County of Los Angeles

Fire Department

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Form 484 Emergency Business Information

Inspection Input

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Record Number - 93763

Occupant/Facility Infomation

*Location Name: COLE VOCATIONAL SERVICES

DBA: ADULT DAY CARE FACILITY #Employees: 16

Previous Occ: HARPER AND TWO SALES #Students: 30

HHMDID:

Phone: 562-912-7340 111-222-1234 Ext:

Fax: 562-912-7342 111-222-1234

Sr Person Name: ANIECE JOHNSON Title: DIRECTOR

EMail: ANIECE.JOHNSON@SEVITAHEALT

Property Address

2798 *Street No | N PreDir | JUNIPERO *Street Name | AVE Type | PostDir | Suite/Unit

SIGNAL HILL *City | CA State | 90755 *Zip

Mailing Address

Same as Location Address: ☑

2798 *Street No | N PreDir: | JUNIPERO *Street Name | AVE Type: | PostDir: | Suite/Unit

SIGNAL HILL *City | CA State: | 90755 *Zip

Additional Information

Note:

Alarm Company Information

Alarm Co: AZTEC FIRE & SECURITY Phone: 877-253-710(111-222-1234

Property Owner Information

Property Owner: Phone: 111-222-1234

Inspection Detail Information

Insp Date: 11/01/2025 Shift/Insp.ID:

Inspection Type:

Inspection Result: PASS

Inspector Name:

Inspection Notes:

Add Insp

Previous Inspection Listing

Date	Insp	Result	InspectionType	Inspected By
11/21/2024	34F	PASS	RE-INSPECTION	MARTINEZ
11/6/2024	34F	FAIL	ANNUAL	MARTINEZ
5/10/2024	B	PASS	PRE-PLAN	BAUER
12/5/2023	34F	PASS	ANNUAL	MARTINEZ
7/25/2023	B	PASS	PRE-PLAN	BAUER
6/28/2022	34F	PASS	ANNUAL	DE ALBA
12/10/2021	C	CLOSE	PRE-PLAN	TASICH
2/4/2020	B	PASS	PRE-PLAN	PRINCE

1 2

Edit Inspection

Building Information

*Responsibility: SIS Sector/Drawer: 6

*Fire Station: 060 *Insp Freq.: ANNL

*Occ Code: I4 - CUSTODIAL CARE FACILITIES >6 PERSONS <24

Roof Type:

Knox Box Location:

Hazmat:

SQFT: 4,800 *Stories: 1

*Sprinklered: Yes *Basement: No

Attachment B

Street No | Pre Dir | Street Name | Type | Post Dir | Suite/Unit

City: | State: CA | Zip:

*5 Yrs Sprinklered/ Cert. Expiration: 11/2029

*Target Haz: No

*Fire Permit: No | *HM Handler: No

FDC Location:

Cannabis: ○ Residential ○ Commercial

Property Use Code/Description

*PUC: ADULT DAY CARE - 2541

PUD: ADULT DAY HEALTHCARE - 1320

Add New PUD

Emergency Contact Information

	First Name	Last Name	Title	1st Phone Format:111-222-1234	2nd Phone Format:111-222-1234
1st Contact	ANIECE	JOHNSON	DIRECTOR	[redacted]	
2nd Contact	BERNICE	BAILEY	SUPERVISOI	[redacted]	
3rd Contact	IFE	JAMES	MAINT.	[redacted]	

Last Updated By:
EDWARD
MARTINEZ
(E533531) 11/21/2024

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Record Number - 85536

Occupant/Facility Infomation

*Location Name: COURTYARD CARE CENTER

DBA:

#Employees: 18

Previous Occ:

#Students:

HHMDID:

Phone: 562-494-5188 111-222-1234 Ext:

Fax: 562-494-8758 111-222-1234

Sr Person Name: FERNAN TOLENTINO Title: ADMINISTRATOR

EMail: FTOLENTINO@COURTYARDCARE(

Property Address

1880 *Street No | N PreDir | DAWSON *Street Name | AVE Type | PostDir | Suite/Unit

SIGNAL HILL *City | CA State | 90755 *Zip

Mailing Address

Same as Location Address: ☑

1880 *Street No | N PreDir: | DAWSON *Street Name | AVE Type: | PostDir: | Suite/Unit

SIGNAL HILL *City | CA State: | 90755 *Zip

Additional Information

Note: 59 BEDS

Alarm Company Information

Alarm Co: Phone: 111-222-1234

Property Owner Information

Property Owner: NORTH AMERICAN HEALTHCARE Phone: 949-240-2423 111-222-1234

Inspection Detail Information

Insp Date: 11/01/2025 Shift/Insp.ID:

Inspection Type:

Inspection Result: PASS

Inspector Name:

Inspection Notes:

Add Insp

Previous Inspection Listing

Date	Insp	Result	InspectionType	Inspected By
5/16/2025	C	PASS	PRE-PLAN	HARDIE
5/15/2025	34F	FAIL	ANNUAL	MARTINEZ
4/9/2024	B	PASS	PRE-PLAN	BAUER
1/9/2024	34F	PASS	RE-INSPECTION	MARTINEZ
12/4/2023	34F	FAIL	ANNUAL	MARTINEZ
4/10/2023	B	PASS	PRE-PLAN	BAUER
6/28/2022	34F	PASS	ANNUAL	DE ALBA
6/2/2022	B	PASS	PRE-PLAN	BAUER

1 2 3 4

Edit Inspection

Building Information

*Responsibility: SIS Sector/Drawer: 6

*Fire Station: 060 *Insp Freq.: ANNL

*Occ Code: I2 - NON-AMBULATORY / BEDRIDDEN

Roof Type: FLAT; CONVENTIONAL

Knox Box Location: FRONT GATE

Hazmat:

SQFT: 20,000 *Stories: 1

*Sprinklered: Yes *Basement: No

Street No | Pre Dir | Street Name | Type | Post Dir | Suite/Unit

MISSION VIEJO | CA | 92690
City: | State: | Zip:

*5 Yrs Sprinklered/ Cert. Expiration: 12/22

*Target Haz: No

*Fire Permit: No

*HM Handler: No

FDC Location: ON 19TH

Cannabis: ○ Residential ○ Commercial

Property Use Code/Description

*PUC: HOSPITAL: MEDICAL - 3310

PUD: SKILLED NURSING - 2073

Add New PUD

Emergency Contact Information

	First Name	Last Name	Title	1st Phone Format:111-222-1234	2nd Phone Format:111-222-1234
1st Contact	FERNAN	TOLENTINO	ADMINISTRA	[redacted]	562-494-5188
2nd Contact	MIGUEL	NAVARETTA	MAINT MGR		
3rd Contact				[redacted]	

Last Updated By:
KEVIN
HARDIE
(E489728) 5/16/2025

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Record Number - 93040

Occupant/Facility Infomation

*Location Name: DUNGARVIN

DBA:

#Employees:

Previous Occ: VACANT

#Students:

HHMDID:

Phone: 111-222-1234 Ext:

Fax: 111-222-1234

Sr Person Name: Title:

EMail:

Property Address

695 *Street No | E PreDir | 27TH *Street Name | ST Type | PostDir | Suite/Unit

SIGNAL HILL *City | CA State | 90755 *Zip

Mailing Address

Same as Location Address: ☑

695 *Street No | E PreDir: | 27TH *Street Name | ST Type: | PostDir: | Suite/Unit

SIGNAL HILL *City | CA State: | 90755 *Zip

Additional Information

Note:

Alarm Company Information

Alarm Co: Phone: 111-222-1234

Property Owner Information

Property Owner: Phone: 111-222-1234

Inspection Detail Information

Insp Date: 11/01/2025 Shift/Insp.ID:

Inspection Type:

Inspection Result: PASS

Inspector Name:

Inspection Notes:

Add Insp

Previous Inspection Listing

Date	Insp	Result	InspectionType	Inspected By
5/2/2025	A	PASS	BIENNIAL	HARDIE
5/12/2023	C	PASS	BIENNIAL	GUETZKOW
7/1/2021	B	PASS	BIENNIAL	HARDIE
9/26/2019	A	VACANT	BIENNIAL	GARCIA
11/16/2017	A	PASS	BIENNIAL	SWEENY
3/24/2015	C	PASS	BIENNIAL	BRADFORD
4/4/2013	A	PASS	BIENNIAL	TIBERIO

Edit Inspection

Building Information

*Responsibility: FS060 Sector/Drawer: 1

*Fire Station: 060 *Insp Freq.: BIENN

*Occ Code: B - BUSINESS; OFFICE

Roof Type:

Knox Box Location:

Hazmat:

SQFT: *Stories: 1

*Sprinklered: No *Basement: No

*5 Yrs Sprinklered/ Cert. Expiration: 0

Street No | Pre Dir | Street Name | Type | Post Dir | Suite/Unit

City: | State: CA | Zip:

*Target Haz: No
*Fire Permit: No
*HM Handler: No
FDC Location:

Cannabis: ○ Residential ○ Commercial

Property Use Code/Description

*PUC: VACANT - 9300
PUD:

Add New PUD

Emergency Contact Information

	First Name	Last Name	Title	1st Phone Format:111-222-1234	2nd Phone Format:111-222-1234
1st Contact	OLLIE	MARTIN	MGR	[redacted]	
2nd Contact					
3rd Contact					

Last Updated By:
KEVIN
HARDIE
(E489728) 5/2/2025

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Record Number - 92318

Occupant/Facility Infomation

*Location Name: SIGNAL HILL CHILD DEVELOPMENT
DBA:
#Employees: 14
Previous Occ:
#Students: 81
HHMDID:
Phone: 562-989-5766 111-222-1234 Ext:
Fax: 562-989-5416 111-222-1234
Sr Person Name: DR. FARAH KHALEGHI Title: EXECUTIVE DIRECTOR
EMail:

Property Address

2399 *Street No | N PreDir | CALIFORNIA *Street Name | AVE Type | PostDir | Suite/Unit
SIGNAL HILL *City | CA State | 90755 *Zip

Mailing Address

Same as Location Address: ☑

2399 *Street No | N PreDir: | CALIFORNIA *Street Name | AVE Type: | PostDir: | Suite/Unit
SIGNAL HILL *City | CA State: | 90755 *Zip

Additional Information

Note:

Alarm Company Information

Alarm Co: Phone: 111-222-1234

Property Owner Information

Property Owner: LAS BRIAS COMMUNITY HOUSING Phone: 562-989-9994 111-222-1234

Inspection Detail Information

Insp Date: 11/01/2025 Shift/Insp.ID:
Inspection Type:
Inspection Result: PASS
Inspector Name:

Inspection Notes:

Add Insp

Previous Inspection Listing

Date	Insp	Result	InspectionType	Inspected By
10/2/2024	C	PASS	ANNUAL	HARDIE
8/29/2023	C	PASS	ANNUAL	BAUER
12/6/2021	B	PASS	ANNUAL	HARDIE
10/30/2019	A	PASS	ANNUAL	SOSA
1/11/2019	34B	PASS	ANNUAL	MARTINEZ
3/5/2018	34B	PASS	ANNUAL	MARTINEZ
12/5/2017	A	PASS	BIENNIAL	SWEENY
11/1/2017	34B	FAIL	ANNUAL	MARTINEZ

1 2 3

Edit Inspection

Building Information

*Responsibility: FS060 Sector/Drawer: 1
*Fire Station: 060 *Insp Freq.: ANNL
*Occ Code: E - EDUCATION/DAYCARE USE THROUGH 12TH GRA
Roof Type: FLAT; CONVENTIONAL
Knox Box Location: YES. AT FRONT OFFICE
Hazmat:
SQFT: *Stories: 1
*Sprinklered: No *Basement: No
*5 Yrs Sprinklered/ N/A

Street No	Pre Dir	Street Name	Type	Post Dir	Suite/Unit
2399		CALIFORNIA	AVE		C

SIGNAL HILL — City: | CA — State: | 90755 — Zip:

Cert. Expiration:
*Target Haz: No
*Fire Permit: No
*HM Handler: No
FDC Location:

Cannabis: ○ Residential ○ Commercial

Property Use Code/Description

*PUC: SCHOOL: PRIVATE, PRESCHOOL - 2425
PUD:

Add New PUD

Emergency Contact Information

	First Name	Last Name	Title	1st Phone Format:111-222-1234	2nd Phone Format:111-222-1234
1st Contact	LAURA	SIDNEY	MANAGER	[redacted]	
2nd Contact	KIM	JACKSON	MGR		
3rd Contact					

Last Updated By:
KEVIN
HARDIE
(E489728) 10/2/2024

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Record Number - 93903

Occupant/Facility Infomation

*Location Name: UNLIMITED QUEST & CALIFORNIA MENTOR
DBA:
#Employees:
Previous Occ: UNLIMITED QUEST
#Students:
HHMDID:
Phone: 562-595-0730 111-222-1234 Ext:
Fax: 111-222-1234
Sr Person Name:
Title:
EMail:

Property Address

3350 *Street No | N PreDir | OLIVE *Street Name | AVE Type | PostDir | Suite/Unit
SIGNAL HILL *City | CA State | 90755 *Zip

Mailing Address

Same as Location Address: ☑

3350 *Street No | N PreDir: | OLIVE *Street Name | AVE Type: | PostDir: | Suite/Unit
SIGNAL HILL *City | CA State: | 90755 *Zip

Additional Information

Note:

Alarm Company Information

Alarm Co: SAFE T
Phone: 866-689-0599 111-222-1234

Property Owner Information

Property Owner:
Phone: 111-222-1234

Inspection Detail Information

Insp Date: 11/01/2025
Shift/Insp.ID:
Inspection Type:
Inspection Result: PASS
Inspector Name:
Inspection Notes:

Add Insp

Previous Inspection Listing

Date	Insp	Result	InspectionType	Inspected By
8/18/2025	A	PASS	ANNUAL	HARDIE
9/24/2024	B	PASS	BIENNIAL	CASELLI
7/18/2024	A	PASS	ANNUAL	HARDIE
11/7/2023	A	PASS	BIENNIAL	HARDIE
2/7/2022	C	CLOSED	ANNUAL	WREN
4/19/2021	C	PASS	ANNUAL	WREN
11/2/2018	B	PASS	BIENNIAL	LAWLOR
5/19/2017	C	PASS	BIENNIAL	LOPEZ

1 2

Edit Inspection

Building Information

*Responsibility: FS060
Sector/Drawer: 2
*Fire Station: 060
*Insp Freq.: BIENN
*Occ Code: U - UTILITY AND MISCELLANEOUS
Roof Type:
Knox Box Location:
Hazmat:
SQFT:
*Stories: 1
*Sprinklered: No
*Basement: No
*5 Yrs Sprinklered/ na

Street No | Pre Dir | Street Name | Type | Post Dir | Suite/Unit

City: | State: CA | Zip:

Cert. Expiration:
*Target Haz: No
*Fire Permit: No
*HM Handler: No
FDC Location:

Cannabis: ○ Residential ○ Commercial

Property Use Code/Description

*PUC: SCHOOL: ADULT - 2410
PUD:

Add New PUD

Emergency Contact Information

	First Name	Last Name	Title	1st Phone Format:111-222-1234	2nd Phone Format:111-222-1234
1st Contact	JOSIE	SANTOS		[redacted]	
2nd Contact	ALEXIS	NISHIMOTO	MGR		
3rd Contact					

Last Updated By:
KEVIN
HARDIE
(E489728) 8/18/2025

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