



NOTICE OF VIOLATION

TO: _____

PLEASE NOTE: this Notice of Violation is not final agency action within the meaning of Chapter 120, Florida Statutes (F.S.). This Notice of Violation is provided as an opportunity to give your department time to abate or correct all violations set forth herein. If all violations have not been abated or corrected within the allotted time, a Notice of Assessment of Penalties will be issued or other administrative action taken which shall constitute final agency action and which will contain a statement of your rights under Chapter 120, F.S., the Administrative Procedure Act.

During a Safety Survey conducted of your operations on _____, the following violations were noted:

- Failed to have formal written safety program in place per Rule 69A-62.021, F.A.C.
- Failed to have formal Safety Committees organized per Rule 69A-62.042, F.A.C., and Section 633.502, F.S.
- Failed to have formal policy addressing 2-in/2-out requirement per Rule 69A-62.003, F.A.C.
- Failed to have Accountability policy in place.
- In violation of Section 633.508 (6) (b), F.S. (*live fire training requirements*)
- In violation of Section 633.5____, F.S. (*specify*)
- In violation of Rule 69A-62____, F.A.C.(*specify*)
- Other:

You have 30 days from the receipt of this Notice of Violation to abate these violations. Abatement includes remediation and/or correction. If you have not abated all violations within the 30 day period, the State Fire Marshal will have no alternative but to issue a Notice of Assessment of Penalties assessing appropriate daily fines until all violations are abated, or to take such other action as may be permitted by law.

Once you have notified this bureau that you have abated or corrected all violations, the State Fire Marshal will schedule a re-inspection. Upon confirmation that all violations have been abated, an abatement notice will be placed in the State Fire Marshal’s file.

You are encouraged, but not required, to contact this office and establish a schedule for abatement as soon as possible.

Questions, please contact: Safety Program Manager
Bureau of Fire Standards & Training
11655 NW Gainesville Road
Ocala, Florida 34482
(352) 369-2820
firefightersafety@myfloridacfo.com



SAFETY INSPECTION VIOLATION REPORT

Date: _____

Department: _____

Auditor: _____ Supervisor: _____

VIOLATIONS CITED:

1. _____
2. _____
3. _____

CORRECTIVE ACTION(S): (Include date implemented or to be implemented)

1. _____ **Date:** _____
2. _____ **Date:** _____
3. _____ **Date:** _____

(Additional pages will be attached, if necessary).

Acknowledged

Auditor, Division of State Fire Marshal _____
Date

Fire Department Authorized Representative _____
Date

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