Effective 1/1/10, changes to Section 17-201.4 of the New Haven Code of Ordinance requires payment for certain types of Fire Marshal office inspections prior to issuance of this certificate.

On 6/10/24 the New Haven Office of the Fire Marshal conducted an inspection of Dunham Lab located at 10 Hillhouse Ave, New Haven, CT 06511 in the City of New Haven to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as an Existing Assembly as classified by the CONNECTICUT STATE FIRE SAFETY CODE. As a result of this inspection, the following conditions were found by: Steve Martin FM5

<table>
<thead>
<tr>
<th></th>
<th>I. At the time of inspection, no code violations were identified. Certificate of approval recommended.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information). Certificate of approval recommended.</td>
</tr>
<tr>
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<td>III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approval plan of correction was submitted. (See attached information). Certificate of approval Not recommended.</td>
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<td>IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information). Certificate of approval Not recommended.</td>
</tr>
</tbody>
</table>

**Steve Martin**  
(Signature)  
6/10/24  
(Date)

Scott Dillon  
Fire Marshal  
Shakira Samuel  
Deputy Fire Marshal  
Frank Filardo  
Life Safety Compliance Officer  
Heather Allen  
Public Assembly Inspector

Fee Applies: Yes _ No ___  Fee Amount:_  Date Paid: __________  Revd by: ____________________  
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