Health and Fire Safety Inspection

LOCATION: ____________________________ AREA/ROOM ____________________________

We have inspected your residence and have found the following prohibited items and/or policy violations:

KEY:     W = Warning     V = Violation     C = Confiscated

The University has a range of sanctions of graduated severity to deal with infractions of varying seriousness. Regulations 8, 9a-f, & 15c - Code of Non-Academic Conduct

___ Candle / Wax Warmers
___ Incense
___ Used smoking materials
___ Open flame devices or fuel
___ Cooking appliance in bedroom
___ Smoke / fog machines
___ Portable electric heater
___ Altering a light fixture
___ Items on ceilings
___ Charcoal, gas or electric grill in or on building

___ Tampering with any fire/life safety devices. This includes, but is not limited to:
• fire extinguishers
• disconnecting or covering detectors
• hanging items from sprinkler pipes or heads
___ Possession of explosives, incendiary device, ammunition or fireworks.
___ Open burning/Fire pits
___ Other _______________________________

_____ CSB Judicial Points  _____ Referred to CSB

For more information about the fire safety violations and the appeal process, go to www.wesleyan.edu/firesafety

Code of Non-Academic Conduct
The following items were found in violation of the CNAC:

___ Alcohol ____________________________  ___ Public Safety Notified / Incident Documented
___ Drug(s) _________________________________  ___ Middletown Police Notified
___ Weapon(s) _______________________________  ___ Sanitary / Health Concerns - Res Life staff will follow up
___ Item(s) removed by ________________________  ___ Student(s) referred to the Community Standards Board (CSB)

(Incident Report Filed)

Notes:_______________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Inspector(s):______________________________________________________  Date:_______________