



CONFIDENTIAL

FIRE INSPECTION REPORT

Village of ABC

NOTE: The sole purpose of this report is to provide information about the particular building and location named below. Only the Fire Department requesting this survey will receive a copy of the report, for pre-fire emergency planning. This report does not guarantee compliance with any standards or with any federal, provincial or municipal codes, ordinances or regulations. Tests of fire protection equipment have not been conducted or witnessed during this inspection. CGI will not be responsible to the Purchaser for any losses or damages, whether consequential or other, however caused, incurred or suffered, as a result of the services being provided.*

1. GENERAL DATA

TRACKING #	7ABC000X - 06		
Name of Facility:		Surveyed by:	
Location Surveyed:		Date of Survey:	
Postal Code:		Person Notice given to:	
Telephone Numbers:		Emergency #	
Owner:		Occupier:	

2. OCCUPANCY

Occupancy Classification		Change from last inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupant load		Egress Capacity	Any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No
Covered Mall	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anchor Store	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Rise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Windowless	<input type="checkbox"/> Yes <input type="checkbox"/> No
General Industrial	<input type="checkbox"/>	Special Purpose Industrial	<input type="checkbox"/>
			Underground? <input type="checkbox"/> Yes <input type="checkbox"/> No
			High Hazard <input type="checkbox"/>

3. BUILDING CONSTRUCTION (N/A)

Year Built:	Additions: 19	19	19	Describe:
Building Renovated:	<input type="checkbox"/> No <input type="checkbox"/> Yes	19	Storeys:	Height:
Ground Floor Area: m ²	Total Area: m ²			
Building Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Construction Type:	Fire Resistive	<input type="checkbox"/>	%	
	Non-combustible	<input type="checkbox"/>	%	
	Wood Frame	<input type="checkbox"/>	%	
	Ordinary	<input type="checkbox"/>	%	
Vertical Openings:	Heavy Timber	<input type="checkbox"/>	%	
	<input type="checkbox"/> None	<input type="checkbox"/> Stairs #	<input type="checkbox"/> Elevator #	<input type="checkbox"/> Other
	Proper Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			

Horizontal Separation:	Major Partition Construction	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Concrete Block	<input type="checkbox"/> Frame <input type="checkbox"/> Other	
	Proper Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Combustible Concealed Spaces:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Proper Protection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Interior Finish:	Walls:	Combustible %	Non-combustible %	Open: %
	Ceilings:	Combustible %	Non-combustible %	Open: %
Remarks:				

4. BUILDING SERVICES (N/A)

HEATING		<input type="checkbox"/> N/A			
Forced warm air	%	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	Other
Suspended unit heaters	%	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	Other
Portable heaters	%	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	Other
Electric baseboard units	%	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	Other
Hot water/steam	%	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	Other
Other	%	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	Other
Boiler	<input type="checkbox"/> No <input type="checkbox"/> Yes		Age and Make:		<input type="checkbox"/> N/A
		Date of last Boiler Inspection:			
Appliances enclosed in a non-combustible room		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required			
Combustible materials stored in the room		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Fuel tanks	<input type="checkbox"/> None <input type="checkbox"/> Inside <input type="checkbox"/> Outside		<input type="checkbox"/> Above ground <input type="checkbox"/> Below ground		Age Capacity (L)
Fill and vent piping	<input type="checkbox"/> Inside <input type="checkbox"/> No <input type="checkbox"/> Yes				
Chimneys	<input type="checkbox"/> Masonry <input type="checkbox"/> ULC Factory built <input type="checkbox"/> Unlabelled pre-fab <input type="checkbox"/> Other				
	<input type="checkbox"/> Standard <input type="checkbox"/> Non-standard				
Installation appears safe	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Installation replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No		19		%
Remarks					

ELECTRICAL (N/A)

Type of electrical service	
Type	<input type="checkbox"/> Conduit <input type="checkbox"/> BX <input type="checkbox"/> Non-metallic <input type="checkbox"/> Other
Temporary wiring or extension cords	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overcurrent protection	<input type="checkbox"/> Circuit Breakers Fuses: <input type="checkbox"/> Ordinary <input type="checkbox"/> Type P <input type="checkbox"/> Type D <input type="checkbox"/> Other
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Installation appears safe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installation replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No 19 %
Partial changes/extensions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Power Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Oil Other
Remarks	

PLUMBING (<input type="checkbox"/> N/A)				
Type	<input type="checkbox"/> Copper	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Installation Replaced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19	%
Installation appears safe	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Remarks				

5. FIRE PROTECTION EQUIPMENT (<input type="checkbox"/> N/A)				
Are sufficient extinguishers available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are extinguishers the proper type	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are inspections/maintenance carried out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are records kept	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Distance to Fire Department:	km	Roads:	<input type="checkbox"/> Paved	<input type="checkbox"/> Unpaved
Accessible Year-round:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
No. Hydrants:	within 155 m,	within 156 - 305 m,	Over 305 m	<input type="checkbox"/> None
Standpipe / Inside Hose:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Automatic Sprinkler Protection:	<input type="checkbox"/> N/A	<input type="checkbox"/> Partial	<input type="checkbox"/> Full Premises	
Type of System:	<input type="checkbox"/> Wet		<input type="checkbox"/> Dry	<input type="checkbox"/> Pre-Action
Cylinder or Gauge Pressure	psi	psi	psi	psi
Date system last inspected/serviced:				
Name of Contractor / Service Company:				
System tested at the time of the survey:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sprinkler System connected to:	<input type="checkbox"/> N/A	<input type="checkbox"/> ULC Central Station	<input type="checkbox"/> ULC Monitoring Station	
		<input type="checkbox"/> Unlisted Service	<input type="checkbox"/> Local Only	
		<input type="checkbox"/> Fire/Police Dept.	<input type="checkbox"/> Other	
Fixed Protection Systems:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe coverage:				
Type of System:	<input type="checkbox"/> Dry Chemical	<input type="checkbox"/> Halon	<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Other
Serviced By:				
Frequency:	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	Last Done:	
Remarks:				

6. EMERGENCY LIGHTING (<input type="checkbox"/> N/A)				
Current test records available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Emergency lighting on separate power	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
In good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Illuminates egress route properly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Exit signs illuminated	Internally	<input type="checkbox"/> Externally	Readily Visible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:				

7. FIRE DOORS (<input type="checkbox"/> N/A)				
Are fire doors closed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are fire doors on electro-magnetic closures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Remarks:				

8. FIRE ALARM & DETECTION SYSTEM (<input type="checkbox"/> N/A)	
Is there a fire alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No Location of panel:
Coverage	Building <input type="checkbox"/> Partial <input type="checkbox"/> Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Initiation Device	Smoke <input type="checkbox"/> Heat <input type="checkbox"/> Manual <input type="checkbox"/> Water Flow <input type="checkbox"/> Special Systems <input type="checkbox"/>
Fire Detection System Connected to: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ULC Central Station <input type="checkbox"/> ULC Monitoring Station <input type="checkbox"/> Unlisted Service <input type="checkbox"/> Local Only <input type="checkbox"/> Fire/Police Dept. <input type="checkbox"/> Other
Current test records available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the system adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are fire detectors provided in the following areas (smoke or heat type):	
a) Storage rooms not within dwelling units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Service rooms not within dwelling units	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Janitor's closets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Elevator and dumbwaiter shafts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Rooms where hazardous products are to be stored	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are heat detectors provided in:	
a) In every room in buildings classified as Group A, Division 1 or Group B major occupancy other than sleeping rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) In every suite and room not located within a suite in buildings classified as Group C major occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are smoke detectors provided in the following areas:	
a) Every corridor in buildings classified as Group A, Division 1 major occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b) Every sleeping room and corridor in buildings classified as Group B major occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c) Every public corridor in buildings classified as Group C major occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Every exit stair shaft	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are audible signal devices (gongs) provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Remarks:	

9. HAZARDOUS AREAS (<input type="checkbox"/> N/A)	
Protected by	Fire-rated Separation <input type="checkbox"/> Extinguishing System <input type="checkbox"/> Both <input type="checkbox"/>
Self-closures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials <input type="checkbox"/> Yes <input type="checkbox"/> No	Properly stored & handled <input type="checkbox"/> Yes <input type="checkbox"/> No Properly protected <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Separated <input type="checkbox"/> Yes <input type="checkbox"/> No	1 hr. fire resistive rating <input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Structure Separated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Lift Trucks Properly Stored <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the fuel properly stored <input type="checkbox"/> Yes <input type="checkbox"/> No
Is fuelling done properly <input type="checkbox"/> Yes <input type="checkbox"/> No	Are extinguishers provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous processes <input type="checkbox"/> Yes <input type="checkbox"/> No	Properly protected <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

10. HOUSEKEEPING (<input type="checkbox"/> N/A)	
Areas free of excessive combustibles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoking regulated in common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trash removed on a regular basis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is stock stored properly <input type="checkbox"/> Yes <input type="checkbox"/> No	Are incompatible materials separated <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

11. EXPOSURES (<input type="checkbox"/> N/A)					
	Distance	Height	Construction	Occupancy	Opening in Facing Wall
North	Ft.	Sto.			<input type="checkbox"/> Yes <input type="checkbox"/> No
South	Ft.	Sto.			<input type="checkbox"/> Yes <input type="checkbox"/> No
East	Ft.	Sto.			<input type="checkbox"/> Yes <input type="checkbox"/> No
West	Ft.	Sto.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:					

12. COMMERCIAL COOKING EQUIPMENT (<input type="checkbox"/> N/A)	
Are inspections and maintenance carried out	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are records kept	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are hoods clean	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are ducts clean	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are filters clean	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Remarks:	

13. STORAGE TANKS (<input type="checkbox"/> N/A)					
All pumps/tanks protected by crash guards: <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:					
Are level measurements taken: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Other			Records Kept: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is contact aware of who to contact in the event of a spill or emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Above Ground	Under Ground	Age	Capacity (litres)	Contents	Construction
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
Remarks					

14. MEANS OF EGRESS (<input type="checkbox"/> N/A)					
Readily visible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Clear & unobstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Two remote exits available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Travel distance within limits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Common path of travel within limits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dead-ends within limits	<input type="checkbox"/> Yes <input type="checkbox"/> No		
50% maximum through level of exit discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
50% maximum through checkout stands	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Exit through stockroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not capable of locking	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
Aisle 44 inches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Aisles marked & have physical barriers	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
Adequate illumination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Proper ratings on all components	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Doors swing in the direction of egress travel (When Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Panic/Fire exit hardware where required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Operable	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
Doors open easily	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Self-closures operable	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Doors closed or held open with automatic closures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Corridors and aisles of sufficient size	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Stairwell re-entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Mezzanines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Proper exits	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
Remarks:					

15. CORRIDORS (<input type="checkbox"/> N/A)	
Width adequate and unobstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Acceptable flame spread rating	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Openings in corridors rated (eg. Doors, windows, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Do corridors lead to exits (eg. No dead ends)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Remarks:	

16. STAIRWAYS (<input type="checkbox"/> N/A)	
Enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Handrails provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Gradient acceptable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Landing adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are openings in exit routes protected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does balcony have two ways off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit discharge obstructed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit stairs to grade	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Remarks:	

17. DOORS IN FIRE SEPARATIONS (<input type="checkbox"/> N/A)	
Rated doors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Closing devices operable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Latching provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are existing wooden doors upgraded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Acceptable clearances top and bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Transoms upgraded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Remarks:	

18. FIRE SEPARATIONS (<input type="checkbox"/> N/A)	
Are openings between floor assemblies protected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are openings in fire separations (vertical & horizontal) protected eg, plain glass windows	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Stair shaft doors provided with approved self-closing devices & latch sets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are doors in fire separations closed eg. No wedges	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hold-open devices, where installed, operable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Remarks:	

19. FLAME SPREAD RATINGS – INTERIOR FINISH & MATERIALS (<input type="checkbox"/> N/A)	
Does the interior finish & materials meet the requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Walls & Ceilings proper rating <input type="checkbox"/> Yes <input type="checkbox"/> No	Floor Finish proper rating <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	

20. RECOMMENDATIONS

2006-1 **Imperative** **Important** **Desirable Improvement**

2006-2 **Imperative** **Important** **Desirable Improvement**

2006-3 **Imperative** **Important** **Desirable Improvement**

2006-4 **Imperative** **Important** **Desirable Improvement**

2006-5 **Imperative** **Important** **Desirable Improvement**
