



JACKSONVILLE FIRE AND RESCUE DEPARTMENT
FIRE PREVENTION DIVISION
FIRE SAFETY BILLING FORM
CITY OF JACKSONVILLE ORDINANCE 2004 - 1003



KLEAN TIRES RECYCLING INC.

Business Name: _____
Inspection Type: RE INSPECTION **Date:** 10/11/19
Inspection Address: 10010 MAIN ST **Occupant Use:** EHS
City, State: JACKSONVILLE FLORIDA **Square Footage:** ON FILE
Email Address: _____ **Zip Code:** 32218
Billing Information: **Business Telephone:** 904-444-9999
Billing Address: _____ **(FEIN/SSN) #:** ON FILE
City, State: _____ **Zip code:** _____

YOUR ATTENTION IS CALLED TO THE FOLLOWING VIOLATIONS

*** ALL PREVIOUS VIOLATIONS CORRECTED**
* _____
* _____
* _____
* _____
* _____
* _____
* _____
* _____

FAILURE TO CORRECT ANY OBSERVED VIOLATIONS MAY RESULT IN CIVIL AND/OR PENALTIES AS REQUIRED BY LAW

Warning number(s): _____ **Return Date:** _____

Inspection Notes: 10-19
Fire Extinguisher: _____ **Alarm:** X **Sprinkler/Riser:** X **Fire Pump/Back Flow:** X
Hood Cleaning: X **Hood:** X **Occupant Load:** X **Other:** X

This occupancy meets minimum fire safety requirements at this time. Yes _____ **No** _____

[Signature]

LOREN NOBLES

10/11/19

I acknowledge receipt of this inspection form.

Print

Date

Inspector Name: CAPT JACKSON **Inspector Contact Number:** 904-630-0445