Fire C		provided, and records maintai	ined, in
9. If the fire alarm system was activated, was the	fire department imme	ediately notified? YES	О мо
10. Have there been any fires in this facility since	the last annual fire in:	spection report? YES	O NO
a. If 'yes', indicate: Number of fires	Number of injuries	Total cost of pr	operty damage

School District_Ogdensburg CSD______ Building Name_Concession Stand______
Facility #

	Part I complete only – e	ed for pu			Part	II-B			Part	II-B			Part	: II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2			-	19F-1			
01C-1				08C-2								19G-1			
01D-1				08D-2				14A-2			1	19H-2			
01E-1				08E-2				14B-2							
				09A-2				14C-2				20A-1			
02A-2			1	09B-2				14D-1				20B-1			-
02B-1				09C-1				14E-1			1	20C-1			
02C-3			1	09D-1				15A-2				21A-3			
02D-1			17	09F-2				15B-1				22A-3			
02E-2				09G-2				15C-2				22B-3			
02F-3				10A-2				15D-2			1	22C-3			
02G-2				10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2				23D-2			
				11A-2				16D-2				24A-3			
04A-2				11B-1				17A-3		_		25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2							
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3					If any ac	Iditional	
05C-2				12B-3				17G-1					on-confe		
				12C-2				17H-2					bserved		
06A-1				12D-2				171-2				26A-3 a	nd list th		section
06B-1				12E-1				17J-1					bele	ow.	
06C-1				12F-1				17K-1				l			
06D-2				12G-1				17L-1				I —			
06E-3				12H-1				18A-2					la a · · ·		
06F-1				121-1				18B-2				Ti	Inspe		
06G-1				12J-1				18C-2					inspect		
06H-2	ļ			12K-1				18D-2				provi	ded with ous year	a copy o	or (ne
				12L-1				19A-3				previ	ous year safety		ııre
07A-3				12M-1				19B-2					adicty	eport.	
07B-2				12N-1				19C-1				Yas	_X	No	
07C-2				120-2				19D-1						140	

Part III: Public School Certifications

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an acc	ng and the information in this Fire Safety Report represents, surate description of the building and conditions they spection has maintained their certification requirements
Name:Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification # _1211-0338
Email:Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the insavailable any records and/or required documents). The individual identified below certifies that	rmation of the person responsible for monitoring this spector; provided access to all spaces; and made mentation requested by the inspector) this building inspection was conducted on this date he specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent	
I hereby submit this fire inspection report on bel	half of the Board of Education and certify that:
 Public notice of report availability has been at the second of the second	n the Public School Fire Safety Non-Conformance Report on the date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature



The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Updated DECEMBER 2020

Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

BEC	S C	ODE	Ξ#																			
Dist	rict/	Sch	ool	Nam	е											•						
0	g	d	е	n	ន	b	u	r	g	С	i	t	У	S	D							
Fac	lity/	Buil	ding	, Na	me						•				•		•					
P	r	е	s	s		В	0	x														
Stre	et A	ddr	ess	(NO	PO	Box	Nun	ber	s)							1	1					
														-								
City	/Tov	vn/V	'illaç	je												 	- 2	Zip C	ode	•		
0	a	d	е	n	ន	b	u	r	g									1	3	6	6	9
48400																						

INSTRUCTIONS

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Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

1. Please	e indicate the primary use of this facility:			
O INS	ISTRUCTIONAL			
O AD	DMINISTRATIVE			
⊜ BU	US MAINTENANCE			
⊜ BU	US STORAGE ONLY			
O LEA	EASED FACILITY OFF SCHOOL GROUNDS			
O MA	IAINTENANCE			
○ от	THER			
Plea	ease Specify:			
G PH	UBLIC LIBRARY			
	TORAGE			
1.000.11	ACANT			
~				
2. Is there	re a fire sprinkler system in this facility?	O YES	O NO	
If 'yes	es', is the sprinkler alarm connected with the b	ouilding alarm?	YES	О но
3. Is there	re a fire hydrant system for facility protection	? () YES	O NO	
If 'yes	es', indicate ownership of system (select one):			
0	Public owned			
0	School owned			
0	Other			
	Please Specify:			

the building is not Dis Name *	, , , , , , , , , , , , , , , , , , , ,	ore name and	auuress Of Lan	aivra of Bul	iding OWN
Name *					
Address *					
Telephone # *					
the District lease the	building or engage with	hin oha hasildi	ng to othors?	0	0
the District lease the	building or spaces wi	hin the buildi	ng to others?	O YES	O NO
		hin the buildi	ng to others?	O YES	O NO
the District lease the yes, indicate the tena Name *		hin the buildi	ng to others?	O YES	O NO
yes, Indicate the tena		hin the buildi	ng to others?	O YES	O NO
yes, indicate the tena Name *		hin the buildi	ng to others?	O YES	O NO
yes, Indicate the tena		hin the buildi	ng to others?	O YES	ONO
yes, indicate the tena Name *		hin the buildi	ng to others?	O YES	ONO
yes, indicate the tena Name *		hin the buildi	ng to others?	O YES	ONO
yes, indicate the tena Name *		hin the buildi	ng to others?	O YES	ONO
yes, indicate the tena Name *		hin the buildi	ng to others?	O YES	ONO
yes, Indicate the tena Name * Address *		hin the buildi	ng to others?	O YES	ONO
yes, Indicate the tena Name * Address *		hin the buildi	ng to others?	O YES	ONG

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-

conformances for Items #25A-1 through #26A-3

been printed and distributed a	•		O YES
rovide dates of twelve fire and tember 1 and June 30 of the pro		Section 807 of Education La	w held between YES
& EMERGENCY DRILLS			
	ed between September 1, an	d December 21	
	ed to be evacuation drills For		e lockdown drills
	Date	Evacuation	Lockdown
1		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0
If the required number of t describe the reason:	fire and emergency drills v	were not held during this	reporting cycle, plea

8d. Average time to eva	cuate facility was:	minutes	seconds		
9/1/05) which requires	every school in New Yo	provided in accordance with s ork State to provide a minimu fety for each month school is i	m of 45 minutes of	instruction ir	arson,
8f. Employee fire preve accordance with Secti		fire safety training was provi e Code	ided, and records m	_	NO
9. If the fire alarm syste	em was activated, was t	the fire department immedia	tely notified?	YES (NO
10. Have there been any	y fires in this facility sir	nce the last annual fire inspec	tion report?	YES (NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total cos	st of property	damage

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

School District Ogdensburg CSD Building Name Press Box Facility #

(to be	Part le complete only – e	ed for pu	ıblic		Part	II-B			Part	II-B			Part	II-B	
Item #	Non- Conformance		8	Item #	Non- Conformance	Date Corrected	Date Reinspected	tem #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1	1		-	08B-2				13B-2				19F-1	1		
01C-1				08C-2				100 2			1	19G-1			
01D-1				08D-2				14A-2			1	19H-2			
01E-1				08E-2				14B-2				1511.5			
	1			09A-2				14C-2				20A-1			
02A-2				09B-2	-			14D-1				20B-1			
02B-1			-	09C-1				14E-1				20C-1			
02C-3				09D-1				15A-2				21A-3			
02D-1				09F-2				15B-1				22A-3			
02E-2	1			09G-2				15C-2				22B-3			
02F-3	1			10A-2				15D-2			l l	22C-3			
02G-2				10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1	1		
03B-1								16C-2			-	23D-2			
				11A-2				16D-2				24A-3		!	
04A-2			-	11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			1
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2							
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3					If any ac	ditional	
05C-2				12B-3				17G-1						ormance	
				12C-2				17H-2						i, check	
06A-1				12D-2				171-2			Y	26A-3 a		ne Code	section
06B-1				12E-1				17J-1					bel	ow.	
06C-1				12F-1				17K-1							
06D-2				12G-1				17L-1							
06E-3				12H-1				18A-2				II	-	4	
06F-1				121-1				18B-2				_ .		ector	
06G-1				12J-1				18C-2						or has b	
06H-2				12K-1				18D-2				provi	aea with	а сору	or the
				12L-1				19A-3				previ		r's scho	DI TIFE
07A-3				12M-1				19B-2					sarety	report:	
07B-2				12N-1				19C-1				V	_X	No	
07C-2				120-2				19D-1				1 63	<u>-</u> _	MO	_

Part III: Public School Certifications

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an acc	ng and the information in this Fire Safety Report represents, curate description of the building and conditions they spection has maintained their certification requirements
Name: <u>Linda Shaw</u>	Telephone #: (315) 212-9479
Title: Consultant	Certification # _1211-0338
Email:Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the insavailable any records and/or required docu The individual identified below certifies that	rmation of the person responsible for monitoring this spector; provided access to all spaces; and made mentation requested by the inspector) this building inspection was conducted on this date he specific locations of any non-conformances
Title:	Email:
	Signature
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Name:	Telephone #: ()
Title:	
Email:	Signature



Updated DECEMBER 2020

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

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BEC	S C	ODE	#	22																			
Dist	rict	Sch	ool	Nam	е		- 17	5552	27 (31)	127	W 255					- p. Gov		200					
0	g	d	е	n	ន	b	u	r	g		С	i	t	У	S	D							
Fac	ility/	Buil	ding	, Na	me																		
Т	r	a	С	k		S	h	е	d														
Stre	et A	ddr	ess	(NO	PO	Box	Nun	ber	s)														
												·											
City	/Tov	vn/V	'illaç	je														Z	Zip C	ode	}		
0	g	d	е	n	s	b	u	r	g										1	3	6	6	9

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1. Please indicate the primary use of this facility:	
O INSTRUCTIONAL	
O ADMINISTRATIVE	
BUS MAINTENANCE	
BUS STORAGE ONLY	
LEASED FACILITY OFF SCHOOL GROUNDS	
MAINTENANCE	
OTHER	
Please Specify:	
O PUBLIC LIBRARY	
O STORAGE	
O VACANT	
2. Is there a fire sprinkler system in this facility? YES NO If 'yes', is the sprinkler alarm connected with the building alarm? YES NO	
3. Is there a fire hydrant system for facility protection? O YES O NO	
If 'yes', indicate ownership of system (select one):	
Public owned	
 School owned 	
Other	
Please Specify:	

he building is not District	, ,			8
Name *				
Address *				
Telephone # *				
he District lease the build	ding or spaces within the	e building to others	? O YES	О но
he District lease the build res, indicate the tenant(s Name *		e building to others	? O YES	O NO
res, indicate the tenant(s		e building to others	? () YES	O NO
ves, indicate the tenant(s Name *		e building to others	? () YES	O NO
es, indicate the tenant(s		e building to others	? O YES	O NO
ves, indicate the tenant(s Name *		e building to others	? YES	O NO
ves, indicate the tenant(s Name *		e building to others	? () YES	O NO
ves, indicate the tenant(s Name *		e building to others	? O YES	O NO
ves, indicate the tenant(s Name * Address *		e building to others	? O YES	O NO
ves, indicate the tenant(s Name *		e building to others	? O YES	O NO
ves, indicate the tenant(s Name * Address *		e building to others	? O YES	O NO
ves, indicate the tenant(s Name * Address *		e building to others	? O YES	O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-conformances for Items #25A-1 through #26A-3

	ates of twelve fire and a 1 and June 30 of the pre	emergency drills required by vious school year:	Section 807 of Education La	w held between
	RGENCY DRILLS	•		0 .10
N	OTE Eight (8) are require	ed between September 1, and ed to be evacuation drills Fou		lockdown drills
		Date	Evacuation	Lockdown
	1		0	0
	2		0	0
	3		0	0
	4		0	0
	5		0	0
	6		0	0
	7		0	0
	8		0	0
	9		0	•
	10		•	0
	11		0	0
	12		0	0
c. If the i	required number of force the reason:	ire and emergency drills v	vere not held during this	reporting cycle, please

8d. Average time to evacuate facility was:	minutes	seconds			
8c. Arson and fire prevention instruction was pr 9/1/05) which requires every school in New Yorl fire prevention, injury prevention, and life safe	k State to provide a mini	mum of 45 minute			arson,
8f. Employee fire prevention, evacuation, and f accordance with Section F406 of the NYS Fire		rovided, and recor	ds maintain YES	ed, in	NO
9. If the fire alarm system was activated, was th	e fire department imme	diately notified?(YES	0	NO
10. Have there been any fires in this facility since	e the last annual fire ins	spection report?	YES	0	NO
a. If 'yes', indicate: Number of fires	Number of injuries	Tota	al cost of pro	perty da	amage

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

School District_Ogdens Facility #	burg CSD	Building <u>Name</u>	Track Shed
Part II-A (to be completed for public schools only – except "Big 4")	Part II-B	Part II-B	Part II-B

	Part complet s only – e	ed for pu			Part	II-B			Part	II-B	a Haj		Par	t II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2								19G-1			
01D-1				08D-2				14A-2				19H-2			
01E-1				08E-2				14B-2							
	<u> </u>			09A-2				14C-2				20A-1			
02A-2				09B-2				14D-1				20B-1			
02B-1				09C-1				14E-1				20C-1			
02C-3	<u> </u>		- 1	09D-1				15A-2				21A-3			
02D-1				09F-2				15B-1	I			22A-3			
02E-2				09G-2				15C-2				22B-3			
02F-3	\perp			10A-2				15D-2			-	22C-3			
02G-2	<u> </u>			10B-2				15E-1				23A-1			
	\perp			10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2				23D-2			
	ļ			11A-2				16D-2				24A-3			
04A-2	lacksquare			11B-1				17A-3				25A-1			
04B-2	\vdash			11C-2				17B-2				25B-1			
04C-1	 			11D-2				17C-2				25C-1			
	\sqcup			11E-1				17D-2							
05A-3								17E-1				26A-3			
05B-2				12A-1				17F-3					If any ad	iditional	
05C-2	\vdash			12B-3				17G-1						rmance	
200.4				12C-2				17H-2				are o	bserved	i, check i	tem
06A-1	-			12D-2				171-2				26A-3 a		e Code :	section
06B-1	 		1	12E-1			[17J-1					belo	ow.	
06C-1				12F-1				17K-1							
06D-2				12G-1				17L-1							
06E-3	 			12H-1				18A-2				I —	le		
06F-1	\vdash			121-1				18B-2				The The	inspe		
06G-1				12J-1				18C-2						or has be a copy o	
06H-2	 			12K-1				18D-2						a copy c 's schoo	
074.2				12L-1				19A-3				hiean	us year ا safety		ille
07A-3	 			12M-1				19B-2					oaicty I	eport.	
07B-2	 			12N-1				19C-1	-			Yes	X	No	
07C-2				120-2				19D-1 building ha					_		

Part III: Public School Certifications

* ***	
Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accura	and the information in this Fire Safety Report represents, ate description of the building and conditions they ction has maintained their certification requirements
Name:Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification # _1211-0338
Email:Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspection available any records and/or required documents). The individual identified below certifies that this	ation of the person responsible for monitoring this ector; provided access to all spaces; and made entation requested by the inspector) is building inspection was conducted on this date specific locations of any non-conformances
Title:	Email:
	Signature
Section III-C. School Superintendent	
I hereby submit this fire inspection report on behalf	of the Board of Education and certify that:
 Public notice of report availability has been put Any nonconformances noted as corrected on the Sheet portion of this report were corrected on the Violations which are not corrected immediately approved by the Commissioner. 	ne Public School Fire Safety Non-Conformance Report he date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature



The University of the State of New York THE STATE EDUCATION DEPARTMENT Updated DECEMBER 2020

Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY – DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State,

BED	SC	ODE	#			_			_	-							1700			-				
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Faci	lity/	Buil	ding	Nai	me					- 75	1							ė i	- 3	A 0				
s	n	a	С	k		В	a	r	n															
Stre	et A	ddre	ess	(NO	PO	Вох	Nun	ber	s)								S27		-i.					
City	/Tov	vn/V	illag	je									40				× c	J		Zip (Code	•		
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INS'	TRU	CTIC	ONS					•		•			•					 	•					

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- Posting of Certificate of Occupancy: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

1. Please indicate the primary use of this facility:
INSTRUCTIONAL
ADMINISTRATIVE
BUS MAINTENANCE
BUS STORAGE ONLY
LEASED FACILITY OFF SCHOOL GROUNDS
MAINTENANCE
OTHER
Please Specify:
O PUBLIC LIBRARY
© STORAGE
O VACANT
YACANI
2. Is there a fire sprinkler system in this facility? YES NO
If 'yes', is the sprinkler alarm connected with the building alarm? O YES O NO
3. Is there a fire hydrant system for facility protection? O YES O NO
If 'yes', indicate ownership of system (select one):
Public owned
School owned
Other
Please Specify:

Name * Address * Telephone # *	
Address *	
Telephone # *	
Also Biratulas Innovation to the facility of the control of the facility of th	
the District lease the building or spaces within the building to others? O YES N	NO
to dispose the Association	
yes, indicate the tenant(s):	
Name *	
Address *	
Address *	
Address *	

conformances for Items #25A-1 through #26A-3

	red between September 1, ar		. 1 1. 1
right (o) di ins are requir	Date	ur (4) drills are required to be Evacuation	Lockdown arnis
1		0	0
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0

8d. Average time to eva-	cuate facility was:	minutes	seconds	
9/1/05) which requires	every school in New Yo	provided in accordance with se ork State to provide a minimum ety for each month school is in	of 45 minutes of instruc	
8f. Employee fire preve accordance with Secti		fire safety training was provid e Code	led, and records maintain	ned, in NO
9. If the fire alarm syste	em was activated, was	the fire department immediate	ely notified? YES	O NO
10. Have there been any	y fires in this facility si	nce the last annual fire inspect	ion report? YES	O NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total cost of pro	perty damage

Part II:Public School Fire and Building Safety Non-Conformance Report SheetDistrictOgdensburgCSDBuildingNameSnack Barn School Facility #

	Part I complete only – e	ed for pu			Part	II-B			Part	II-B			Part	II-B	
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2								19G-1			
01D-1			0	08D-2				14A-2				19H-2			
01E-1				08E-2				14B-2			1				
				09A-2				14C-2				20A-1			
02A-2				09B-2		, and the second		14D-1				20B-1			
028-1				09C-1				14E-1				20C-1			
02C-3				09D-1				15A-2				21A-3			
02D-1				09F-2				15B-1				22A-3			
02E-2				09G-2				15C-2			1	22B-3		-	
02F-3				10A-2				15D-2				22C-3			
02G-2				10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2				23D-2			
			-	11A-2				16D-2				24A-3			
04A-2			- 1	11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2							
05A-3								17E-1				26A-3			Ш
05B-2				12A-1				17F-3						iditional	
05C-2				12B-3				17G-1						ormance	
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06F-1				121-1				18B-2				The	Inspe	<u>ecτor</u> or has be	200
06G-1				12J-1				18C-2						or nas bo a copy o	
06H-2				12K-1				18D-2							
				12L-1				19A-3				previous year's school fire safety report:		n III Ç	
07A-3				12M-1				19B-2					anety	eport.	
07B-2				12N-1				19C-1				Yas	_X	No	
07C-2				120-2				19D-1	L						5251

	All schools complete Section 8 only if the buildir	g has electrically-operated folding partitions.	
Initial Inspection:			
Fire Safety Inspector:	Name <u>Linda Shaw</u>		
	Date07/28/2023	Registry #1211-0338	(26E-4)
Final Inspection (if requi	red):		
Fire Safety Inspector:	Name		
	Date	Registry #	(26F-4)

· · · · · · · · · · · · · · · · · · ·	
Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accura	and the information in this Fire Safety Report represents, ate description of the building and conditions they ction has maintained their certification requirements
Name: Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification #1211-0338
Email:Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspection available any records and/or required documents). The individual identified below certifies that this	ation of the person responsible for monitoring this ector; provided access to all spaces; and made entation requested by the inspector) s building inspection was conducted on this date specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent I hereby submit this fire inspection report on behalf	f of the Board of Education and certify that:
 Public notice of report availability has been put Any nonconformances noted as corrected on the Sheet portion of this report were corrected on to the Violations which are not corrected immediately approved by the Commissioner. 	he Public School Fire Safety Non-Conformance Report he date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature

Updated DECEMBER 2020

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Facilities Planning - Room 1060 Education Building Annex
Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

REL	15 C	ODE	. #																				
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District/School Name																							
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Facility/Building Name																							
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<u>INSTRUCTIONS</u>

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the
 facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
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- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Part I: General Information and Fire/Life Safety History

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

Inspection Date 07/28/2023

1. Please indicate the primary use of this facility:	
O INSTRUCTIONAL	
O ADMINISTRATIVE	
BUS MAINTENANCE	
BUS STORAGE ONLY	
LEASED FACILITY OFF SCHOOL GROUNDS	
○ MAINTENANCE	
OTHER	
Please Specify:	
PUBLIC LIBRARY	
○ STORAGE	
O VACANT	
2. Is there a fire sprinkler system in this facility? YES NO	
If 'yes', is the sprinkler alarm connected with the building alarm? YES	40
3. Is there a fire hydrant system for facility protection? O YES O NO	
If 'yes', indicate ownership of system (select one):	
Public owned	
School owned	
Other	
Please Specify:	

the building is not District	Owned, provide the	name and add	ess of Landlord or	Building Owner:
Name *				
Address *				
Address *				
Telephone # *				
the District lease the build	ling or spaces withi	n the building to	others? () YE	s O NO
the District lease the build	ling or spaces withi	n the building to	others? O YE	s O NO
the District lease the build yes, indicate the tenant(s		n the building to	others? O YE	S O NO
		n the building to	others? O YE	S O NO
yes, indicate the tenant(s		n the building to	others? O YE	S O NO
yes, indicate the tenant(s		n the building to	others? () YE	S O NO
yes, indicate the tenant(s		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name * Address *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name * Address *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name * Address *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name * Address *		n the building to	others? () YE	S O NO
yes, indicate the tenant(s Name * Address *):		others? () YE	S O NO

conformances for Items #25A-1 through #26A-3

ber 1 and June 30 of the pomers. MERGENCY DRILLS	corous scrioor year.		O YES
	ired between September 1, a red to be evacuation drills Fo	nd December 31 our (4) drills are required to be	lockdown drills
	Date	Evacuation	Lockdown
1		•	0
2		•	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0
the required number of scribe the reason:	fire and emergency drills	were not held during this	reporting cycle, p

8d. Average time to eva	cuate facility was:	minutes secon	ıds			
9/1/05) which requires	every school in New Yo	provided in accordance with section of the section	minutes			arson,
8f. Employee fire preve accordance with Secti		d fire safety training was provided, an re Code	_	s maintai YES	ned, in	NO
9. If the fire alarm syste	em was activated, was	the fire department immediately not	ified?(YES	0	NO
10. Have there been an	y fires in this facility si	nce the last annual fire inspection re	port? () YES	0	NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total	cost of pr	operty d	lamage

 Public School Fire and Building Safety Non-Conformance Report Sheet

 District Ogdensburg CSD
 Building Name Golden Dome

School Facility #

	28		lig 4")						Part			Part II-B					
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected		
01A-2				08A-2				13A-2				19E-1					
01B-1		Ĵ		08B-2				13B-2				19F-1	-				
01C-1				08C-2								19G-1					
01D-1				08D-2				14A-2				19H-2					
01E-1				08E-2				14B-2									
				09A-2				14C-2				20A-1					
02A-2				09B-2				14D-1				208-1					
02B-1				09C-1				14E-1				20C-1					
02C-3				09D-1				15A-2				21A-3					
02D-1				09F-2				15B-1				22A-3					
02E-2				09G-2				15C-2				22B-3					
02F-3				10A-2				15D-2			- 1	22C-3					
02G-2				10B-2				15E-1				23A-1					
2010	\rightarrow			10C-1				16A-2				23B-1					
03A-3				10D-1				16B-2				23C-1					
03B-1				 				16C-2				23D-2					
044.0	-			11A-2				16D-2				24A-3					
04A-2		-		11B-1				17A-3				25A-1					
04B-2		\longrightarrow		11C-2				17B-2				25B-1					
04C-1	\rightarrow			11D-2			_	17C-2				25C-1					
054.2	\rightarrow			11E-1				17D-2									
05A-3 05B-2	\rightarrow			404.4				17E-1				26A-3					
05C-2	\rightarrow	-		12A-1				17F-3					If any ad				
000-2				12B-3 12C-2				17G-1						rmances			
06A-1				12C-2	_			17H-2				are	bserved	, check i	tem		
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06C-1				12F-1				17J-1 17K-1					belo	ow.			
06D-2				12G-1			-	17L-1						-			
06E-3	-+	\dashv		12H-1				17L-1 18A-2	+								
06F-1				121-1				18B-2	$\overline{}$				Inspe	ctor			
06G-1				12J-1				18C-2				The	inspect	or has be	en		
06H-2	\rightarrow			12K-1		-		18D-2		-		provid	ded with	a copy o	f the		
3311 2	\neg			12L-1				19A-3				previo	ous year	's school	fire		
07A-3	\dashv			12M-1				19A-3				'	safety r				
07B-2		\neg		12N-1			-+	19C-1	-				-	•			
07C-2	-			120-2				19D-1	-+	-		Yes	_X	No	=25		

/C-2			1	120-2			-	19D-1						140
			All so	chools complete	Section 8	only if th	e b	uilding ha	s electri	cally-ope	rated fol	ldina	partitions.	
<u>Initial Ir</u>	nspection	<u>n</u> :												
Fire Saf	ety Inspe	ctor:	Name	Linda Shaw	_									
			Date	07/28/2023			_		Regi	istrv#	1211-0	338		(26E-4)
<u>Final In</u>	spection	(if req	uired):											(202-4)
	ety Inspe		Name_											
			Date						Regi	istry #			<u></u>	(26F-4)

Section III-A. Fire Inspector	
to the best of their knowledge and belief, an accura	and the information in this Fire Safety Report represents, ate description of the building and conditions they ction has maintained their certification requirements
Name: Linda Shaw	Telephone #: (<u>315</u>) <u>212-9479</u>
Title: Consultant	Certification # _1211-0338
Email: <u>Lshaw@boces.com</u>	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspectation available any records and/or required documents). The individual identified below certifies that the	ation of the person responsible for monitoring this ector; provided access to all spaces; and made entation requested by the inspector) s building inspection was conducted on this date specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent	
I hereby submit this fire inspection report on behalf	f of the Board of Education and certify that:
 Public notice of report availability has been put Any nonconformances noted as corrected on the Sheet portion of this report were corrected on the Violations which are not corrected immediately approved by the Commissioner. 	ne Public School Fire Safety Non-Conformance Report he date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature

The University of the State of New York Updated DECEMBER 2020 THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building Annex

Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY - DO NOT MAIL THIS REPORT) All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of 8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. **BEDS CODE # District/School Name** b i е u r C S n g t У D Facility/Building Name M е t 1 S a S t h d a g e e K e d e n n Street Address (NO PO Box Numbers) City/Town/Village Zip Code d b q e n S r u 3 6 g 1 6 9

INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- Posting of Certificate of Occupancy: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Part I: General Information and Fire/Life Safety History

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

Inspection Date 07/28/2023

1. Please	e indicate the primary use of this facility:			
O IN	NSTRUCTIONAL			
O AI	ADMINISTRATIVE			
○ ві	BUS MAINTENANCE			
⊝ ві	BUS STORAGE ONLY			
O LE	EASED FACILITY OFF SCHOOL GROUNDS			
	MAINTENANCE			
O	OTHER			
Ple	lease Specify:			
O DI	PUBLIC LIBRARY			
acres.	STORAGE			
36	/ACANT			
V/	VACANI			
2. Is the	ere a fire sprinkler system in this facility?	O YES	○ NO	
If 'ye	res', is the sprinkler alarm connected with the l	ouilding alarm?	O YES	О но
3. Is the	ere a fire hydrant system for facility protection	? () YES	O NO	
If 'ye	res', indicate ownership of system (select one):			
(Public owned			
(School owned			
	Other			
	Please Specify:			

the building is not Dis				Ţ
Address *				
Telephone # *				
the District lease the b	ouilding or spaces with	in the building	to others?	YES O NO
the District lease the b		in the building	to others?	YES O NO
		in the building	to others?	YES () NO
yes, indicate the tenar		in the building	to others?	YES O NO
yes, indicate the tenar Name *		in the building	to others?	YES O NO
yes, indicate the tenar Name *		in the building	to others?	YES O NO
yes, indicate the tenar Name *		in the building	to others?	YES O NO
yes, indicate the tenar Name * Address *		in the building	to others?	YES O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-conformances for Items #25A-1 through #26A-3

	ed between September 1, ar	nd December 31 our (4) drills are required to be	lockdown drille
Eight (o) utilis are require		Evacuation	Lockdow
1	Date	Evacuation	Lockdow
2		0	0
3		0	0
4		0	0
5		0	0
6		0	0
7		0	0
8		0	0
9		0	0
10		0	0
11		0	0
12		0	0
ne required number of f cribe the reason:	fire and emergency drills	were not held during this	reporting cycle,

8. FIRE AND EMERGENCY DRILLS

If this facility is used for instruction, complete (a) - (g); otherwise go to question 9.

8d. Average time to eva	cuate facility was:	minutes	seconds		
9/1/05) which requires	every school in New Yo	provided in accordance with se ork State to provide a minimun ety for each month school is in	n of 45 minutes of instruc	-	arson,
8f. Employee fire preve accordance with Secti		fire safety training was provide Gode	ded, and records maintain	ied, in	NO
9. If the fire alarm syste	em was activated, was	the fire department immediate	ely notified? YES	0	NO
10. Have there been an	y fires in this facility si	nce the last annual fire inspect	tion report? YES	0	NO
a. If 'yes', indicate:	Number of fires	Number of injuries	Total cost of pro	perty da	amage

Part II:

Public School Fire and Building Safety Non-Conformance Report Sheet
Ogdensburg CSD BuildingName Metal Storage Shed Kennedy School District_Ogdensburg Facility #

(to be	Part complet only – e	ed for pu	ıblic Big 4")		Part II-B				Part	II-B		Part II-B			
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2							1	19G-1			
01D-1				08D-2				14A-2		·		19H-2			
01E-1				08E-2				14B-2				1			
				09A-2				14C-2				20A-1			
02A-2				09B-2				14D-1				20B-1	İ		
02B-1				09C-1				14E-1				20C-1			_
02C-3				09D-1				15A-2				21A-3			
02D-1				09F-2				15B-1				22A-3			
02E-2			l.	09G-2				15C-2				22B-3			
02F-3				10A-2				15D-2			(4)	22C-3			
02G-2		_		10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1		_	
03B-1	oxdot							16C-2				23D-2			
				11A-2				16D-2				24A-3			
04A-2				11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2				17C-2				25C-1			
				11E-1				17D-2		_					
05A-3								17E-1				26A-3			ij.
05B-2				12A-1	_			17F-3					If any ac	ditional	
05C-2			- 1	12B-3				17G-1						rmances	
				12C-2				17H-2						, check i	
06A-1				12D-2				171-2				26A-3 a		e Code s	section
06B-1	<u> </u>			12E-1				17J-1					belo	ow.	
06C-1				12F-1				17K-1				II			
06D-2				12G-1				17L-1							
06E-3				12H-1				18A-2						-1	
06F-1				121-1				18B-2				T1.	Inspe	ctor	
06G-1				12J-1				18C-2						or has be	
06H-2				12K-1				18D-2						a copy o	
				12L-1				19A-3				previ	ous year safety i	's schoo	ITATE
07A-3				12M-1				19B-2					sarety	ероп:	
07B-2				12N-1				19C-1	I			Ves	<u>X</u>	No	
07C-2				120-2				19D-1				1 68		110	

All schools complete Section 8 only if the building has electrically-operated folding partitions. Initial Inspection: Fire Safety Inspector: Name_Linda Shaw_ Date 07/28/2023 Registry #___1211-0338_ (26E-4)Final Inspection (if required): Fire Safety Inspector: Name_ Date_ Registry #_ (26F-4)

Section III-A. Fire Inspector	
The individual noted below inspected this building a to the best of their knowledge and belief, an accurat observed. The individual that performed this inspector pursuant to Title 19 Part 1208	nd the information in this Fire Safety Report represents, the description of the building and conditions they stion has maintained their certification requirements
Name: Linda Shaw	Telephone #: (315) 212-9479
Title: Consultant	Certification # _1211-0338
Email: Lshaw@boces.com	(as designated by the NYS Department of State)
inspection (whomever accompanied the inspectavailable any records and/or required documents). The individual identified below certifies that this	tion of the person responsible for monitoring this etor; provided access to all spaces; and made intation requested by the inspector) building inspection was conducted on this date specific locations of any non-conformances
Name:	Telephone #: ()
Title:	Email:
	Signature
Section III-C. School Superintendent I hereby submit this fire inspection report on behalf at the submit this fire inspection report on behalf at the submit the sub	ished, and that e <i>Public School Fir</i> e <i>Safety Non-Conformance Report</i> e date indicated, and that
Name:	Telephone #: ()
Title:	
Email:	Signature



Updated DECEMBER 2020

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of Facilities Planning - Room 1060 Education Building Annex Albany, New York 12234

PUBLIC SCHOOL FIRE AND BUILDING SAFETY REPORT

(THIS REPORT IS TO BE SUBMITTED ELECTRONICALLY – DO NOT MAIL THIS REPORT)

All buildings which are owned, operated, or leased by public school districts, Boards of Cooperative Educational Services (BOCES), and nonpublic schools must be inspected annually for compliance with applicable sections of

8NYCRR155 Regulations of the Commissioner of Education and for compliance with the 2020 Building Code of New York State, 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State.

District/School Name O g d e n s b u r g C i t y S D Facility/Building Name M a d i l l l S t o r a g e S h e d Street Address (NO PO Box Numbers)	
O g d e n s b u r g C i t y S D Facility/Building Name M a d i l l l S t o r a g e S h e d	100
Facility/Building Name M a d i l l S t o r a g e S h e d	
Madilla storage shed	
Street Address (NO PO Box Numbers)	
City/Town/Village Zip Code	
0 g d e n s b u r g 1 3 6	6 9

INSTRUCTIONS

- Read the "Manual for Public School Facility Fire and Building Safety Inspections" prior to inspecting the facility and complete a separate report for each facility.
- Part I: General Information. School officials must complete this section annually.
- Part II: This section to be completed by the inspector and non-conformances recorded on page 4, Fire Safety Non-Conformance Reporting Sheet.
- Part II-A Regulations of the Commissioner 155.7: This section must be completed for student occupied buildings only. (Questions 1-7, Nonconformance Reporting Sheet) Do not complete this section for school buildings located in the cities of Buffalo, Syracuse, Rochester, and Yonkers.
- Part II-B Regulations of the Commissioner 155.25: This part to be completed for all buildings with electrically operated partitions. (Question 8, Non-Conformance Reporting Sheet) 2020 Fire Code of New York State and the 2020 Property Maintenance Code of New York State. This part to be completed for all buildings. (Questions 9-26, Non-Conformance Reporting Sheet).
- Part III Certifications. To be completed by persons as indicated.
- A copy of this form must be kept on file at the school for three years and must be available for public review.
- <u>Posting of Certificate of Occupancy</u>: Any temporary, qualified, or annual Certificate of Occupancy must be posted in public view in a prominent location within this facility.

Part I: General Information and Fire/Life Safety History

Note: Please insert the date the actual inspection took place. The Inspection Date cannot be earlier than 45 days before the Due Date.

Inspection Date 07/28/2023

1. Please	indicate the primary use of this facility:	_		
O INS	STRUCTIONAL			
O AD	MINISTRATIVE			
O BU	JS MAINTENANCE			
O BU	JS STORAGE ONLY			
C LE	ASED FACILITY OFF SCHOOL GROUNDS			
○ ма	AINTENANCE			
⊚ от	THER			
Plea	ase Specify:			
⊕ PII	JBLIC LIBRARY			
	ORAGE			
O VA				
2. Is there	e a fire sprinkler system in this facility?	O YES	O NO	
If 'ye:	s', is the sprinkler alarm connected with th	e building alarm?	YES	O NO
3. is ther	e a fire hydrant system for facility protect	ion? O YES	О но	
If 'ye:	s', indicate ownership of system (select on	e):		
0	Public owned			
0	School owned			
0	Other			
	Olean Family			
	Please Specify:			

Name *	Owned, provide the nai		
Address *			
Telephone # *			
the District lease the buildin	ng or spaces within the	building to others?	YES O NO
the District lease the building the properties of the properties of the tenant of tenant of the tenant of the tenant of	ng or spaces within the	building to others?	O YES O NO
	ng or spaces within the	building to others?	O YES O NO
yes, indicate the tenant(s):	ng or spaces within the	building to others?	O YES O NO
yes, indicate the tenant(s):	ng or spaces within the	building to others?	O YES O NO
yes, indicate the tenant(s): Name *	ng or spaces within the	building to others?	O YES O NO
yes, indicate the tenant(s): Name *	ng or spaces within the	building to others?	O YES O NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the	building to others?	O YES O NO
yes, indicate the tenant(s): Name *	ng or spaces within the	building to others?	O YES O NO
yes, indicate the tenant(s): Name * Address *	ng or spaces within the	building to others?	O YES O NO

7. If this Facility is vacant, skip the remaining questions and go to Section #2 Non-Conformance and report any non-

conformances for Items #25A-1 through #26A-3

	and June 30 of the pre		Section 807 of Education La	w held between YES
E & EMER	GENCY DRILLS			
		ed between September 1, and d to be evacuation drills Fou	d December 31 ur (4) drills are required to be	lockdown drills
		Date	Evacuation	Lockdown
	1		0	0
	2		0	0
	3		0	0
	4		0	0
	5		0	0
	6		0	0
	7		0	0
	8		0	0
	9		0	0
	10		⊖	0
	11		0	0
	12		0	0
c Ifthor	aguired number of f	iro and amarganas drilles		
describ	equired number of f e the reason:	ire and emergency drills v	were not held during this	reporting cycle, plea

8d. Average time to eva	cuate facility was:	minutes	seconds					
9/1/05) which requires	ention instruction was pro every school in New York prevention, and life safet	State to provide a minin	num of 45 minutes			arson,		
	ention, evacuation, and fi ion F406 of the NYS Fire			maintaine /ES	ed, in	NO		
9. If the fire alarm system was activated, was the fire department immediately notified? YES NO								
10. Have there been an	y fires in this facility sinc	e the last annual fire insp	pection report?) YES	0	NO		
a. If 'yes', indicate:	Number of fires	Number of injuries	Total	cost of prop	erty d	amage		

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet

	41.0 111	1 45110 0011001	THE GITTE	Dullullig	Culcty Holl-Oc	HIDHIII	IZEBOIL OHEC
School	District_	_Ogdensburg	CSD		Buil t/lag ne	Madill Stora	age Shed
Facility #							·

Part II-A (to be completed for public schools only – except "Big 4")				Part II-B				Part II-B			Part II-B				
Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected	Item #	Non- Conformance	Date Corrected	Date Reinspected
01A-2				08A-2				13A-2				19E-1			
01B-1				08B-2				13B-2				19F-1			
01C-1				08C-2								19G-1			
01D-1				08D-2				14A-2				19H-2			
01E-1				08E-2				14B-2				1011			
				09A-2				14C-2				20A-1			
02A-2				09B-2				14D-1				20B-1			
02B-1				09C-1				14E-1				20C-1			
02C-3				09D-1				15A-2				21A-3			
02D-1				09F-2				15B-1				22A-3			
02E-2				09G-2				15C-2				22B-3			
02F-3				10A-2				15D-2				22C-3			
02G-2				10B-2				15E-1				23A-1			
				10C-1				16A-2				23B-1			
03A-3				10D-1				16B-2				23C-1			
03B-1								16C-2				23D-2			
				11A-2				16D-2				24A-3			
04A-2				11B-1				17A-3				25A-1			
04B-2				11C-2				17B-2				25B-1			
04C-1				11D-2			1	17C-2				25C-1			
				11E-1				17D-2							_
05A-3								17E-1				26A-3			
05B-2	ļ			12A-1				17F-3					If any ad		1
05C-2	<u> </u>		7	12B-3				17G-1	<u> </u>			non-conformances are observed, check item 26A-3 and list the Code section below.			
				12C-2				17H-2							
06A-1				12D-2				171-2						section	
06B-1	ļ			12E-1				17J-1		:					
06C-1	ļ			12F-1				17K-1							
06D-2				12G-1				17L-1							
06E-3	ļ			12H-1				18A-2	$oxed{oxed}$				luar:		
06F-1				121-1				18B-2				Inspector The inspector has been provided with a copy of the previous year's school fire safety report:			
06G-1	_			12J-1				18C-2	<u> </u>					sen of the	
06H-2				12K-1				18D-2						n tile d fire	
0001				12L-1				19A-3						n III C	
07A-3				12M-1				19B-2							
07B-2				12N-1				19C-1				Yes_X_ No			
07C-2				120-2				19D-1							

	All schools complete Section 8 only if the built	ing has electrically-operated folding partitions.	
Initial Inspection:		•	
Fire Safety Inspector:	NameLinda Shaw		
	Date 07/28/2023	Registry #1211-0338	(26E-4)
Final Inspection (if require	red):		(')
Fire Safety Inspector:	Name	_	
. ,	Date	Registry #	(26F-4)

Section III-A. Fire Inspector							
The individual noted below inspected this building and the information in this Fire Safety Report represents, to the best of their knowledge and belief, an accurate description of the building and conditions they observed. The individual that performed this inspection has maintained their certification requirements pursuant to Title 19 Part 1208							
Name:Linda Shaw	Telephone #: (315) 212-9479						
Title: Consultant	Certification # 1211-0338						
Email: <u>Lshaw@boces.com</u>	(as designated by the NYS Department of State)						
Section III-B. Building Administrator or Designee Please provide the name and contact information of the person responsible for monitoring this inspection (whomever accompanied the inspector; provided access to all spaces; and made available any records and/or required documentation requested by the inspector) The individual identified below certifies that this building inspection was conducted on this date and can confirm the specific locations of any non-conformances (provide inspection date) identified within this report.							
Name:	Telephone #: ()						
Title:	Email:						
	Signature						
Section III-C. School Superintendent							
I hereby submit this fire inspection report on behalf	of the Board of Education and certify that:						
 Public notice of report availability has been published, and that Any nonconformances noted as corrected on the <i>Public School Fire Safety Non-Conformance Report Sheet</i> portion of this report were corrected on the date indicated, and that Violations which are not corrected immediately shall be corrected within a period of time approved by the Commissioner. 							
Name:	Telephone #: ()						
Title:							
Email:	Signature						

