



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
Public Safety Service

IMPAIRMENT NOTIFICATION



Dear Building Owner/Manager:

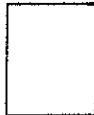
The below listed firm has found impairments to the life safety system or equipment in the building listed below. Per Revised Statute (R.S.) 40:1664.1 et seq., the firm is required to immediately notify the Office of the State Fire Marshal Code Enforcement and Building Safety in writing of any impairment which may jeopardize the life safety of the building's occupants. The impairments are listed below. An inspector from this office or the local fire prevention bureau will be sent out to verify the impairments and to order corrections to be made if they have not been corrected.

Business Name: Babington hall  
Address: 906 east 1st street  
City: Thibodaux, LA  
Telephone Number: 985-387-5059

Type of System/Equipment (include manufacturer and model number) Simplex/4100U  
NFPA Code/Standard used for Inspection: Nfpa-72

Check One

RED TAGGED



YELLOW TAGGED (beyond 60 Days)



Impairments: Bad strobe in rm 108A-B part number 4906-9253 (2)

Date of Impairment: 7-30-19

Firm Name: LOUISIANA FIRE EXTINGUISHER  
Firm License: F 935 Firm Telephone: (225) 924-2421

Technician's Name: Larron Butler (print) License Number: E-1868

Building Owner: \_\_\_\_\_ (print)  
or Representative

[Signature] (signature)

\*\*\*Note to technician: Please attach a copy of your firm's service report to this notification.\*\*\*

"Is Yours Working??"

Smoke Detectors Save Lives

Office of the State Fire Marshal, Code Enforcement and Building Safety  
8181 Independence Boulevard, Baton Rouge, LA 70806  
(225) 925-4911 1-800-256-5452

Modified 10/12



INSPECTION AND TESTING FORM

JOB NUMBER 16872626

DATE: 7-30-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher

ADDRESS: 8339 Athens

REPRESENTATIVE: Larron

LICENSE NO.: E18464

TELEPHONE: 225-445-7375

MONITORING ENTITY

CONTACT: Campus police

TELEPHONE: M.o.d called

MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

TYPE TRANSMISSION

☒ - McCulloh

☐ - Multiplex

☒ - Digital

☐ - Reverse Polarity

☐ - RF

☐ - Other (Specify) \_\_\_\_\_

PROPERTY NAME (USER)

NAME: Babington hall

ADDRESS: 906 east 1st street ,Thibodaux,la

OWNER CONTACT: M.o.d

TELEPHONE: \_\_\_\_\_

APPROVING AGENCY

CONTACT: Lsfm

TELEPHONE: \_\_\_\_\_

SERVICE

☐ - Weekly

☐ - Monthly

☐ - Quarterly

☐ - Semiannually

☐ - Annually

☐ - Other (Specify) \_\_\_\_\_

PANEL MANUFACTURER: Simplex

CIRCUIT STYLES: B&Y

NO. OF CIRCUITS: 6nacs 5slc

SOFTWARE REV.: \_\_\_\_\_

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>18</u>	<u>B</u>
<u>41</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>8</u>	<u>B</u>

MANUAL STATIONS

ION DETECTORS

PHOTO DETECTORS

DUCT DETECTORS

HEAT DETECTORS

WATERFLOW SWITCHES

SUPERVISORY SWITCHES

OTHER (SPECIFY): \_\_\_\_\_

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>74</u>	<u>Y</u>
<u>74</u>	<u>Y</u>

BELLS

HORNS

CHIMES

STROBES

SPEAKERS

OTHER (SPECIFY): A/V

NO. OF ALARM INDICATING CIRCUITS: 6

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO

**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120 ,Amps 20  
 Overcurrent Protection: Type C.b ,Amps 2.0  
 Location (of Primary Supply Panelboard): Kitchen  
 Disconnecting Means Location: Painted red Breaker 16
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 33  
 Calculated capacity to operate system, in hours: X 24 60  
 \_\_\_\_\_ Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify)

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700  
☐ Legally required standby described in NFPA 70, Article 701  
☐ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Campus police	8:00
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
OTHER (SPECIFY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM TESTS AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
DISCONNECT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	_____
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>		_____
LOAD VOLTAGE		<input type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>NOTIFICATION APPLIANCES</b>			
AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY		<input type="checkbox"/>	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTIFICATIONS THAT TESTING**

IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Campus police	
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		

**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7-30-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 7-30-19 TIME:

SIGNATURE: 

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:



INSPECTION AND TESTING FORM

JOB NUMBER 16872637

DATE: 7-31-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher

ADDRESS: 8339 Athens

REPRESENTATIVE: Larron

LICENSE NO.: E18464

TELEPHONE: 225-445-7375

MONITORING ENTITY

CONTACT: Campus police

TELEPHONE: M.o.d called

MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

TYPE TRANSMISSION

☐ - McCulloh

☐ - Multiplex

☐ - Digital

☐ - Reverse Polarity

☐ - RF

☐ - Other (Specify) \_\_\_\_\_

PROPERTY NAME (USER)

NAME: Beauregard

ADDRESS: 906 east 1st street ,Thibodaux,la

OWNER CONTACT: M.o.d

TELEPHONE: \_\_\_\_\_

APPROVING AGENCY

CONTACT: Lsfm

TELEPHONE: \_\_\_\_\_

SERVICE

☐ - Weekly

☐ - Monthly

☐ - Quarterly

☐ - Semiannually

☐ - Annually

☐ - Other (Specify) \_\_\_\_\_

PANEL MANUFACTURER: Simplex

CIRCUIT STYLES: B&Y

NO. OF CIRCUITS: 2nacs

SOFTWARE REV.: \_\_\_\_\_

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

MODEL NO.: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>19</u>	<u>B</u>
<u>6</u>	<u>B</u>
<u>4</u>	<u>B</u>
<u>2</u>	<u>B</u>

MANUAL STATIONS

ION DETECTORS

PHOTO DETECTORS

DUCT DETECTORS

HEAT DETECTORS

WATERFLOW SWITCHES

SUPERVISORY SWITCHES

OTHER (SPECIFY): \_\_\_\_\_

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>75</u>	<u>Y</u>
<u>8</u>	<u>Y</u>

BELLS

HORNS

CHIMES

STROBES

SPEAKERS

OTHER (SPECIFY): A/V

NO. OF ALARM INDICATING CIRCUITS: 3

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO

**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120 ,Amps 20  
 Overcurrent Protection: Type C.b ,Amps 2.0  
 Location (of Primary Supply Panelboard): Panel elec rm  
 Disconnecting Means Location: Painted red Breaker 18
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 18  
 Calculated capacity to operate system, in hours: X 24 60  
 Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify) \_\_\_\_\_

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700  
☒ Legally required standby described in NFPA 70, Article 701  
☒ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Campus police	8:00
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
OTHER (SPECIFY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM TESTS AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input checked="" type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<b>NOTIFICATION APPLIANCES</b>			
AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISUAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VOICE CLARITY		<input checked="" type="checkbox"/>	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS: \_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PHONE JACKS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
AMPLIFIER(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TONE GENERATOR(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
CALL IN SIGNAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____



	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTIFICATIONS THAT TESTING IS COMPLETE:**

	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Campus police	
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		

**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7-31-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 7-31-19 TIME:

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:



BOBBY JINDAL  
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
Public Safety Service

IMPAIRMENT NOTIFICATION



H. BUTCH BROWNING  
STATE FIRE MARSHAL

Dear Building Owner/Manager:

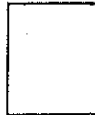
The below listed firm has found impairments to the life safety system or equipment in the building listed below. Per Revised Statute (R.S.) 40:1664.1 et seq., the firm is required to immediately notify the Office of the State Fire Marshal Code Enforcement and Building Safety in writing of any impairment which may jeopardize the life safety of the building's occupants. The impairments are listed below. An inspector from this office or the local fire prevention bureau will be sent out to verify the impairments and to order corrections to be made if they have not been corrected.

Business Name: Nsu Brady Apartment Complex  
Address: 906 east 1st street  
City: Thibodaux  
Telephone Number: \_\_\_\_\_

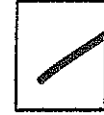
Type of System/Equipment (include manufacturer and model number) Silent knight/5820XL  
NFPA Code/Standard used for Inspection: Napa-72

Check One

RED TAGGED



YELLOW TAGGED (beyond 60 Days)



Impairments: Pull station need to be replaced by rm 336,321.  
Part number Bg-12LO

Date of Impairment: 8-6-19

Firm Name: LOUISIANA FIRE EXTINGUISHER

Firm License: F 935 Firm Telephone: (225) 924-2421

Technician's Name: Larron Butler (print) License Number: E-18464

Building Owner: \_\_\_\_\_ (print)  
or Representative

Candyn Kern (signature)

\*\*\*Note to technician: Please attach a copy of your firm's service report to this notification.\*\*\*

"Is Yours Working?"

Smoke Detectors Save Lives

Office of the State Fire Marshal, Code Enforcement and Building Safety  
8181 Independence Boulevard, Baton Rouge, LA 70806  
(225) 925-4911 1-800-256-5452

Modified 10/12



INSPECTION AND TESTING FORM

JOB NUMBER 16872628

DATE: 8-6-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher  
ADDRESS: 8339 Athens  
REPRESENTATIVE: Larron  
LICENSE NO.: E18464  
TELEPHONE: 225-445-7375

PROPERTY NAME (USER)

NAME: NSU Brady Apartment Complex  
ADDRESS: 906 east 1st street ,Thibodaux,la  
OWNER CONTACT: M.o.d  
TELEPHONE: \_\_\_\_\_

MONITORING ENTITY

CONTACT: Simplex  
TELEPHONE: 1-888-746-7539  
MONITORING ACCOUNT REF. NO.: 119-1697

APPROVING AGENCY

CONTACT: Lsfm  
TELEPHONE: \_\_\_\_\_

TYPE TRANSMISSION

- ☒ - McCulloh  
☐ - Multiplex  
☐ - Digital  
☐ - Reverse Polarity  
☐ - RF  
☐ - Other (Specify) \_\_\_\_\_

SERVICE

- ☐ - Weekly  
☐ - Monthly  
☐ - Quarterly  
☐ - Semiannually  
☐ - Annually  
☐ - Other (Specify) \_\_\_\_\_

PANEL MANUFACTURER: Silent knight  
CIRCUIT STYLES: B&Y  
NO. OF CIRCUITS: 7nacs  
SOFTWARE REV.: \_\_\_\_\_

MODEL NO.: 5820XL

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_  
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>42</u>	<u>B</u>
<u>8</u>	<u>B</u>

MANUAL STATIONS  
ION DETECTORS  
PHOTO DETECTORS  
DUCT DETECTORS  
HEAT DETECTORS  
WATERFLOW SWITCHES  
SUPERVISORY SWITCHES  
OTHER (SPECIFY): \_\_\_\_\_

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>91</u>	<u>Y</u>

BELLS  
HORNS  
CHIMES  
STROBES  
SPEAKERS  
OTHER (SPECIFY): A/V

NO. OF ALARM INDICATING CIRCUITS: 10

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO

**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120v, Amps 4ah  
 Overcurrent Protection: Type C.b, Amps 4.0  
 Location (of Primary Supply Panelboard): Elec rm panel a-3  
 Disconnecting Means Location: Painted red ckt-12
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 10ah  
 Calculated capacity to operate system, in hours: X 24 60  
 Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☒ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify) \_\_\_\_\_

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- \_\_\_\_\_ Emergency system described in NFPA 70, Article 700  
 \_\_\_\_\_ Legally required standby described in NFPA 70, Article 701  
 \_\_\_\_\_ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Simplex	8:00
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
OTHER (SPECIFY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM TESTS AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
DISCONNECT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	_____
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>		_____
LOAD VOLTAGE		<input type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

**NOTIFICATION APPLIANCES**

AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY		<input type="checkbox"/>	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTIFICATIONS THAT TESTING**

IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Simplex	8:00
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		

**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system yellow for 2) pull stations by rm 336-321

SYSTEM RESTORED TO NORMAL OPERATION: DATE 8-6-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 8-6-19 TIME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF OWNER OR REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
Public Safety Service

IMPAIRMENT NOTIFICATION



Dear Building Owner/Manager:

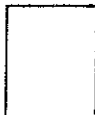
The below listed firm has found impairments to the life safety system or equipment in the building listed below. Per Revised Statute (R.S.) 40:1664.1 et seq., the firm is required to immediately notify the Office of the State Fire Marshal Code Enforcement and Building Safety in writing of any impairment which may jeopardize the life safety of the building's occupants. The impairments are listed below. An inspector from this office or the local fire prevention bureau will be sent out to verify the impairments and to order corrections to be made if they have not been corrected.

Business Name: Nsu calecas dormitory  
Address: 906 east 1st street  
City: Thibodaux  
Telephone Number: \_\_\_\_\_

Type of System/Equipment (include manufacturer and model number) Simplex  
NFPA Code/Standard used for Inspection: Napa-72

Check One

RED TAGGED



YELLOW TAGGED (beyond 60 Days)



Impairments: Pull station need to be replaced by rm 105

Date of Impairment: 8-2-19

Firm Name: LOUISIANA FIRE EXTINGUISHER

Firm License: F 935 Firm Telephone: (225) 924-2421

Technician's Name: Larron Butler (print) License Number: E-18464

Building Owner: \_\_\_\_\_ (print)  
or Representative

Leondyn Fern (signature)

\*\*\*Note to technician: Please attach a copy of your firm's service report to this notification.\*\*\*

"Is Yours Working??"

Smoke Detectors Save Lives

Office of the State Fire Marshal, Code Enforcement and Building Safety  
8181 Independence Boulevard, Baton Rouge, LA 70806  
(225) 925-4911 1-800-256-5452

Modified 10/12



INSPECTION AND TESTING FORM

JOB NUMBER 16872629

DATE: 8-2-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher  
ADDRESS: 8339 Athens  
REPRESENTATIVE: Larron  
LICENSE NO.: E18464  
TELEPHONE: 225-445-7375

PROPERTY NAME (USER)

NAME: University police /calecas dormitory  
ADDRESS: 906 east 1st street ,Thibodaux,la  
OWNER CONTACT: M.o.d  
TELEPHONE: \_\_\_\_\_

MONITORING ENTITY

CONTACT: Campus police  
TELEPHONE: M.o.d called  
MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

APPROVING AGENCY

CONTACT: Lsfm  
TELEPHONE: \_\_\_\_\_

TYPE TRANSMISSION

- ☒ - McCulloh  
☐ - Multiplex  
☐ - Digital  
☐ - Reverse Polarity  
☐ - RF  
☐ - Other (Specify) \_\_\_\_\_

SERVICE

- ☐ - Weekly  
☐ - Monthly  
☐ - Quarterly  
☐ - Semiannually  
☐ - Annually  
☐ - Other (Specify) \_\_\_\_\_

PANEL MANUFACTURER: Simplex  
CIRCUIT STYLES: B&Y  
NO. OF CIRCUITS: 4nacs  
SOFTWARE REV.: \_\_\_\_\_

MODEL NO.: 4010

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>12</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>

MANUAL STATIONS

ION DETECTORS  
PHOTO DETECTORS  
DUCT DETECTORS  
HEAT DETECTORS  
WATERFLOW SWITCHES  
SUPERVISORY SWITCHES  
OTHER (SPECIFY): \_\_\_\_\_

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>50</u>	<u>Y</u>
<u>10</u>	<u>Y</u>
<u>18</u>	<u>Y</u>

BELLS  
HORNS  
CHIMES  
STROBES  
SPEAKERS  
OTHER (SPECIFY): A/V

NO. OF ALARM INDICATING CIRCUITS: 4

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO



**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120v, Amps 4ah  
 Overcurrent Protection: Type C.b, Amps 4.0  
 Location (of Primary Supply Panelboard): Elec rm  
 Disconnecting Means Location: Painted red
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 25  
 Calculated capacity to operate system, in hours: X 24 60  
 Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☒ Dry Cell  
☐ Nickel-Cadmium  
☐ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify)

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

☒ Emergency system described in NFPA 70, Article 700  
☐ Legally required standby described in NFPA 70, Article 701  
☐ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

MONITORING ENTITY  
 BUILDING OCCUPANTS  
 BUILDING MANAGEMENT  
 OTHER (SPECIFY)  
 AHJ (NOTIFIED) OF ANY  
 IMPAIRMENTS

YES	NO	WHO	TIME
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Campus police	8:00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM TESTS AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
DISCONNECT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	_____
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>		_____
LOAD VOLTAGE		<input type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>NOTIFICATION APPLIANCES</b>			
AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY		<input type="checkbox"/>	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTIFICATIONS THAT TESTING**

IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Campus police	
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		


**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system yellow for simplex pull station

SYSTEM RESTORED TO NORMAL OPERATION: DATE 8-2-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 8-2-19 TIME:

SIGNATURE: 

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:



INSPECTION AND TESTING FORM

JOB NUMBER 16872630

DATE: 7-30-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher

ADDRESS: 8339 Athens

REPRESENTATIVE: Larron

LICENSE NO.: E18464

TELEPHONE: 225-445-7375

MONITORING ENTITY

CONTACT: Campus police

TELEPHONE: M.o.d called

MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

TYPE TRANSMISSION

☒ - McCulloh

☐ - Multiplex

☐ - Digital

☐ - Reverse Polarity

☐ - RF

☐ - Other (Specify) \_\_\_\_\_

PROPERTY NAME (USER)

NAME: Ellender hall

ADDRESS: 906 east 1st street ,Thibodaux,la

OWNER CONTACT: M.o.d

TELEPHONE: \_\_\_\_\_

APPROVING AGENCY

CONTACT: Lsfm

TELEPHONE: \_\_\_\_\_

SERVICE

☐ - Weekly

☐ - Monthly

☐ - Quarterly

☐ - Semiannually

☐ - Annually

☐ - Other (Specify) \_\_\_\_\_

PANEL MANUFACTURER: Simplex

CIRCUIT STYLES: B&Y

NO. OF CIRCUITS: 2nacs

SOFTWARE REV.: \_\_\_\_\_

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

MODEL NO.: 4020

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF

12

CIRCUIT STYLE

B

MANUAL STATIONS

ION DETECTORS

PHOTO DETECTORS

DUCT DETECTORS

HEAT DETECTORS

WATERFLOW SWITCHES

SUPERVISORY SWITCHES

OTHER (SPECIFY): \_\_\_\_\_

47

B

6

B

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF

11

CIRCUIT STYLE

Y

BELLS

HORNS

CHIMES

STROBES

SPEAKERS

OTHER (SPECIFY): AV

7

Y

NO. OF ALARM INDICATING CIRCUITS: 2

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO

**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120 ,Amps 20  
 Overcurrent Protection: Type C.b ,Amps 2.0  
 Location (of Primary Supply Panelboard): Laundry  
 Disconnecting Means Location: Painted red Breaker 9
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 18  
 Calculated capacity to operate system, in hours: X 24 60  
 \_\_\_\_\_ Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify)

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700  
☐ Legally required standby described in NFPA 70, Article 701  
☐ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Campus police	8:00
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
OTHER (SPECIFY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM TESTS AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
DISCONNECT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	_____
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>		_____
LOAD VOLTAGE		<input type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

**NOTIFICATION APPLIANCES**

AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY		<input type="checkbox"/>	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTIFICATIONS THAT TESTING**

IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Campus police	
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		


**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7-30-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 7-30-19 TIME:

SIGNATURE: 

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:



INSPECTION AND TESTING FORM

JOB NUMBER 16872652

DATE: 7-26-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher

ADDRESS: 8339 Athens

REPRESENTATIVE: Larron

LICENSE NO.: E18464

TELEPHONE: 225-445-7375

MONITORING ENTITY

CONTACT: Campus police

TELEPHONE: M.o.d called

MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

TYPE TRANSMISSION

- ☒ - McCulloh  
☐ - Multiplex  
☐ - Digital  
☐ - Reverse Polarity  
☐ - RF  
☐ - Other (Specify) \_\_\_\_\_

PROPERTY NAME (USER)

NAME: Safety & environmental health

ADDRESS: 906 east 1st street ,Thibodaux,la

OWNER CONTACT: M.o.d

TELEPHONE: \_\_\_\_\_

APPROVING AGENCY

CONTACT: Lsfm

TELEPHONE: \_\_\_\_\_

SERVICE

- ☐ - Weekly  
☐ - Monthly  
☐ - Quarterly  
☐ - Semiannually  
☐ - Annually  
☐ - Other (Specify) \_\_\_\_\_

PANEL MANUFACTURER: Mircom

CIRCUIT STYLES: B&Y

NO. OF CIRCUITS: 4nac

SOFTWARE REV.: \_\_\_\_\_

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

MODEL NO.: Series -1000

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>3</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>2</u>	<u>B</u>

MANUAL STATIONS

ION DETECTORS

PHOTO DETECTORS

DUCT DETECTORS

HEAT DETECTORS

WATERFLOW SWITCHES

SUPERVISORY SWITCHES

OTHER (SPECIFY): \_\_\_\_\_

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>1</u>	
<u>2</u>	<u>Y</u>
<u>3</u>	<u>Y</u>

BELLS

HORNS

CHIMES

STROBES

SPEAKERS

OTHER (SPECIFY): A/V

NO. OF ALARM INDICATING CIRCUITS: 4

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO



**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120 ,Amps 20  
 Overcurrent Protection: Type C.b ,Amps 2.0  
 Location (of Primary Supply Panelboard): Panel A  
 Disconnecting Means Location: Painted red Breaker 10
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 12  
 Calculated capacity to operate system, in hours: X 24 60  
 \_\_\_\_\_ Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify) \_\_\_\_\_

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700  
☐ Legally required standby described in NFPA 70, Article 701  
☐ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Campus police	8:00
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

## SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

## SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input checked="" type="checkbox"/>		_____
LOAD VOLTAGE		<input checked="" type="checkbox"/>	_____
DISCHARGE TEST		<input checked="" type="checkbox"/>	_____
CHARGER TEST		<input checked="" type="checkbox"/>	_____
SPECIFIC GRAVITY		<input checked="" type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

## NOTIFICATION APPLIANCES

AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VISUAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SPEAKERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
VOICE CLARITY		<input checked="" type="checkbox"/>	_____

## INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS: \_\_\_\_\_

## EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
PHONE JACKS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
AMPLIFIER(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
TONE GENERATOR(S)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
CALL IN SIGNAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

**NOTIFICATIONS THAT TESTING**

IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Campus police	
BUILDING OCCUPANTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7-26-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 7-26-19 TIME:

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:



INSPECTION AND TESTING FORM

JOB NUMBER 16872637

DATE: 7-31-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher

ADDRESS: 8339 Athens

REPRESENTATIVE: Larron

LICENSE NO.: E18464

TELEPHONE: 225-445-7375

MONITORING ENTITY

CONTACT: Campus police

TELEPHONE: M.o.d called

MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

TYPE TRANSMISSION

- ☐ - McCulloh  
☐ - Multiplex  
☐ - Digital  
☐ - Reverse Polarity  
☐ - RF  
☐ - Other (Specify)

PROPERTY NAME (USER)

NAME: Lanny D. Ledet hall

ADDRESS: 906 east 1st street ,Thibodaux,la

OWNER CONTACT: M.o.d

TELEPHONE: \_\_\_\_\_

APPROVING AGENCY

CONTACT: Lsfm

TELEPHONE: \_\_\_\_\_

SERVICE

- ☐ - Weekly  
☐ - Monthly  
☐ - Quarterly  
☐ - Semiannually  
☐ - Annually  
☐ - Other (Specify)

PANEL MANUFACTURER: Simplex

CIRCUIT STYLES: B&Y

NO. OF CIRCUITS: 3nacs

SOFTWARE REV.: \_\_\_\_\_

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

MODEL NO.: 4100es

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>6</u>	<u>B</u>
<u>18</u>	<u>B</u>
<u>8</u>	<u>B</u>
<u>2</u>	<u>B</u>

MANUAL STATIONS  
ION DETECTORS  
PHOTO DETECTORS  
DUCT DETECTORS  
HEAT DETECTORS  
WATERFLOW SWITCHES  
SUPERVISORY SWITCHES  
OTHER (SPECIFY): \_\_\_\_\_

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>57</u>	<u>Y</u>

BELLS  
HORNS  
CHIMES  
STROBES  
SPEAKERS  
OTHER (SPECIFY): AV

NO. OF ALARM INDICATING CIRCUITS: 3

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO

**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120, Amps 20  
 Overcurrent Protection: Type C.b, Amps 2.0  
 Location (of Primary Supply Panelboard): Panel next to FACP  
 Disconnecting Means Location: Painted red Breaker 18
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 33  
 Calculated capacity to operate system, in hours: X 24 60  
 \_\_\_\_\_ Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☒ Dry Cell  
☐ Nickel-Cadmium  
☐ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify) \_\_\_\_\_

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- ☒ Emergency system described in NFPA 70, Article 700  
☐ Legally required standby described in NFPA 70, Article 701  
☐ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

MONITORING ENTITY  
 BUILDING OCCUPANTS  
 BUILDING MANAGEMENT  
 OTHER (SPECIFY) \_\_\_\_\_  
 AHJ (NOTIFIED) OF ANY  
 IMPAIRMENTS

YES	NO	WHO	TIME
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Campus police	8:00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		

## SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input type="checkbox"/>	<input type="checkbox"/>	
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	
LAMPS/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	
PRIMARY POWER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	
TROUBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	
DISCONNECT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	

## SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>		
LOAD VOLTAGE		<input type="checkbox"/>	
DISCHARGE TEST		<input type="checkbox"/>	
CHARGER TEST		<input type="checkbox"/>	
SPECIFIC GRAVITY		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	

## NOTIFICATION APPLIANCES

AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	
VOICE CLARITY		<input type="checkbox"/>	

## INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

## EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTIFICATIONS THAT TESTING****IS COMPLETE:**

	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Campus police	
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		

**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 7-31-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 7-31-19 TIME:

SIGNATURE: 

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:



INSPECTION AND TESTING FORM

JOB NUMBER 16872647

DATE: 8-5-19

TIME: 8:00

SERVICE ORGANIZATION

NAME: La fire extinguisher  
ADDRESS: 8339 Athens  
REPRESENTATIVE: Larron  
LICENSE NO.: E18464  
TELEPHONE: 225-445-7375

PROPERTY NAME (USER)

NAME: Lindsley hall  
ADDRESS: 906 east 1st street ,Thibodaux,la  
OWNER CONTACT: M.o.d  
TELEPHONE: \_\_\_\_\_

MONITORING ENTITY

CONTACT: Campus police  
TELEPHONE: M.o.d called  
MONITORING ACCOUNT REF. NO.: \_\_\_\_\_

APPROVING AGENCY

CONTACT: Lsfm  
TELEPHONE: \_\_\_\_\_

TYPE TRANSMISSION

- ☐ - McCulloh  
☐ - Multiplex  
☐ - Digital  
☐ - Reverse Polarity  
☐ - RF  
☐ - Other (Specify) \_\_\_\_\_

SERVICE

- ☐ - Weekly  
☐ - Monthly  
☐ - Quarterly  
☐ - Semiannually  
☐ - Annually  
☐ - Other (Specify) \_\_\_\_\_

PANEL MANUFACTURER: Faraday  
CIRCUIT STYLES: B&Y  
NO. OF CIRCUITS: 1nacs  
SOFTWARE REV.: \_\_\_\_\_

MODEL NO.: Fire watch

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: \_\_\_\_\_

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: \_\_\_\_\_

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>3</u>	<u>B</u>
<u>16</u>	<u>B</u>
<u>2</u>	<u>B</u>
<u>2</u>	<u>B</u>

MANUAL STATIONS

ION DETECTORS  
PHOTO DETECTORS  
DUCT DETECTORS  
HEAT DETECTORS  
WATERFLOW SWITCHES  
SUPERVISORY SWITCHES  
OTHER (SPECIFY): \_\_\_\_\_

Alarm Verification feature is disabled ☒ enabled \_\_\_\_\_

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
<u>4</u>	<u>Y</u>
<u>3</u>	<u>Y</u>

BELLS

HORNS

CHIMES

STROBES

SPEAKERS

OTHER (SPECIFY): A/V

NO. OF ALARM INDICATING CIRCUITS: 1

ARE CIRCUITS SUPERVISED?

☒ YES

☐ NO



**SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION**

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMPERATURE
_____	_____	SITE WATER TEMPERATURE
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER TROUBLE
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (See NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Styles(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

- a. Primary (Main): Nominal Voltage 120v, Amps 4ah  
 Overcurrent Protection: Type C.b, Amps 4.0  
 Location (of Primary Supply Panelboard): Elec rm panel a  
 Disconnecting Means Location: Painted red ckt-14
- b. Secondary (Standby):  
2x12v Storage Battery: Amp-Hr. Rating 7ah  
 Calculated capacity to operate system, in hours: X 24 60  
 Engine-driven generator dedicated to fire alarm system:  
 Location of fuel storage: \_\_\_\_\_

**Type Battery**

- ☐ Dry Cell  
☐ Nickel-Cadmium  
☒ Sealed Lead-Acid  
☐ Lead-Acid  
☐ Other (Specify)

- c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

\_\_\_\_\_ Emergency system described in NFPA 70, Article 700  
 \_\_\_\_\_ Legally required standby described in NFPA 70, Article 701  
 \_\_\_\_\_ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701.

**PRIOR TO ANY TESTING****NOTIFICATIONS ARE MADE:**

	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Campus police	8:00
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	M.o.d	
OTHER (SPECIFY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM TESTS AND INSPECTIONS**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERFACE EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
LAMPS/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FUSES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY POWER SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	_____
TROUBLE SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	_____
DISCONNECT SWITCHES	<input type="checkbox"/>	<input type="checkbox"/>	_____
GROUND FAULT MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>		_____
LOAD VOLTAGE		<input type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____
CHARGER TEST		<input type="checkbox"/>	_____
SPECIFIC GRAVITY		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____

**NOTIFICATION APPLIANCES**

AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
VOICE CLARITY		<input type="checkbox"/>	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	_____
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	_____
OFF-HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	_____
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
TONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
<b>INTERFACE EQUIPMENT</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL HAZARD SYSTEMS</b>			
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPECIAL PROCEDURES:</b>			

**COMMENTS:**

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	8:00	
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		System normal
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
TROUBLE SIGNAL RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>		

**NOTIFICATIONS THAT TESTING****IS COMPLETE:**

	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	M.o.d	
MONITORING AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Campus police	
BUILDING OCCUPANTS	<input type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		

**THE FOLLOWING DID NOT OPERATE CORRECTLY:** Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 8-5-19 TIME 8:00

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

NAME OF INSPECTOR: Larron butler

DATE: 8-5-19 TIME:

SIGNATURE: 

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS  
Public Safety Service



IMPAIRMENT NOTIFICATION

Dear Building Owner/Manager:

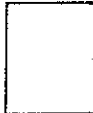
The below listed firm has found impairments to the life safety system or equipment in the building listed below. Per Revised Statute (R.S.) 40:1664.1 et seq., the firm is required to immediately notify the Office of the State Fire Marshal Code Enforcement and Building Safety in writing of any impairment which may jeopardize the life safety of the building's occupants. The impairments are listed below. An inspector from this office or the local fire prevention bureau will be sent out to verify the impairments and to order corrections to be made if they have not been corrected.

Business Name: Nsu Millet residence  
Address: 906 east 1st street  
City: Thibodaux  
Telephone Number: \_\_\_\_\_

Type of System/Equipment (include manufacturer and model number) Simplex/4100U  
NFPA Code/Standard used for Inspection: Napa-72

Check One

RED TAGGED



YELLOW TAGGED (beyond 60 Days)



Impairments: Tamper switch, elevator module and c.o detector

Date of Impairment: 8-5-19

Firm Name: LOUISIANA FIRE EXTINGUISHER

Firm License: F 935 Firm Telephone: (225) 924-2421

Technician's Name: Larron Butler (print) License Number: E-18464

Building Owner: \_\_\_\_\_ (print)  
or Representative

*Carlynn Kern* (signature)

\*\*\*Note to technician: Please attach a copy of your firm's service report to this notification.\*\*\*

"Is Yours Working??"

Smoke Detectors Save Lives

Office of the State Fire Marshal, Code Enforcement and Building Safety

8181 Independence Boulevard, Baton Rouge, LA 70806

(225) 925-4911 1-800-256-5452

Modified 10/12