

SCHOOL FIRE AND BUILDING SAFETY NON-COMPLIANCE REPORT SHEET

School District LYNCOURT UFSD Building Name LYNCOURT K-12 SCHOOL
 Facility # 421504020000-0002

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	X	3/4/21	NA		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"/>						
03A-3	<input type="checkbox"/>				10B-2	<input type="checkbox"/>				15E-1	<input type="checkbox"/>				23A-1	<input type="checkbox"/>						
03B-1	<input type="checkbox"/>				10C-1	<input type="checkbox"/>				16A-2	<input type="checkbox"/>				23B-1	<input type="checkbox"/>						
04A-2	<input type="checkbox"/>				10D-1	<input type="checkbox"/>				16B-2	<input type="checkbox"/>				23C-1	<input type="checkbox"/>						
04B-2	<input type="checkbox"/>				11A-2	<input type="checkbox"/>				16C-2	<input type="checkbox"/>				23D-2	<input type="checkbox"/>						
04C-1	<input type="checkbox"/>				11B-1	<input type="checkbox"/>				16D-2	<input type="checkbox"/>				24A-3	<input type="checkbox"/>						
05A-3	<input type="checkbox"/>				11C-2	<input type="checkbox"/>				17A-3	<input type="checkbox"/>				25A-1	<input type="checkbox"/>						
05B-2	<input type="checkbox"/>				11D-2	<input type="checkbox"/>				17B-2	<input type="checkbox"/>				25B-1	<input type="checkbox"/>						
05C-2	<input type="checkbox"/>				11E-1	<input type="checkbox"/>				17C-2	<input type="checkbox"/>				25C-1	<input type="checkbox"/>						
06A-1	<input type="checkbox"/>				12A-1	<input type="checkbox"/>				17D-2	<input type="checkbox"/>				26A-3	<input type="checkbox"/>						
06B-1	<input type="checkbox"/>				12B-3	<input type="checkbox"/>				17E-1	<input type="checkbox"/>				If any additional non-compliances 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>							
06C-1	<input type="checkbox"/>				12C-2	<input type="checkbox"/>				17F-3	<input type="checkbox"/>											
06D-2	<input type="checkbox"/>				12D-2	<input type="checkbox"/>				17G-1	<input type="checkbox"/>											
06E-3	<input type="checkbox"/>				12E-1	X	3/4/21	NA		17H-2	X	3/4/21	NA									
06F-1	<input type="checkbox"/>				12F-1	<input type="checkbox"/>				17I-2	<input type="checkbox"/>											
06G-1	<input type="checkbox"/>				12G-1	<input type="checkbox"/>				17J-1	<input type="checkbox"/>											
06H-2	<input type="checkbox"/>				12H-1	<input type="checkbox"/>				17K-1	<input type="checkbox"/>											
07A-3	<input type="checkbox"/>				12I-1	<input type="checkbox"/>				17L-1	<input type="checkbox"/>											
07B-2	<input type="checkbox"/>				12J-1	<input type="checkbox"/>				18A-2	<input type="checkbox"/>											
07C-2	<input type="checkbox"/>				12K-1	<input type="checkbox"/>				18B-2	<input type="checkbox"/>											
					12L-1	<input type="checkbox"/>				18C-2	<input type="checkbox"/>											
					12M-1	<input type="checkbox"/>				18D-2	<input type="checkbox"/>											
					12N-1	<input type="checkbox"/>				19A-3	<input type="checkbox"/>											
					12O-2	<input type="checkbox"/>				19B-2	<input type="checkbox"/>											
										19C-1	<input type="checkbox"/>											
										19D-1	<input type="checkbox"/>											

All schools complete Section B only if the building has electrically-operated loading docks.

Initial Inspection:
 Fire Safety Inspector: Name Kenneth Waldby
 Date 07/10/2021

Registry # 1207-70210 (26E-4)

Final Inspection (if required):
 Fire Safety Inspector: Name Not required
 Date _____

Registry # _____ (26F-4)

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: Kenneth Waldby Telephone #: (315) 952-2338
Title: Coordinator of Health & Safety Certification # 1209-7462(B)
Email: kwaldby@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 07/16/2021 and can confirm the specific locations of any non-conformances (provide inspection date) identified within this report.

Name: Greg Meixner Telephone #: (315) 720-3591
Title: Director of Facilities Email: gmeixner@lyncourtschool.org
Signature 

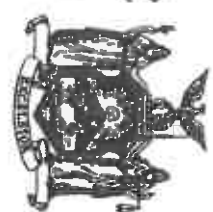
Section III-C. School Superintendent

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 

*University of the
State of New York
Department of Education*



CERTIFICATE OF OCCUPANCY

COPY

VALID FOR FACILITY:
LYNCOURT K-8 SCHOOL
2707 COURT ST
SYRACUSE, NEW YORK 13208

Building ID: 421504020002

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

Issuance Date: August 12, 2021
Effective Date: September 01, 2021
Expiration Date: September 01, 2022

OBTAIN FIRE SAFETY REPORT FROM DISTRICT OFFICE


COMMISSIONER OF EDUCATION

THIS CERTIFICATE VOIDS ANY PREVIOUSLY ISSUED