



May 6, 2019  
By Electronic Mail and U.S. Postal Mail

Cindy Whiteside  
Great Lakes Orthopedics & Sports Medicine, P.C.  
9615 Keilman Street  
St. John, IN 46373  
[cwhiteside@glorthopedics.com](mailto:cwhiteside@glorthopedics.com)

**Re: Petition for Administrative Review – Inspection Report Order State Number F4C2-4F1C –  
Great Lakes Othropedics & Sports Medicine, P.C.**

Dear Ms. Whiteside:

The Commission is in receipt of your electronically-filed petition for administrative review of Inspection Report Order State Number F4C2-4F1C – Great Lakes Othropedics & Sports Medicine, P.C., dated 5/1/2019. The petition for review is timely and has been granted by the Commission. The petition has been assigned to the Commission's administrative law judge.

The judge's office will contact you to make arrangements for further proceedings. Should you have any questions, you may contact our staff attorney assigned to the matter, Justin Guedel at [jguedel@dhs.in.gov](mailto:jguedel@dhs.in.gov) or (317) 234-9515.

Sincerely,

Douglas J. Boyle, Director  
Fire Prevention and Building Safety Commission  
Indiana Department of Homeland Security  
302 W. Washington Street, Room E-208  
Indianapolis, IN 46204  
[dboyle@dhs.in.gov](mailto:dboyle@dhs.in.gov)  
(317) 650-7720

Enclosure

cc: Justin Guedel, IDHS Staff Attorney (by personal service and electronic mail)  
ALJ (by personal service)  
File

**Boyle, Douglas J (DHS)**

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**From:** DHS Legal Mailbox  
**Sent:** Thursday, May 2, 2019 12:38 PM  
**To:** Boyle, Douglas J (DHS)  
**Subject:** FW: Petition for Review  
**Attachments:** 68379161\_20190501155455.pdf; 68380022\_20190501155006.pdf; 68380035\_20190501155006.pdf

**From:** noreply@formstack.com [mailto:noreply@formstack.com]  
**Sent:** Wednesday, May 1, 2019 5:05 PM  
**To:** DHS Legal Mailbox <Legal@dhs.IN.gov>  
**Subject:** Petition for Review

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**Formstack Submission For: [petition for review](#)**  
Submitted at 05/01/19 5:05 PM

<b>Individual Name:</b>	Cindy Whiteside
<b>Business Name: :</b>	Great Lakes Orthopedics & Sports Medicine, P.C.
<b>Phone Number:</b>	(219) 365-0220
<b>Email Address:</b>	<a href="mailto:cwhiteside@glorthopedics.com">cwhiteside@glorthopedics.com</a>
<b>Mailing Address:</b>	9615 Keilman St St. John, IN 46373
<b>Are you represented by an attorney?:</b>	No
<b>Attorney Name:</b>	
<b>Firm:</b>	

**Phone Number:**

**Email Address:**

**Mailing Address:**

**Order Number:**

**Facility | Device | Boiler ID:**

**Date Order Received:** Apr 16, 2019

**How did you receive the Order? :** Email

**Entity Issuing Order:** Indiana Department of Homeland Security

**Entity Name:**

**Upload Order:** [View File](#)

**Was this order specifically directed to you?:** Yes

**Explain:**

**Have you been aggrieved or adversely affected by the order?:** No

**Explain:**

**If the order was not specifically directed to you and you have not been aggrieved or adversely affected by the order, are you entitled to review under some other law? :**

**What law?:**

**I request review of the entire order described above:** Yes

**If you are not requesting review of the entire order, what is the scope of your request?:**

**I request a stay of effectiveness:** Yes

**What is the basis of your challenge? :**

We are told in the report that we did not have a monthly record stating we do a fire service when we clearly did on the wall. I believe it was clearly overlooked. I am attaching this to the report.

**What is your desired outcome? :**

To make sure we don't get any type of fine because we did do what we were suppose to and had it on the wall.

**Additional information in support of my request:**

**Additional Attachments:** [View File](#)

**Additional Attachments:** [View File](#)

**Additional Attachments:**

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Formstack, 11671 Lantern Road, Suite 300, Fishers, IN 46038

## Report of Inspection

Indiana Department of Homeland Security  
302 W. Washington Street, Room E208 Indianapolis, IN 46204  
Phone: 317-232-2222

Permit Number	Inspection Number
LD111279C	F4C2-4F1C

Visit us at: <http://www.in.gov/dhs>

**Date** 04/16/2019 08:24AM **Type** Periodic  
**Results** Sanctions

**Location** **Owner**  
**Street** 9615 Keilman St **Name** Glo Real Estate Llc  
**City** St Johns **Street** 9615 Keilman  
**Zip** 46738 **City** St John  
**Zip** 46373

**Inspector** **Permit**  
**Name** Aaron Wilhoite **State Number** LD111279C  
**Email** AWilhoite@dhs.IN.gov **Type** Lift/Elevator Operating

### Violations Found

#	Code	Description	Order	Correct By	Fee
1	8.6.11.1	Fire service shall be performed monthly and records shall be made available		05/16/2019	\$0.00

If you are receiving this document, property that you own or have control over, has been, or was attempted to be, inspected by the Indiana Department of Homeland Security (Department). Depending on the outcome of this inspection, one of four different **RESULTS** was notated. See the first page for the **RESULT** of this inspection. The following describes what each **RESULT** means:

#### INSPECTION NOT POSSIBLE

This report is to notify you that the Department attempted to perform an inspection of your property, but was unable to for some reason. If you have not already spoken with your inspector regarding this, please contact him or her immediately.

#### NO VIOLATIONS FOUND

This report is to notify you that the Department performed an inspection of your property, and no violations were found to exist. However, please be aware that obtaining a **RESULT** of "no violations found" does not mean that no violations exist on your property or may be found during a later inspection.

#### EMERGENCY OR TEMPORARY ORDER

This report is to notify you that the Department has determined that conduct or a condition of property:

1. presents a clear and immediate hazard of death or serious bodily injury to any person other than a trespasser;
2. is prohibited without a permit, registration, certification, release, authorization, variance, exemption, or other license and the license has not been issued; or
3. will conceal a violation of law.

This order must immediately be complied with, up to and until such time that: (1) it expires; (2) an order is issued by an administrative law judge voiding, terminating, modifying, or staying its effectiveness; or (3) the Department terminates its effectiveness. If you desire a hearing regarding this order, you may submit your request by either of the following methods:

#### U.S. MAIL

Indiana Department of Homeland Security

#### ONLINE

By completing the form at

**MONTHLY FIRE SERVICE PH1 PH2 RECORD**

as per ASME A17.1

Building Address 9615 Keilman Elevator # 1

Community Name SAINT JOHN, IN, [REDACTED]

Month	2016 Date/Elev Co	2017 Date/Elev Co	2018 Date/Elev Co	2019 Date/Elev Co	2020 Date/Elev Co
JAN	___/___/___	___/___/___	1/24/18 SP	1/17/19 CW	___/___/___
FEB	___/___/___	___/___/___	2/20/18 SP	2/16/19 CW	___/___/___
MAR	___/___/___	___/___/___	3/26/18 SP	3/18/19 CW	___/___/___
APR	___/___/___	___/___/___	4/11/18 SP	4/16/19 CW	___/___/___
MAY	___/___/___	___/___/___	5/4/18 SP	___/___/___	___/___/___
JUN	___/___/___	6/14/17 SECO	6/13/18 SP	___/___/___	___/___/___
JUL	7/28/16	7/11/17 SECO	7/10/18 SP	___/___/___	___/___/___
AUG	___/___/___	___/___/___	8/23/18 SP	___/___/___	___/___/___
SEP	___/___/___	___/___/___	9/18/18 SP	___/___/___	___/___/___
OCT	___/___/___	___/___/___	10/18/18 SP	___/___/___	___/___/___
NOV	___/___/___	11/9/17 SECO	11/14/18 SP	___/___/___	___/___/___
DEC	___/___/___	12/6/17 SP	12/2/18 CW	___/___/___	___/___/___

- \* This Monthly Fire Service Record must be posted in the Elevator Machine Room.
- \* Recommend, Qualified Personnel (i.e. Elevator Company) to conduct test.
- \* Date and Company who performed test must be recorded for each month and year.