

4. Indicate the ownership of this facility

- Leased
- Owned

a. If the building is not District Owned, provide the name and address of Landlord or Building Owner:

Name *

Address *

Telephone # *

5. Does the District lease the building or spaces within the building to others? YES NO

a. If yes, indicate the tenant(s):

Name *

Address *

Telephone # *

6. What is the current gross square footage of this facility?

nearest whole ten feet:

600

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

8. FIRE AND EMERGENCY DRILLS

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

N/A

a. Per Section 807, paragraph 2 of the State Education Law entitled Fire and Emergency Drills, a copy of Section 807 has been printed and distributed as guidance to teaching staff?

YES

NO

b. Provide dates of twelve fire and emergency drills required by Section 807 of Education Law held between September 1 and June 30 of the previous school year:

YES

NO

FIRE & EMERGENCY DRILLS

NOTE Eight (8) are required between September 1, and December 31

Eight (8) drills are required to be evacuation drills Four (4) drills are required to be lockdown drills

	Date	Evacuation	Lockdown
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>

c. If the required number of fire and emergency drills were not held during this reporting cycle, please describe the reason:

8d. Average time to evacuate facility was:

minutes

seconds

N/A

8e. Arson and fire prevention instruction was provided in accordance with section 808 of the Education Law (revised 9/1/05) which requires every school in New York State to provide a minimum of 45 minutes of instruction in arson, fire prevention, injury prevention, and life safety for each month school is in session. YES NO

8f. Employee fire prevention, evacuation, and fire safety training was provided, and records maintained, in accordance with Section F406 of the NYS Fire Code YES NO

9. If the fire alarm system was activated, was the fire department immediately notified? YES NO

10. Have there been any fires in this facility since the last annual fire inspection report? YES NO

a. If 'yes', indicate: Number of fires

Number of injuries

Total cost of property damage

Part II: Public School Fire and Building Safety Non-Conformance Report Sheet
 School District LYNCOURT UFSD Building Name MAINTENANCE BUILDING
 Facility # 421504020000-0001

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	<input type="checkbox"/>				08A-2	<input type="checkbox"/>				13A-2	<input type="checkbox"/>				19E-1	<input type="checkbox"/>			
01B-1	<input type="checkbox"/>				08B-2	<input type="checkbox"/>				13B-2	<input type="checkbox"/>				19F-1	<input type="checkbox"/>			
01C-1	<input type="checkbox"/>				08C-2	<input type="checkbox"/>									19G-1	<input type="checkbox"/>			
01D-1	<input type="checkbox"/>				08D-2	<input type="checkbox"/>				14A-2	<input type="checkbox"/>				19H-2	<input type="checkbox"/>			
01E-1	<input type="checkbox"/>				08E-2	<input type="checkbox"/>				14B-2	<input type="checkbox"/>								
02A-2	<input type="checkbox"/>				09A-2	<input type="checkbox"/>				14C-2	<input type="checkbox"/>				20A-1	<input type="checkbox"/>			
02B-1	<input type="checkbox"/>				09B-2	<input type="checkbox"/>				14D-1	<input type="checkbox"/>				20B-1	<input type="checkbox"/>			
02C-3	<input type="checkbox"/>				09C-1	<input type="checkbox"/>				14E-1	<input type="checkbox"/>				20C-1	<input type="checkbox"/>			
02D-1	<input type="checkbox"/>				09D-1	<input type="checkbox"/>				15A-2	<input type="checkbox"/>				21A-3	<input type="checkbox"/>			
02E-2	<input type="checkbox"/>				09F-2	<input type="checkbox"/>				15B-1	<input type="checkbox"/>				22A-3	<input type="checkbox"/>			
02F-3	<input type="checkbox"/>				09G-2	<input type="checkbox"/>				15C-2	<input type="checkbox"/>				22B-3	<input type="checkbox"/>			
02G-2	<input type="checkbox"/>				10A-2	<input type="checkbox"/>				15D-2	<input type="checkbox"/>				22C-3	<input type="checkbox"/>			
					10B-2	<input type="checkbox"/>				15E-1	<input type="checkbox"/>				23A-1	<input type="checkbox"/>			
					10C-1	<input type="checkbox"/>				16A-2	<input type="checkbox"/>				23B-1	<input type="checkbox"/>			
					10D-1	<input type="checkbox"/>				16B-2	<input type="checkbox"/>				23C-1	<input type="checkbox"/>			
										16C-2	<input type="checkbox"/>				23D-2	<input type="checkbox"/>			
					11A-2	<input type="checkbox"/>				16D-2	<input type="checkbox"/>				24A-3	<input type="checkbox"/>			
					11B-1	<input type="checkbox"/>				17A-3	<input type="checkbox"/>				25A-1	<input type="checkbox"/>			
					11C-2	<input type="checkbox"/>				17B-2	<input type="checkbox"/>				25B-1	<input type="checkbox"/>			
					11D-2	<input type="checkbox"/>				17C-2	<input type="checkbox"/>				25C-1	<input type="checkbox"/>			
					11E-1	<input type="checkbox"/>				17D-2	<input type="checkbox"/>								
										17E-1	<input type="checkbox"/>								
					12A-1	<input type="checkbox"/>				17F-3	<input type="checkbox"/>								
					12B-3	<input type="checkbox"/>				17G-1	<input type="checkbox"/>								
					12C-2	<input type="checkbox"/>				17H-2	<input type="checkbox"/>								
					12D-2	<input type="checkbox"/>				17I-2	<input type="checkbox"/>								
					12E-1	<input type="checkbox"/>				17J-1	<input type="checkbox"/>								
					12F-1	<input type="checkbox"/>				17K-1	<input type="checkbox"/>								
					12G-1	<input type="checkbox"/>				17L-1	<input type="checkbox"/>								
					12H-1	<input type="checkbox"/>				18A-2	<input type="checkbox"/>								
					12I-1	<input type="checkbox"/>				18B-2	<input type="checkbox"/>								
					12J-1	<input type="checkbox"/>				18C-2	<input type="checkbox"/>								
					12K-1	<input type="checkbox"/>				18D-2	<input type="checkbox"/>								
					12L-1	<input type="checkbox"/>				19A-3	<input type="checkbox"/>								
					12M-1	<input type="checkbox"/>				19B-2	<input type="checkbox"/>								
					12N-1	<input type="checkbox"/>				19C-1	<input type="checkbox"/>								
					12O-2	<input type="checkbox"/>				19D-1	<input type="checkbox"/>								
06A-1	<input type="checkbox"/>																		
06B-1	<input type="checkbox"/>																		
06C-1	<input type="checkbox"/>																		
06D-2	<input type="checkbox"/>																		
06E-3	<input type="checkbox"/>																		
06F-1	<input type="checkbox"/>																		
06G-1	<input type="checkbox"/>																		
06H-2	<input type="checkbox"/>																		
07A-3	<input type="checkbox"/>																		
07B-2	<input type="checkbox"/>																		
07C-2	<input type="checkbox"/>																		

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

Initial Inspection:

Fire Safety Inspector: Name Brandon Meyers
 Date 06/15/2022

Registry # 1021-0364(B) (26E-4)

Final Inspection (if required):

Fire Safety Inspector: Name N/A
 Date _____

Registry # _____ (26F-4)

If any additional non-conformances are observed, check item 26A-3 and list the Code section below.

Inspector
 The inspector has been provided with a copy of the previous year's school fire safety report:

Yes No

Part III: Public School Certifications

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: Brandon Meyers Telephone #: (315) 882-6385
Title: Safety Officer Certification # 1021-0364(B)
Email: bmeyers@ocmboces.org (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 06/15/2022 and can confirm the specific locations of any non-conformances (provide inspection date) identified within this report.

Name: Greg Meixner / Cathryn Marchese Telephone #: (315) 720-3591 / 315-455-7571
Title: Director of Facilities / Sch Bus Admin Email: gmeixner@lyncourtschool.org / cmarchese@lyncourtschool.org
Signature Cathryn Marchese

Section III-C. School Superintendent

I hereby submit this fire inspection report on behalf of the Board of Education and certify that:

1. Public notice of report availability has been published, and that
2. Any nonconformances noted as corrected on the *Public School Fire Safety Non-Conformance Report Sheet* portion of this report were corrected on the date indicated, and that
3. Violations which are not corrected immediately shall be corrected within a period of time approved by the Commissioner.

Name: Jay Austin Telephone #: (315) 455-7571
Title: Superintendent
Email: jaustin@lyncourtschools.org Signature Jay Austin



CERTIFICATE OF OCCUPANCY

VALID FOR FACILITY:
MAINTENANCE BLDG
2707 COURT ST
SYRACUSE, NEW YORK 13208

Building ID: 421504023003

DISTRICT:
LYNCOURT UFSD
JAMES AUSTIN
2707-2709 COURT ST
SYRACUSE, NEW YORK 13208

Issuance Date: June 29, 2022
Effective Date: August 01, 2022
Expiration Date: August 01, 2023

OBTAIN FIRE SAFETY REPORT FROM DISTRICT OFFICE


Cynthia Proctor of Education

THIS CERTIFICATE VOIDS ANY PREVIOUSLY ISSUED