



San Jose Fire Department
Four North Second Street
Suite 1100
San Jose, CA 95113-1305

RECORD OF INSPECTION

TELEPHONE (408) 277-4659

File Number

400147

PAGE 1 OF 1

Bus. Acct. No.

020752

Bus. Start Date

120163

FS ☒ HM ☒ I/R ☐ PR ☐

Street Number Dir Street Name Type Building Unit Map Page X Y Sta. No. Cnty.

01777 SMITH AV N

BUSINESS INFORMATION

Business Name Business Phone Plan Check No.

ACME VENDING INC 263-9339

Business Owners Name (Last, First) Area Code Emergency Phone Number

ACME VENDING INC 408 269-5777

BILLING INFORMATION

Street Number Dir Street Name Type Area Code Emergency Phone Number

1777 SMITH AV

City State Zip Code

SAN JOSE, CA 95112

BUILDING INFORMATION

UBC NFPA SIC Bldgs Mgt. Cmplx. Yr Const. Stories Sq. Ft. Gr. Flr.

82 532 7299 1 1 65 01 3,000

Sprnk. Stndpipe 5 Yr. Test Date Alarm 5 Yr. Test Date Spec. Sys. Assembly O.L. Dining

0 0 0 0 0 0 0 0

UG Tanks Tank Type Monitor AG Tanks Toxic Gas Flam. Gas Gas. Mon. HMOC HMMP

0 1 0 0 1 N N 2T 2

HAZ MAT INFORMATION

Initial Inspection Completion Date Employee/Company No. Visits

7-12-90 00126

NOTICE OF FIRE AND SAFETY HAZARDS AND/OR PERMITS REQUIRED:

You are hereby notified that an inspection of your premises has disclosed that the following permits are required and/or that corrections are required for the following violations of the following provisions of Title 19, Title 24 or Title 25 of the California Code of Regulations, the California Health and Safety Code, or the San Jose Municipal Code.

CODE SECTION	P/V	DESCRIPTION	APPR.	DATE
		☐ SERVICE FIRE EXTINGUISHER ☐ PROVIDE NONCOMBUSTIBLE TRASH CONTAINER		
		☒ NO EXTENSION CORDS IN PLACE OF PERMANENT WIRING ☒ PROVIDE FIRE EXTINGUISHER		
		☒ OTHER VIOLATIONS AS NOTED BELOW:		
A13 FC4101a13	P	FLAM/COMB LIQ/TNK		
A44 NC1768600	P	HAZMAT STOR, FULL		
SSMC 1768320	V	PROVIDE HAZARDOUS WASTE MANAGEMENT PLAN		
SSMC 1768190	V	PROVIDE PROPER MONITORING FOR ALL TANKS & PIPING		
SSFC 85.104	V	FIX OR REPAIR ALL MISSING ELECTRICAL COVERS		
SSFC 85.108	V	MAINTAIN 30" CLEARANCE IN FRONT OF MAIN		
		ELECTRICAL SHUT-OFF AND LABEL SUCH		
SSFC 79.903	V	PROVIDE SIGN FOR EMERGENCY PUMP SHUT OFF		
SSFC 79.902b1	V	PROVIDE NO SMOKING NO FILLING OF DISAPPROVED CONTAINERS AND TURN MOTOR OFF SIGN TO PUMP		

HMMP: DATE REC'D: DATE APPROVED: PERMIT STATUS: Z E

REPRINT THIS INFORMATION FOR REFERENCE NEXT YEAR ☐

SUP. APPR.

CLASS	1	2	3	4	5	6	8	9	Ttl
SOLID									
LIQUID			2						
GAS									
TOTAL			2						2

TIME 2 NO FEE
DATE 7/4/90
OCC. INIT. H

OCCUPANT COPY

ORDER TO COMPLY:

As such conditions are contrary to law, you are hereby required to correct said conditions immediately upon receipt of this notice.

An inspection to determine whether or not you have complied with this notice will be conducted on or after 30 days.

Failure to comply with the foregoing order before the date of such reinspection may render you liable to the penalties provided by law for such violations.

X Occupant

X Russell Hayman HAZ-MAT Inspecting Officer (Print Name, Assignment)

X Inspecting Officer (Signature)