Inspection Type: OPERATIONAL - ANNUAL
Inspection Date: 2/16/2021 By: McConahey, Paul (15164)
Time In: 09:30 Time Out: 10:00
Authorized Date: 02/16/2021 By: McConahey, Paul (15164)

Inspection Topics:

GENERAL INFORMATION

Business Rep/Contact Number
Enter the name and phone number of the responsible party.
Status: Approved
Notes: Steven Rossellini.
209-478-3723

Current Operational Fire Permit posted?
Current Operational Fire Permit shall be posted with other licenses and permits as required.
Status: Approved
Notes: Yes. 5/4/2021. Ok
Compress gases

Current Stockton Business License posted?
Current Stockton Business License shall be posted for current occupant.
Status: Approved
Notes: Yes. Exp. 3/31/2021
21-00005413

Has contact information changed?
Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.
Status: Approved
Notes: No

Permit Type Required
CFC 105 - List all required Operational Fire Permits
Status: Approved
Notes: Compress gases

EXTINGUISHERS

Provide annual service. Service shall be performed by a licensed contractor.
CFC 906
Status: Approved
Notes: Ok. 3/19/2020

Additional Time Spent on Inspection:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
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<tbody>
<tr>
<td>Notes:</td>
<td>No Additional time recorded</td>
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</table>
Summary:

**Overall Result:** Approved

**Inspector Notes:** No firecode violations

Closing Notes:

By order of the Fire Chief and Fire Marshal. All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour. Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:

Name: McConahey, Paul  
Rank: Program Specialist  
Work Phone(s): 209-990-1414  
McConahey, Paul:

Signed on: 02/16/2021 10:01

Signature........................................... Date

Representative Signature:

Signature of: Covid 19 on 02/16/2021 10:02

Covid-19

Signature........................................... Date
# Annual Fire Inspection

**Business Name:** Professional Medical Center  
**Address:** 4255 Pacific Ave, Ste #1

**Stockton Bus Lic:**  
- Yes  
- No  
- Lic #  

**Business Owner/Rep:** Dr. Brad Lowrie  
**Phone:** 413-116  
**Cell Phone:**  

**Date of Inspection:** 14/27/13  
- 2nd Inspection  

**Has Information Changed?**  
- Yes  
- No

## Occupancy Information (Check Business Type)

- □ A - Place of Assembly  
  - Occupancy Load ______  
- □ B - Business/City Buildings  
- □ F - Fabrication  
  - Storage area sq. ft. ______  
- □ H - Hazardous Materials  
- □ M - Merchandise/Retail Sales  
- □ R-1 Hotel  
- □ R-2 Residence  
  - Number of Units ______  
  - Number of Units Checked ______  
- □ High Piled Storage  
  - Storage Area sq. ft. ______  
- □ S-1 - Repair Garage

## Other:

- Permit Type Required
  - Permit Type Required
  - Permit Type Required
  - Permit Type Required

## Notice of Violation:

Number corresponds with violation(s) on back of this form:

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<td>B: Special Hazards</td>
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<td>C: Ext / Fire Protection System</td>
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<td>E: General Housekeeping</td>
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**CFC Sec. 105 Permit(s) Needed**

- Initial Inspection  
  - No Hazards Noted  
  - Violation(s) Noted

- Second Inspection  
  - Violation(s) Corrected  
  - Violation(s) not Corrected

- Third Inspection  
  - Violation(s) Corrected  
  - Violation(s) not Corrected

**Reinspection date:** 9/12/13

**Notify FPD date:**

## Notes:

- Gates 1+3 - Must be operable from inside
- Gates 2+4 - Test signage directing pedestrian to gates
- Gates 7+3

**Inspector:**  
**ID #:** 11281  
**Unit:**  
**Shift:**

**Contact Phone #:** 9378271

**Responsible Signature:**  
**Date:** 7/30/13

**White Original - Fire Prevention**  
**Yellow Copy - Co File**

**Signed:**  
**Date:** 7/30/13

**FD-18 Revised 06/07/10**
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: Roscelli Stevens A
ADDRESS: 4255 Pacific Ste # 7

STOCKTON BUS LIC: Yes No Lic # 15 5413 FIRE PERMIT CERTIFICATE: Yes No N/A
BUSINESS OWNER / REP: Stevens Roscelli PHONE: 478-3723 CELL PHONE:

DATE OF INSPECTION: 4/7/15 2nd Inspection Code Compliance
HAS INFORMATION CHANGED? Yes No

OCCUPANCY INFORMATION (Check Business Type)
- Place of Assembly Occupancy Load
- Business/City Buildings Medical Gas
- R-1 HOTEL R-2 RESIDENCE
- M - Merchandise/Retail Sales Number of Units
- F-Fabrication Storage area sq. ft.
- H - Hazardous Materials
- S-1 - Repair Garage
- High Piled Storage Storage Area sq. ft.
- OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required
Compass gas
Permit Type Required
Permit Type Required

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

A: Electrical
B: Special Hazards
C: Ext / Fire Protection System
D: Exiting
E: General Housekeeping

CFC Sec. 105 Permit(s) Needed
Initial Inspection Reinspection date:
Second Inspection Reinspection date:
Third Inspection Notify FPD date:

NOTES:

Inspector: M. Escalante ID # 5164 Unit FPDO Contact Phone # 639-2311
Responsible Signature: 

White Original - Fire Prevention  ■ Yellow Copy - Co File

FD-18 Revised 06/26/13
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA  95202 • (209) 937-8271

FIRE INSPECTION

BUSINESS NAME: Leamon Laboratory
ADDRESS: 4255 Pacific Av Ste # E

BUSINESS OWNER / REP: Greg Leamon 979-2977

DATE OF INSPECTION: 6/25/19  2nd Inspection  Code Compliance

DEFICIENCIES AND COMMENTS

False Permit  Hot Works  9/2/19 OK

Bus Lic # 3/31/19  19-001356667

All

D.K. Connolly
6/25/19

Inspector: D.K. Connolly  ID #: 5164  Unit: FPD  Shift:  Contact Phone #: 639-231

Responsible Signature: Greg Leamon  Date: 6/25/19

FPD Office Use

Database  Scan  Firehouse

White Original - Fire Prevention  Yellow Copy – Co File
BUSINESS NAME: Lecannan Laboratory
STOCKTON BUS LIC: ☑ Yes ☐ No Lic #30-103617
FIRE PERMIT CERTIFICATE: ☑ Yes ☐ No ☐ N/A
BUSINESS OWNER / REP: Greg Lecannan
PHONE: 209-478-5616
DATE OF INSPECTION: 11/19/19
2nd Inspection
HAS INFORMATION CHANGED? ☐ Yes ☑ No

OCCUPANCY INFORMATION
☑ A - Place of Assembly
     Occupancy Load __________
     ☑ B- Business/City Buildings
     ☑ R-1 HOTEL ☑ R-2 RESIDENCE
     ☑ M - Merchandise/Retail Sales
     Number of Units __________
     Number of Units Checked __________

OTHER:

LIST OPERATIONS:

209-478-5616
Bradley C. Louie, D.D.S.
FAMILY DENTISTRY
www.bradlouiedds.com
4255 Pacific Ave, Ste. 1
Stockton, CA 95207
bradleylouie@comcast.net

NOTICE OF VIOLATION:

NOTES:

Inspector: Pat Chowers
ID# 9385
Contact Phone: 209-937-8271

Responsible Signature: Greg Lecannan
Date: 11/19/19

White Original - Fire Prevention ☑ Yellow Copy - Co File

FD-18 Revised 08-02-17
**Stockton Fire Department**

**Occupancy:** 1ST PRIORITY DENTAL LABORATORY, INC  
**Occupancy ID:** 101659  
**Address:** 4255 Pacific AVE Apt/Suite #7  
**Stockton CA 95207**

- **Inspection Type:** BUSINESS LICENSE/NEW PERMIT  
- **Inspection Date:** 1/25/2023  
  - **By:** McConahey, Paul (15164)  
- **Time In:** 11:46  
  - **Time Out:** 12:44  
- **Authorized Date:** 01/25/2023  
  - **By:** McConahey, Paul (15164)

---

### Inspection Topics:

**GENERAL INFORMATION**

**Business Rep/Contact Information**

Enter the name, email address and phone number of the responsible party. If other than operational inspection, note reason for inspection.

- **Status:** Approved
- **Notes:**

---

**Current Operational Fire Permit posted?**

Current Operational Fire Permit shall be posted with other licenses and permits as required.

- **Status:** Approved
- **Notes:** Requires Open flame and torches. Operational Fire Permit

---

*Printed on 02/14/23 at 14:58:23*
Current Business License posted?

Current City of Stockton or SJ County Business License shall be posted for current occupant.

**Status:** Approved  
**Notes:**

Has contact information changed?

Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.

**Status:** Approved  
**Notes:** Yes. New business.

Permit Type(s) Required - Indicate if a new operational fire permit application was submitted.

CFC 105 - List all required Operational Fire Permits. Note any Operational Permits to be added or removed and reason. Invoice forthcoming. Pay invoice upon receipt to avoid additional fees for failure to obtain operational fire permit. NOTE: OPERATIONAL FIRE PERMITS WILL BE INVOICED BASED ON INFORMATION ON FILE OR PROVIDED ON NEW APPLICATION.

**Status:** Approved  
**Notes:** Required Open flame and torch. OFT1. $340.00  
Left with owner a copy of operational for permit application

BUILDING INFORMATION

Knox box in place?

Confirm the keys are current, update as needed.

**Status:** Approved  
**Notes:** No
Fire alarm?
Does the FACP display read “NORMAL”? Verify annual service through service records kept in the document box on the FACP. Is signage in place identifying the FACP location?

Status: Approved
Notes: No

Fire Sprinklers?
Confirm fire sprinklers have current annual and 5 year certification tags on each riser.

Status: Approved
Notes: No

EXTINGUISHERS

Provide annual service. Service shall be performed by a licensed contractor.

CFC 906

Status: Disapproved
Notes: Service fire extinguishers. Requires, 2 extinguishers. Mount 3-5 feet above floor.

MISCELLANEOUS

Secure all compressed gas containers, cylinders, tanks and systems against accidental dislodgement and against access by unauthorized personnel in accordance with CFC 5303.5.1 through CFC 5303.5.3.

CFC 5303.5

Status: Disapproved
Notes: Secure all compressed cylinders
Additional Time Spent on Inspection:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
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<tbody>
<tr>
<td>Notes:</td>
<td>No Additional time recorded</td>
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Total Additional Time: 0 minutes
Inspection Time: 58 minutes
Total Time: 58 minutes

Summary:

**Overall Result:** Disapproved

**Inspector Notes:** Reinspection February 22, 2023

Closing Notes:
By order of the Fire Chief and Fire Marshal. All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour. Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:

Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414
Email(s): Paul.McConahey@stocktonca.gov

McConahey, Paul:

[Signature]

Signed on: 01/25/2023 12:16

Representative Signature:

Signature of: Covid 19 on 01/25/2023 12:16

[Signature]

Date
ANNUAL FIRE INSPECTION

BUSINESS NAME: DR. Roselli DDS
ADDRESS: 4255 Pacific Ave
STOCKTON BUSINESS LIC # 09-00005413
EXPIRATION DATE: 3-31-09
BUSINESS OWNER: DR. Steven Roselli
PHONE: 478-3223
CELL PHONE: 951-69189

DATE OF INSPECTION: 2-19-09
2nd Inspection
3rd Inspection

OCCUPANCY INFORMATION (Type of Business)

☑ A-Place of Assembly ☐ B-Business/City Buildings ☐ F- Fabrication ☐ H-Repair Garage/Auto Body Repair Shop/Haz Mats
☐ M-Merchandise/Retail Sales ☐ S-Service Garage & Warehouse Storage ☐ R-2- RESIDENCE Number of Units

Units Checked

☐ Knox Box Location
☐ Sprinkler Connection Location
☐ Prefire Plan ☐ Prefire Plan needed

PERMIT(S)

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

☐ Place of Assembly ☐ Repair Garage ☐ Service Garage ☐ Flammable/Combustible Liquid Storage ☐ Tire Storage
☐ Combustible Material Storage ☐ High-Piled Storage ☐ Pallet/Bin Storage ☐ Motor Vehicle Fuel Dispensing
☑ Compressed Gases ☐ Hot-works ☐ Application of Flammable Finishes ☐ Lumber Yards ☐ Auto Wrecking Yard
☐ OTHER

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

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CFC Sec. 105 Permit(s) Needed

Initial Inspection.................... ☑ No Hazard Noted ☐ Violation(s) Noted: Reinspection date:
Second Inspection.................... ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Reinspection date:
Third Inspection..................... ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Notify FPD date:

NOTES:

__________________________
Inspectors R. Howard
ID Number 3695 Unit T-4 Shift: A

Responsible Signature: DR. Roselli.
Date: 2-19-09

FD-18 Revised 12/26/07 White Original - Fire Prevention
Yellow Copy – Company File
Pink Copy - Owner
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET
STOCKTON, CA  95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME:                  ADDRESS:      4255 Pacific
STOCKTON BUSINESS LIC #          EXPIRATION DATE 3-31-09
09-00005483                      
BUSINESS OWNER:                 PHONE: 48-3723  CELL PHONE:
                               
DATE OF INSPECTION: 1-30-08      2nd Inspection 3rd Inspection

OCCUPANCY INFORMATION (Type of Business)

☐ A-Place of Assembly  ☐ B-Business/City Buildings  ☐ F- Fabrication  ☐ H-Repair Garage/Auto Body Repair Shop/Haz Mats
☐ M-Merchandise/Retail Sales  ☐ S-Service Garage & Warehouse Storage  ☐ R-2- RESIDENCE Number of Units

Other: 

☐ Knox Box  Location
☐ Sprinkler Connection  Location

☐ Prefire Plan  ☐ Prefire Plan needed

PERMIT(S)

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

☐ Place of Assembly  ☐ Repair Garage  ☐ Service Garage  ☐ Flammable/Combustible Liquid Storage  ☐ Tire Storage
☐ Combustible Material Storage  ☐ High-Piled Storage  ☐ Pallet/Bin Storage  ☐ Motor Vehicle Fuel Dispensing
☒ Compressed Gases  ☐ Hot-works  ☐ Application of Flammable Finishes  ☐ Lumber Yards  ☐ Auto Wrecking Yard
☐ OTHER

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18

A: Electrical:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B: Special Hazards:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

C: Ext / Fire Prot Systems:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

D: Exiting:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

E: General Housekeeping:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CFC Sec. 105 Permit(s) Needed

Initial Inspection.................. ☐ No Hazard Noted  ☐ Violation(s) Noted: Reinspection date: 

Second Inspection.................. ☐ Violation(s) Corrected  ☐ Violation(s) not Corrected: Reinspection date: 

Third Inspection.................. ☐ Violation(s) Corrected  ☐ Violation(s) not Corrected: Notify FPD date: 

NOTES:


Inspector: J. Miller  ID Number: 3015  Unit: T4  Shift: A (B) C

Responsible Signature: H. S. Lekeda  Date: 1-30-08

FD-18 Revised 12/26/07  White Original - Fire Prevention  Yellow Copy – Company File  Pink Copy - Owner
BUSINESS:  

Address: 4255 Pacific Ave  

Ste: 7  

Business Owner:  

Tel Num: 209 478-3723  

Cellular:  

Date of Inspection:  

2/28/07  

2nd Inspection  

3rd Inspection  

Stockton Business Lic # 07-1005413  

Expiration Date: 3/31/07  

Occupancy Information

Type of Business

- A-Place of Assembly  
- B-Business/City Buildings  
- F- Fabrication  
- H- Repair Garage/Auto Body Repair Shop/Haz Mats  
- M-Merchandise/Retail Sales  
- S-Service Garage & Warehouse Storage  
- R-1- Residence  

Number of Units: 

Other: 

Permit(s):  

- Place of Assembly  
- Repair Garage  
- Service Garage  
- Flammable/Combustible Liquid Storage  
- Tire Storage  
- Combustible Material Storage  
- High-Piled Storage  
- Pallet/Bin Storage  
- Motor Vehicle Fuel Dispensing  
- Compressed Gases  
- Hot Works  
- Application of Flammable Finishes  
- Lumber Yards  
- Auto Wrecking Yard  

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.

Notice of Violation:  

Number corresponds with violation(s) on back of this form:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18  

A: Electrical:  

B: Special Hazards:  

C: Ext / Fire Prot Systems:  

D: Exiting:  

E: General Housekeeping:  

CFC Sec. 105 Permit(s) Needed

Initial Inspection:  

- No Hazard Noted  
- Violation(s) Noted:  

Reinspection date: 3/2/07  

Second Inspection:  

- Violation(s) Corrected  
- Violation(s) not Corrected:  

Reinspection date: 3/4/07  

Third Inspection:  

- Violation(s) Corrected  
- Violation(s) not Corrected:  

Notify FPD date:  

Notes:  

Initial Inspection:  

- No Hazard Noted  
- Violation(s) Noted:  

Reinspection date: 3/2/07  

Second Inspection:  

- Violation(s) Corrected  
- Violation(s) not Corrected:  

Reinspection date: 3/4/07  

Third Inspection:  

- Violation(s) Corrected  
- Violation(s) not Corrected:  

Notify FPD date:  

Notes:  

Inspector:  

ID Number: 9317  

Unit: T4  

Shift: ABC  

Responsible Signature:  

Date: 2/28/07  

White – Fire Prevention  

Yellow – Co. File  

Pink – Business
**STOCKTON FIRE DEPARTMENT**  
345 NORTH EL DORADO STREET  
STOCKTON, CA 95202  
(209) 937-8271

**BUSINESS:** Steven Roselli  
**ADDRESS:** 4955 PACIFIC  
**Ste:** 7

**Bus Owner:** Steven A Roselli  
**Tel Num:** (209) 418-3275  
**Cellular:**

**DATE OF INSPECTION:** May 5, 06  
2nd Inspection  
3rd Inspection

**OCCUPANCY INFORMATION**  
**Type of Business**

- [ ] A-Place of Assembly  
- [ ] B-Business/City Buildings  
- [ ] C-Fabrication  
- [ ] H-Repair Garage/Auto Body Repair Shop/Haz Mats  
- [ ] M-Merchandise/Retail Sales  
- [ ] S-Service Garage & Warehouse Storage  
- [ ] R-1- RESIDENCE  
**NUMBER OF UNITS**

**Other:** Office

**PERMIT(S).**

- [ ] Place of Assembly  
- [ ] Repair Garage  
- [ ] Service Garage  
- [ ] Flammable/Combustible Liquid Storage  
- [ ] Tire Storage  
- [ ] Combustible Material Storage  
- [ ] High-Piled Storage  
- [ ] Pallet/Bin Storage  
- [ ] Motor Vehicle Fuel Dispensing  
- [ ] Compressed Gases  
- [ ] Hotworks  
- [ ] Application of Flammable Finishes  
- [ ] Lumber Yards  
- [ ] Auto Wrecking Yard

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.*

**NOTICE OF VIOLATION:**  
Number corresponds with violation(s) on back of this form:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A: Electrical: | | | | | | | | | | | | | | | | |
| B: Special Hazards: | | | | | | | | | | | | | | | | |
| C: Ext/Fire Prot Systems: | | | | | | | | | | | | | | | | |
| D: Exiting: | | | | | | | | | | | | | | | | |
| E: General Housekeeping: | | | | | | | | | | | | | | | | |

**CFC Sec. 105 Permit(s) Needed**

Initial Inspection:  
[✓] No Hazard Noted  
[ ] Violation(s) Noted:  
Reinspection date:

Second Inspection:  
[ ] Violation(s) Corrected  
[ ] Violation(s) not Corrected:  
Reinspection date:

Third Inspection:  
[ ] Violation(s) Corrected  
[ ] Violation(s) not Corrected:  
Notify FPD date:

**NOTES:**

---

**Inspector:** [Signature]  
**ID Number:**  
**Unit:** T-4  
**Shift:** A B C

**Responsible Signature:** [Signature]  
**Date:** May 5, 06

FD-18 Rev. 11/15/05 ::ODMAGRPWISE/COS.FD.FD_Library:16561.1

White – Fire Prevention  
Yellow – Co. File  
Pink – Business
STOCKTON FIRE DEPARTMENT
345 NORTH EL DORADO STREET
STOCKTON, CA 95202
(209) 937-8271

OWNER / OCCUPANT INFORMATION
Occupancy Use: ☑ Commercial ☐ Residential ☐ Both
Bus Name: Steve Rossi; D.O.B.: Address: 2255 Pacific Ste: 
Bus Owner: Shawn Rossi; Tel Num: 478-3723 Cellular: 
Date of Inspection: 6-1-05 2nd Inspection 3rd Inspection

BUILDING INFORMATION
Occupancy Class: ☑ A ☐ B ☐ F ☐ H ☐ M ☐ S ☐ R-1 Number of Units: 
Area/Size: 1,000 sq. ft. / Basement ☐ yes ☐ no If yes, is it sprinklered? ☐ yes ☐ no

FIRE PROTECTION SYSTEMS
FIRE ALARM: ☑ smoke ☐ heat Panel Location: ☐ KNOX Box - Location: 
FIRE SPRINKLERS: ☑ full ☐ partial - Location(s): Monitor Co. 
STANDPIPE: ☐ wet ☑ dry FDC / PIV Location: 
SPECIAL SYSTEMS: ☑ Hood&Duct - Date of Tag: ☐ Foam ☐ CO2 ☑ Medical Gas - ☐ Other:

PERMIT REQUIRED (Type)
CONFINED SPACE: Location(s):

INSPECTION REPORT: Number correspond with violation(s) on back of this form:

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</table>

A: Electrical: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
B: Special Hazards ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
C: Ext / Fire Prot Systems ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
D: Exiting: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
E: General Housekeeping: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Initial Inspection: ☑ No Hazard Noted ☐ Violation(s) Noted: Reinspection date:
Second Inspection: ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Reinspection date:
Third Inspection: ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Notify FPD date:

NOTES: ____________________________

Inspector(s) R. Howard 31695 Unit T-4 Shift: A B C
Responsible Signature: ________________ Date: 6-1-05

FD-18 Rev. 7/16/02 :ODMA\GRPWSE\COS.FD.FD_Library:16561.1
White – Fire Prevention Yellow – Co. File Pink – Business
1. Business Name: Dr. Streater Roselli  Business License Number: 02-05413

Business Address: 4255 Pacific Ave

Suite: Stockton, CA  (Zip Code): 95207

2. ☐ No Permit Required.
   (Explanation Required):

3. ☑ Permit on Site.
4. ☐ Permit Required.
5. ☐ UNSURE if Permit Required.

6. Describe Business (What type of business?)

[Handwritten: Dental/Medical Building]

Contact Person: John  Phone Number: 478-3723

7. California Fire Code

<table>
<thead>
<tr>
<th>Permit On Site</th>
<th>Permit Required</th>
<th>Section:</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>☑</td>
<td>☑ a.1</td>
<td>Aerosol Products</td>
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<td>☑</td>
<td>☑ a.5</td>
<td>Automobile Wrecking Yard</td>
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<td>☑</td>
<td>☑ b.1</td>
<td>Battery System</td>
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<tr>
<td>☑</td>
<td>☑ c.5</td>
<td>Combustible Fiber Storage</td>
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<td>☑</td>
<td>☑ c.6</td>
<td>Combustible Material Storage</td>
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<td>☑</td>
<td>☑ c.8</td>
<td>Commercial Rubbish-Handling Operations</td>
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<td>☑</td>
<td>☑ d.2</td>
<td>Dust-Producing Operations</td>
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<td>☑</td>
<td>☑ f.3</td>
<td>Flammable or Combustible Liquids</td>
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<td>☑</td>
<td>☑ h.2</td>
<td>High-Piled Combustible Storage</td>
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<tr>
<td>☑</td>
<td>☑ h.3</td>
<td>Hot-Work Operations</td>
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<td>☑</td>
<td>☑ i.1</td>
<td>Liquefied Petroleum Gases</td>
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<td>☑</td>
<td>☑ m.3</td>
<td>Motor Vehicle Fuel-Dispensing Stations</td>
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<td>☑</td>
<td>☑ o.3</td>
<td>Ovens, Industrial Baking or Drying</td>
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<td>☑</td>
<td>☑ p.2</td>
<td>Places of Assembly</td>
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<td>☑</td>
<td>☑ r.3</td>
<td>Repair Garages</td>
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<tr>
<td>☑</td>
<td>☑ s.1</td>
<td>Spraying and Dipping (Application of Flammable Finishes)</td>
<td></td>
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<tr>
<td>☑</td>
<td>☑ t.2</td>
<td>Tire Storage</td>
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<tr>
<td>☑</td>
<td>☑ SMC 4-013</td>
<td>Pallets and Palletized Packing Boxes and Bin Boxes</td>
<td></td>
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</tbody>
</table>

☐ Other Permit:

8. Inspected By: Jackson  Company: FPD  Shift:  Date: 12/22/03

Officer's Signature:  Officer's Name (Print):
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA  95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: ROSE CO. II, STEVEN A
ADDRESS: 4255 PACIFIC    Ste # 7
STOCKTON BUS LIC: [Yes] [No] Lic #: 20-00005418
FIRE PERMIT CERTIFICATE: [Yes] [No] [N/A]
BUSINESS OWNER / REP: STEVEN ROSECO, LLC
PHONE: 978-372-883
CELL PHONE: 518-558-614 EMAIL ADDRESS: gsrhr3@gmail.com
DATE OF INSPECTION: 5/28/2019  2nd Inspection    Code Compliance
HAS INFORMATION CHANGED? [Yes] [NO]

OCCUPANCY INFORMATION (Check Business Type)
☐ A - Place of Assembly
  Occupancy Load ______
☐ KNOX BOX
  Current Keys [YES] [NO]
☐ FACP
  "Normal" [YES] [NO]
  Annual Service [YES] [NO]
☐ See attached FD-18 B
☐ R-1 HOTEL  [YES] [NO]
  Number of Units ______
  Number of Units Checked ______
  Unit # Inspected ______
☐ R-2 RESIDENCE
  Number of Units ______
  Number of Units Checked ______
  Unit # Inspected ______
☐ FIRE ALARM
  Monitored [YES] [NO]
  Company ______
☐ SPRINKLER
  Annual [YES] [NO] Date ______
  5-Year [YES] [NO] Date ______

LIST OPERATIONAL FIRE PERMIT(S)

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|
| A: Electrical |
| B: Special Hazards |
| C: Ex/ Fire Protection System |
| D: Exiting |
| E: General Housekeeping |
| CFC Sec. 105 Permit(s) Needed |
| Initial Inspection | [ ] No Hazards Noted | [ ] Violation(s) Noted | Reinspection date: |
| Second Inspection | [ ] Violation(s) Corrected | [ ] Violation(s) not Corrected: | Reinspection date: |
| Third Inspection | [ ] Violation(s) Corrected | [ ] Violation(s) not Corrected: | Notify FPD date: |

NOTES:

Inspector: P. McConkey    ID # 5164R    Unit: FPD    Contact Phone: 990-1414

Responsible Signature: Tami Takeda    Date: 5/28/2019

White Original - Fire Prevention    Yellow Copy - Co File

FD-18 Revised 08-19-19
A：电气
B：特殊危险
C：防火/火灾保护系统
D：出口
E：一般卫生

CFC Sec. 105 Permit(s) 需要

初始检查.............. 无危险
第二次检查.............. 违章
第三次检查.............. 违章

违反（s）未纠正：

重做日期：6/13/17

注：灭火器（2/26/16）

检查人：

负责签名：

原始白色 - 防火预防  亮黄色副本 - 存档

FD-18 反映 06/26/13
Inspection Type: OPERATIONAL - ANNUAL
Inspection Date: 7/14/2021  Time In: 09:00  Time Out: 09:20
By: McConahey, Paul (15164)
Authorized Date: 07/14/2021  By: McConahey, Paul (15164)

Inspection Topics:

GENERAL INFORMATION

Business Rep/Contact Number
Enter the name and phone number of the responsible party.

Status: Approved
Notes:

Current Operational Fire Permit posted?
Current Operational Fire Permit shall be posted with other licenses and permits as required.

Status: Approved
Notes: Effective date 9/9/2021 ok
### Current Stockton Business License posted?
Current Stockton Business License shall be posted for current occupant.

**Status:** Approved  
**Notes:** Expires 3/31/2031.

![Business License Certificate](image)

### Has contact information changed?
Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.

**Status:** Approved  
**Notes:** No

### Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.

**Status:** Approved  
**Notes:** No

### Permit Type Required
CFC 105 - List all required Operational Fire Permits

**Status:** Approved  
**Notes:** Hot works.

### BUILDING INFORMATION

#### Knox box in place?
Confirm the keys are current, update as needed.

**Status:** Approved  
**Notes:** No

#### Fire alarm?
Does the FACP display read “NORMAL”? Verify annual service through service records kept in the document box on the FACP. Is signage in place identifying the FACP location?

**Status:** Approved  
**Notes:** No

#### Fire Sprinklers?
Confirm fire sprinklers have current annual and 5 year certification tags on each riser.

**Status:** Approved  
**Notes:** No
Additional Time Spent on Inspection:

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date / Time</th>
<th>End Date / Time</th>
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<tbody>
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</table>

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 20 minutes

Total Time: 20 minutes

Summary:

Overall Result: Approved

Inspector Notes: Do you like 14th 2021 violation correct it

Closing Notes:

By order of the Fire Chief and Fire Marshal. All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour. Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction.

STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:

Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414
McConahey, Paul:

Signed on: 07/14/2021 09:11

Signature

Date
Representative Signature:

Signature of: Covid 19 on 07/14/2021 09:15

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Covid-19</td>
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</tbody>
</table>
ANNUAL FIRE INSPECTION

BUSINESS NAME: LaMon Dental Lab Inc  
BUSINESS OWNER / REP: No Loc

ADDRESS: 4255 Pacific Ave Ste # G-A
STOCKTON BUS LIC: Yes  
FIRE PERMIT CERTIFICATE: Yes

Lic # 18.123019
PHONE: 474-3277
CELL PHONE:

DATE OF INSPECTION: 9/12/17
HAS INFORMATION CHANGED? No

SAME OWNER NEW LOCATION

OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
Occupancy Load ______

☐ B - Business/City Buildings

☐ F - Fabrication
Storage Area sq. ft. ______

☐ H - Hazardous Materials

☐ M - Merchandise/Retail Sales

☐ R-1 HOTEL  
Number of Units ______

☐ R-2 RESIDENCE  
Number of Units Checked ______

☐ High Piled Storage
Storage Area sq. ft. ______

☐ S-1 - Repair Garage

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required  
Permit Type Required  
Permit Type Required

Hot Works

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

A: Electrical
B: Special Hazards
C: Ext / Fire Protection System
D: Exiting
E: General Housekeeping

CFC Sec. 105 Permit(s) Needed

Initial Inspection.................  
□ No Hazards Noted  
□ Violation(s) Noted  
Reinspection date: 9/12/17

Second Inspection..............  
□ Violation(s) Corrected  
□ Violation(s) not Corrected:  
Reinspection date:

Third Inspection..............  
□ Violation(s) Corrected  
□ Violation(s) not Corrected:  
Notify FPD date:

NOTES: Service Extinguisher (9/12/12)
Gave 14 day Notice Due 9/14/17 Hot Works
Same Business - New Location - Same Owner
New 14 day Notice - Start at Annual Fee Rate

Inspector: P. Mccall  
ID # 5164  
Unit: FPD  
Contact Phone #: 639-311

Responsible Signature: Betty Pina  
Date: 9/12/17

White Original - Fire Prevention  
Yellow Copy – Co File

FD-18 Revised 04-09-15
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: Lomam Dental Lab Inc
ADDRESS: 4255 Pacific Ave Ste B-A

STOCKTON BUS Lic: □ Yes □ No Lic #: 19-1239019
FIRE PERMIT CERTIFICATE: □ Yes □ No □ N/A

BUSINESS OWNER / REP: Casey Lomam
PHONE: 479-297-?
CELL PHONE:

DATE OF INSPECTION: 9/1/17
2nd inspection

HAS INFORMATION CHANGED? □ Yes □ No

2. OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
Occupancy Load ______

☐ B - Business/City Buildings

☐ F - Fabrication
Storage area sq. ft.

☐ H - Hazardous Materials

☐ M - Merchandise/Retail Sales

☐ R-1 HOTEL
Number of Units ______

☐ R-2 RESIDENCE
Number of Units Checked ______

☐ Other:

HEALTH SERVICE

3. LIST OPERATIONAL FIRE PERMIT(S)

<table>
<thead>
<tr>
<th>Permit Type Required</th>
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<tbody>
<tr>
<td>Hot Works</td>
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4. NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

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<th>B: Special Hazards</th>
<th>C: Ext / Fire Protection System</th>
<th>D: Exiting</th>
<th>E: General Housekeeping</th>
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CFC Sec. 105 Permit(s) Needed

<table>
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<tr>
<th>Initial Inspection</th>
<th>No Hazards Noted</th>
<th>Violation(s) Noted</th>
<th>Reinspection date: 9/2/17</th>
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</thead>
<tbody>
<tr>
<td>Second Inspection</td>
<td>Violation(s) Corrected</td>
<td>Violation(s) not Corrected:</td>
<td>Reinspection date: 9/2/17</td>
</tr>
<tr>
<td>Third Inspection</td>
<td>Violation(s) Corrected</td>
<td>Violation(s) not Corrected:</td>
<td>Notify FPD date:</td>
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</table>

NOTES: Seav. co extinguisher 9/12/12

Inspector: PM Ashley ID # 5164 Unit FPD

Responsible Signature: Casey Lomam

Date: 9/12/17

White Original - Fire Prevention □ Yellow Copy – Co File

FD-18 Revised 04-09-15

FPD Office Use

Database
Scan
Firehouse
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET
STOCKTON, CA  95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: Matthew Cardinali DDS
ADDRESS: 4255 Pacific Ave
STO #: 14

STOCKTON BUSINESS LIC #: 09-00009003
EXPIRATION DATE: 3/31/09

BUSINESS OWNER: Matthew Cardinali DDS
PHONE: 478-7898

DATE OF INSPECTION: 2/19/09

2nd inspection 3rd Inspection

OCCUPANCY INFORMATION (Type of Business)

- A-Place of Assembly
- B-Business/City Buildings
- F- Fabrication
- H- Repair Garage/Auto Body Repair Shop/Haz Mats
- M-Merchandise/Retail Sales
- S-Service Garage & Warehouse Storage
- R-2- RESIDENCE Number of Units

Units Checked

- Knox Box Location
- Sprinkler Connection Location

- Prefire Plan
- Prefire Plan needed

PERMIT(S)

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

- Place of Assembly
- Repair Garage
- Service Garage
- Flammable/Combustible Liquid Storage
- Tire Storage
- Combustible Material Storage
- High-Piled Storage
- Pallet/ Bin Storage
- Motor Vehicle Fuel Dispensing
- Compressed Gases
- Hot-works
- Application of Flammable Finishes
- Lumber Yards
- Auto Wrecking Yard

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

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<td>C: Ext / Fire Prot Systems:</td>
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CFC Sec. 105 Permit(s) Needed

Initial Inspection: No Hazard Noted
Second Inspection: Violation(s) Corrected
Third Inspection: Violation(s) Corrected

Reinspection date: 
Notify FPD date: 

NOTES:

Inspector: Tim Hill
ID Number: 9697
Unit: T4
Shift: A B C

Responsible Signature: Kim Calveras
Date: 2/19/09

FD-18 Revised 12/26/07
White Original - Fire Prevention
Yellow Copy – Company File
Pink Copy - Owner
**ANNUAL FIRE INSPECTION**

**BUSINESS NAME**  
Fausto Prado, DDS  
**ADDRESS:** 4255 Pacific Av., STE #14

**STOCKTON BUSINESS LIC #** 09-00009003  
**EXPIRATION DATE** 3/31/09

**BUSINESS OWNER**  
Fausto Prado, DDS  
**PHONE:** 209.952-5492

**DATE OF INSPECTION:** 9/30/08  
2nd Inspection  
3rd Inspection

**OCCUPANCY INFORMATION**  
(Type of Business)

- Place of Assembly  
- Business/City Buildings  
- F- Fabrication  
- H- Repair Garage/Auto Body Repair Shop/Haz Mats  
- M-Merchandise/Retail Sales  
- S-Service Garage & Warehouse Storage  
- R-2- RESIDENCE  
- Number of Units

- Knox Box  
- Sprinkler Connection  
- Prefire Plan

- Prefire Plan needed

**PERMIT(S)**

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

- Place of Assembly  
- Repair Garage  
- Service Garage  
- Flammable/Combustible Liquid Storage  
- Tire Storage  
- Combustible Material Storage  
- High-Piled Storage  
- Pallet/Bin Storage  
- Motor Vehicle Fuel Dispensing  
- Compressed Gases  
- Hot-works  
- Application of Flammable Finishes  
- Lumber Yards  
- Auto Wrecking Yard

- OTHER

**NOTICE OF VIOLATION:** Number corresponds with violation(s) on back of this form:

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</table>

CFC Sec. 105 Permit(s) Needed

- Initial Inspection: ☐ No Hazard Noted  
- Violation(s) Noted:  
- Reinspection date:

- Second Inspection: ☐ Violation(s) Corrected  
- Violation(s) not Corrected:  
- Reinspection date:

- Third Inspection: ☐ Violation(s) Corrected  
- Violation(s) not Corrected:  
- Notify FPD date:

**NOTES:**  
*NO LONGER HAS NITROUS OXIDE OR GAS PERMIT*  
Per Capt. Kincaid

---

**Inspector:** J. Miller  
**ID Number:** 9015  
**Unit:** T4  
**Shift:** ABC

**Responsible Signature:** [Signature]  
**Date:** 9/30/08

**FD-18 Revised 12/26/07**  
**White Original - Fire Prevention**  
**Yellow Copy – Company File**  
**Pink Copy - Owner**
STOCKTON FIRE DEPARTMENT
345 NORTH EL DORADO STREET
STOCKTON, CA 95202
(209) 937-8271

BUSINESS: Prato, Fausto DDS
ADDRESS: 4255 Pacific Ave. Ste 14

Bus Owner: Prato
Tel Num: 952-5454
Cellular: 474-8096

DATE OF INSPECTION: 2/28/07 2nd Inspection 3/1/07 3rd Inspection

Stockton Business Lic # 07-00009003 Expiration Date: March 31, 2007

OCCUPANCY INFORMATION

□ A-Place of Assembly  □ B-Business/City Buildings  □ F-Fabrication  □ H-Repair Garage/Auto Body Repair Shop/Haz Mats
□ M-Merchandise/Retail Sales  □ S-Service Garage & Warehouse Storage  □ R-1- RESIDENCE

NUMBER OF UNITS

Other:

PERMIT(S).*

□ Place of Assembly  □ Repair Garage  □ Service Garage  □ Flammable/Combustible Liquid Storage  □ Tire Storage
□ Combustible Material Storage  □ High-Piled Storage  □ Pallet/Bin Storage  □ Motor Vehicle Fuel Dispensing
□ Compressed Gases  □ Hotworks  □ Application of Flammable Finishes  □ Lumber Yards  □ Auto Wrecking Yard

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.

NOTICE OF VIOLATION:

Number corresponds with violation(s) on back of this form:

A: Electrical:

B: Special Hazards:

C: Ext / Fire Prot Systems:

D: Exiting:

E: General Housekeeping:

CFC Sec. 105 Permit(s) Needed

Initial Inspection:

Second Inspection:

Third Inspection:

(Reinspection date:)

(Notify FPD date:)

NOTES: Need to Produce Business Lic. - Will call when found 3/1/07

Inspector D. Looney ID Number 9039 Unit T4 Shift: A B C

Responsible Signature: K. Cuss Date: 3/1/07

FD-18 Rev. 11/15/05 ::ODMA\GRPWISE\COS.FD.FD.Library:16561.1

White - Fire Prevention Yellow - Co. File Pink - Business
BUSINESS: PRATO 4255 Pacific Ste: 14
ADDRESS: FAUSTO PRATO 952 5954
Tel Num: 5/5/06 2nd Inspection 3rd Inspection
DATE OF INSPECTION: 5/5/06

OCCUPANCY INFORMATION Type of Business

☐ A-Place of Assembly ☐ B-Business/City Buildings ☐ F- Fabrication ☐ H- Repair Garage/Auto Body Repair Shop/Haz Mats
☐ M-Merchandise/Retail Sales ☐ S-Service Garage & Warehouse Storage ☐ R-1- RESIDENCE
NUMBER OF UNITS
Other:

PERMIT(S) *

☐ Place of Assembly ☐ Repair Garage ☐ Service Garage ☐ Flammable/Combustible Liquid Storage ☐ Tire Storage
☐ Combustible Material Storage ☐ High-Piled Storage ☐ Pallet/ Bin Storage ☐ Motor Vehicle Fuel Dispensing
☐ Compressed Gases ☐ Hotworks ☐ Application of Flammable Finishes ☐ Lumber Yards ☐ Auto Wrecking Yard

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

A: Electrical:
☐ ☐ ☐ ☐ ☐
B: Special Hazards:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
C: Ext / Fire Prot Systems:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
D: Exiting:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
E: General Housekeeping:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CFC Sec. 105 Permit(s) Needed

Initial Inspection: ☐ No Hazard Noted ☐ Violation(s) Noted: Reinspection date:
Second Inspection: ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Reinspection date:
Third Inspection: ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Notify FPD date:

NOTES: OK

Inspector: ID Number: Unit: Shift: A B C
Responsible Signature: Date: 5/5/06

FD-18 Rev. 11/15/05: ODMA/GRPWISE/COS.FD.FD.Library.16561.1
White – Fire Prevention Yellow – Co. File Pink – Business
**Owner/Occupant Information**

- **Occupancy Use**: □ Commercial  □ Residential  □ Both

- **Bus Name**: Fausto Prato DDS
- **Address**: 4255 Pacific Ave
- **Ste**: 414

- **Bus Owner**: Fausto Prato
- **Tel Num**: 478-7888
- **Cellular**:  

- **Date of Inspection**: 6-1-05
- **2nd Inspection**:  
- **3rd Inspection**:  

**Building Information**

- **Occupancy Class**: □ A  □ B  □ F  □ H  □ M  □ S  □ R-1  Number of Units: ___
- **Area/Size**: 1000 sq. ft.  /  Basement □ yes □ no  If yes, is it sprinklered? □ yes □ no

**Fire Protection Systems**

- **Fire Alarm**: □ smoke  □ heat  Panel Location:  □ KNOX Box - Location
- **Fire Sprinklers**: □ full  □ partial - Location(s):  Monitor Co.
- **Standpipe**: □ wet  □ dry  FDC / PIV Location:  
- **Special Systems**: □ Hood&Duct - Date of Tag:  □ Foam  □ CO2  □ Medical Gas - □ Other

**Permit Required**

**Type**:  

**Confined Space**: Location(s):  

**Inspection Report**: Number correspond with violation(s) on back of this form:

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- **A: Electrical**:   
- **B: Special Hazards**:   
- **C: Ext/Fire Prot Systems**:   
- **D: Exiting**:   
- **E: General Housekeeping**:   

- **Initial Inspection**: □ No Hazard Noted  □ Violation(s) Noted:  Reinspection date:  
- **Second Inspection**: □ Violation(s) Corrected  □ Violation(s) not Corrected:  Reinspection date:  
- **Third Inspection**: □ Violation(s) Corrected  □ Violation(s) not Corrected:  Notify FPD date:  

**Notes**:  

---

**Inspector(s)**: R. Howard 3695

**Unit**: T-4  **Shift**: A B C

**Responsible Signature**: K. Cuevas  

**Date**: 6-1-05
1. Business Name: DR. FIUZOTO DDS
2. Business License Number:

Business Address: 4255 Picnic Ave

Suite: Stockton, CA (Zip Code)

2. ☐ No Permit Required.
   (Explanation Required):

3. ☐ Permit on Site.  □ Permit Required.
   □ UNSURE if Permit Required.

6. Describe Business (What type of business?)

7. California Fire Code

<table>
<thead>
<tr>
<th>Permit On Site</th>
<th>Permit Required</th>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>105.8-a.1</td>
<td>Aerosol Products</td>
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<td>☐</td>
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<td>105.8 a.5</td>
<td>Automobile Wrecking Yard</td>
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<td>105.8 b.1</td>
<td>Battery System</td>
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<td>105.8 c.5</td>
<td>Combustible Fiber Storage</td>
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<td>105.8 c.6</td>
<td>Combustible Material Storage</td>
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<td>105.8 c.8</td>
<td>Commercial Rubbish-Handling Operations</td>
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<td>105.8 d.2</td>
<td>Dust-Producing Operations</td>
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<td>105.8 f.3</td>
<td>Flammable or Combustible Liquids</td>
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<td>High-Piled Combustible Storage</td>
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<td>Hot-Work Operations</td>
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<td>☐</td>
<td>105.8 i.1</td>
<td>Liquefied Petroleum Gases</td>
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<td>105.8 m.3</td>
<td>Motor Vehicle Fuel-Dispensing Stations</td>
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<td>105.8 p.2</td>
<td>Places of Assembly</td>
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<td>☐</td>
<td>SMC 4-013</td>
<td>Pallets and Palletized Packing Boxes and Bin Boxes</td>
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</table>

☐ Other Permit: _______________________________________________________________________

☐ 105.8 c.7 Compressed Gases (Refer to FPD if over 2 "H" Cylinders)
☐ 105.8 h.1 Hazardous Materials (Refer to FPD)

Total Permits On Site and Total Permits Needed.

8. Inspected By: _______________________________________________________________________
   Officer's Signature: __________________________________________________________________
   Officer's Name (Print): __________________________________________________________________

::ODMA\GRPW\SE\COS.FD_FD_Library:25881.1
FIRE-PERMIT SURVEY

1. Business Name: De Prato DDS  Business License Number: 02-21264
Business Address: 4255 Pacific Avenue
Suite: 14  Stockton, CA  (Zip Code) 95207

2. ☐ No Permit Required.
   (Explanation Required):

3. ☐ Permit on Site.
4. ☑ Permit Required.
5. ☐ UNSURE if Permit Required.

6. Describe Business (What type of business?):
   Dentist

Contact Person: Kam Cezoas  Phone Number: 952-5454

7. California Fire Code

<table>
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<td>Hazardous Materials (Refer to FPD)</td>
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</table>

☐ ☐ Total Permits On Site and Total Permits Needed.

8. Inspected By: Jackson, Company FPD Shift Date 12/5/03
Officer's Signature: ___________________________  Officer's Name (Print): ___________________________
NOTICE OF VIOLATION
Stockton Fire Department
Fire Prevention Division
345 North El Dorado Street
937-8271

Date 12/08/03

Business Name: Dr. Rato DDS
Location: 4255 Pacific Avenue
Owner or Agent

An inspection of the above-referenced premises has revealed violations of the California Fire Code and/or Stockton Municipal Code. Requirements for corrections are as follows:

<table>
<thead>
<tr>
<th>Section</th>
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</thead>
<tbody>
<tr>
<td>105.8(7)</td>
<td>Compressed Gases</td>
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</tbody>
</table>

You are hereby notified that violations must be corrected immediately.

Reinspection Date: 12/15/03

Issued by G. Jackson Jr.                     Co./Shift FPB Phone 937-8271
(Print Clearly)

Signature K. Culveras                     Phone 952-5454

FD 63C
FD 1422
City of Stockton  
Fire Prevention Division  
345 North El Dorado Street  
Stockton, CA 95202  
(209) 937-8271

FIRE PERMIT AND SPECIAL INSPECTION APPLICATION  
City ☐  County ☐

Permit No. 03-8410  
Date 11 Dec 03

Application is hereby made for a permit/special inspection as required by the Stockton Municipal Code:

<table>
<thead>
<tr>
<th>Art./Sec(s)</th>
<th>Permit(s)</th>
<th>Fee(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>105.807</td>
<td>Compressed Gas</td>
<td>$169.00</td>
</tr>
</tbody>
</table>

Comments:  

Total Fee: $169.00

Business Name: Dr. Preto, DDS  
Address: 4255 Pacific Ave, Ste. 14  
Zip 95207

Business Owner/Contractor: Dr. Preto, DDS  
Address: 4255 Pacific Ave, Ste. 14  
Telephone: 952-5454

I have read the above application and know the contents thereof; the same is true and correct. I further state that I am familiar with accepted fire protection and prevention practices as set forth in the City of Stockton Uniform Fire Code, and the amendments thereof, and use of the permit being applied for will conform to these practices.

Applicant's Signature: ___________________________  
Ck# 209  
Amt. 169.00

Inspected/Issued by: ___________________________  
Code: 5AX (City)  R6 ☐  (County)

Date Issued: 12/10/03
ANNUAL FIRE INSPECTION

BUSINESS NAME: Rosco M. Steven DDS
ADDRESS: 4255 Pacific Ste #7
STOCKTON BUS LIC: Yes No Lic # 18-5413
FIRE PERMIT CERTIFICATE: Yes No N/A
BUSINESS OWNER / REP: Rosco Steven
PHONE: 478-3723 CELL PHONE:
DATE OF INSPECTION: 2/20/18 2nd Inspection Code Compliance
HAS INFORMATION CHANGED? Yes No

OCCUPANCY INFORMATION (Check Business Type)
☐ A - Place of Assembly
Occupancy Load
☐ B - Business/City Buildings
☐ F - Fabrication
Storage area sq. ft.
☐ H - Hazardous Materials
☐ M - Merchandise/Retail Sales
R-1 HOTEL R-2 RESIDENCE
Number of Units
Number of Units Checked
☐ High Piled Storage
Storage Area sq. ft.
☐ S-1 - Repair Garage

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

<table>
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<th>Permit Type Required</th>
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A: Electrical
B: Special Hazards
C: Ext / Fire Protection System
D: Exiting
E: General Housekeeping

CFC Sec. 105 Permit(s) Needed

Initial Inspection................. ☐ No Hazards Noted ☐ Violation(s) Noted Reinspection date: 3/13/18
Second Inspection................. ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Reinspection date:
Third Inspection................. ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Notify FPD date:

NOTES: Signage on Back Door [Compress Gas]

Inspector: Bill Conley ID #: 5164 Unit 68 Shift: Contact Phone #: 639-2311
Responsible Signature: [Signature] Date: 2/20/18

White Original - Fire Prevention ❑ Yellow Copy – Co File

FD-18 Revised 08-02-17
# ANNUAL FIRE INSPECTION

**BUSINESS NAME:** Roscelli, Steven A.  
**ADDRESS:** 4255 Pacific Ste #7  
**STOCKTON BUS LIC:** Yes  
**Lic #:** 5419  
**FIRE PERMIT CERTIFICATE:** Yes  
**PHONE:** 478-3733  
**BUSINESS OWNER / REP:** Roscelli, Steven A.  
**DATE OF INSPECTION:** 2/13/19  
**HAS INFORMATION CHANGED?** Yes  

### OCCUPANCY INFORMATION

- A - Place of Assembly  
- B - Business/Office Buildings  
- C - Fabrication  
- H - Hazardous Materials  
- M - Merchandise/Retail Sales  
- R-1 HOTEL  
- R-2 RESIDENCE  
- S-1 - Repair Garage  

### OTHER:

**LIST OPERATIONAL FIRE PERMIT(S):**

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- A: Electrical
- B: Special Hazards
- C: Exit / Fire Protection System
- D: Exiting
- E: General Housekeeping

**CFC Sec. 105 Permit(s) Needed:**

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<th>Initial Inspection</th>
<th>Second Inspection</th>
<th>Third Inspection</th>
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<tbody>
<tr>
<td>No Hazards Noted</td>
<td>Violation(s) Noted</td>
<td>Reinspection date:</td>
</tr>
<tr>
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<td>Violation(s) Corrected</td>
<td>Reinspection date:</td>
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<tr>
<td></td>
<td>Violation(s) not Corrected</td>
<td>Notify FPD date:</td>
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</tbody>
</table>

**NOTES:**

** Inspector:**  
** ID #: 8764  
** Unit: **  
** Shift:**  
** Contact Phone #: **  

** Responsible Signature:** Terri Takeda  
** Date:** 2/13/19

**White Original - Fire Prevention**  
** Yellow Copy - Co File**

**FD-18 Revised 08-02-17**