BOBBY JINDAL
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
Public Safety Service

H. BUTCH BROWNING
STATE FIRE MARSHAL

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: FACS BUILDING
Address: 906 east 1st street
City: Thibodeau
Telephone Number: _____

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

~~Check One~~

RED TAGGED ☐ YELLOW TAGGED (beyond 60 Days) ☑

Impairments: (2) 12v 33ah batteries

Date of Impairment: 12-4-19

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

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

Building Owner: _____ (print)
or Representative

_____ (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 Report No. _____of _____

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Inspection Contract No. _____

Date:_____ Building or Location:_____

6. Annual Inspections *(continued):*

C. Visible pipe hangers and seismic braces not damaged or loose? ❑ Yes ❑ No ❑ N/A

D. Adequate heat available to areas where wet sprinkler piping is located? (must be done before cold weather) ❑ Yes ❑ No ❑ N/A

7. Annual or every fifth year for valves which can be reset with opening:

Interior of dry-pipe, preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

8. Fifth year inspection items:

A. Alarm valves and their associated strainers, filters and restriction passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? ❑ Yes ❑ No ❑ N/A

C. Strainers, filters restricted orifices and diaphragm chambers dry-preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. TESTING

The following tests are to be performed at the noted intervals. Report any failures on Part III of this form.

1. Quarterly Tests:

A. Sprinkler system main drain test:

1. Record Static Pressure _____psi and Residual Pressure _____psi Was flow observed? ❑ Yes ❑ No ❑ N/A
2. Are results comparable to previous test? ❑ Yes ❑ No ❑ N/A

B. Waterflow alarm devices passed tests? ❑ Yes ❑ No ❑ N/A

1. Inspectors test connection opened? (wet-pipe when not in freezing weather.) ❑ Yes ❑ No ❑ N/A
2. Bypass connection opened? (We-pipe systems in freezing weather, dry-pipe, preaction or deluge.) ❑ Yes ❑ No ❑ N/A
3. Alarms actuated? ❑ Yes ❑ No ❑ N/A
4. Was flow observed? ❑ Yes ❑ No ❑ N/A

C. Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn? ❑ Yes ❑ No ❑ N/A

D. Priming water level passed test in dry-pipe and preaction systems? ❑ Yes ❑ No ❑ N/A

E. Low air pressure signal in dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

2. Semiannual Test

A. Quick opening devices passed test? ❑ Yes ❑ No ❑ N/A

3. Annual Tests

A. Are all sprinklers in service dated 1920 or later? ❑ Yes ❑ No ❑ N/A

B. Fast response sprinklers in service for less than 20 years? *If "no" test sample now and every 10 years* ❑ Yes ❑ No ❑ N/A

C. Standard response sprinklers in service for less than 50 years? *If "no" test sample now and every 10 years* ❑ Yes ❑ No ❑ N/A

D. Specific gravity of antifreeze correct? ❑ Yes ❑ No ❑ N/A

E. Air control valves operated through full range and returned to normal position? ❑ Yes ❑ No ❑ N/A

F. Preaction and deluge valves full flow trip test (except deluge valves where water can't be discharged). ❑ Yes ❑ No ❑ N/A

(Be sure to test all systems at the same time which are designed to operate simultaneously in case of fire.)

1. Water discharge from all nozzles unimpeded? ❑ Yes ❑ No ❑ N/A
2. Pressure reading at hydraulic most remote nozzle _____psi.
3. Residual pressure reading at valve _____psi Was flow observed? ❑ Yes ❑ No ❑ N/A
4. Are above readings comparable to design valves? ❑ Yes ❑ No ❑ N/A
5. Manual activation devices passed test? ❑ Yes ❑ No ❑ N/A
6. Automatic air pressure maintenance devices passed test? ❑ Yes ❑ No ❑ N/A

G. Dry-pipe valve partial flow trip test:

1. Record initial air pressure _____psi and water pressure _____psi.
2. Record tripping air pressure _____psi and tripping time _____(sec).

H. Automatic air maintenance devices on dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

I. Backflow devices passed backflow test? ❑ Yes ❑ No ❑ N/A

J. Backflow devices passed full flow test? ❑ Yes ❑ No ❑ N/A

K. All sprinkler pressure regulating control valves passed full flow test? ❑ Yes ❑ No ❑ N/A

4. Dry-pipe full flow trip test to be done every third year:

A. Record initial air pressure _____psi and water pressure _____psi.

B. Record tripping air pressure _____psi and tripping time _____(sec).

C. Was water delivered to inspections test connection? ❑ Yes ❑ No ❑ N/A

D. Are above results comparable to previous tests? ❑ Yes ❑ No ❑ N/A

Test to be done on Heat Response Devices:

Type? Type of test?

Valve No.

A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z				

Auxiliary equipment No? _____Type? _____

Location? _____ Test Results? _____

5. Tests to be done every fifth year:

A. Extra High, Very High and Ultra High Temperature sprinklers tested? ❑ Yes ❑ No ❑ N/A

B. Gauges checked against calibrated gauge or replaced? ❑ Yes ❑ No ❑ N/A

C. MAINTENANCE

1. Regular Maintenance Items:

A. If sprinklers have been replaced were they proper replacements? ❑ Yes ❑ No ❑ N/A

B. Air leaks in dry-pipe system resulting in pressure loss more than 10 psi/week repaired? ❑ Yes ❑ No ❑ N/A

C. Dry-pipe systems being maintained in dry condition? ❑ Yes ❑ No ❑ N/A

D. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? ❑ Yes ❑ No ❑ N/A

Explain reason(s) and obstruction investigation findings in Part III.

1. Defective intake screen for pumps taking suction from open sources.
2. Obstructive material discharge during waterflow tests.
3. Foreign materials found in dry-pipe valves, check valves or pumps.
4. Heavy discoloration of water during activation or alteration.
5. Plugging found in piping dismantled during alterations.
6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
7. Record of broken mains in the vicinity.
8. Abnormally frequent false-tripping of dry-pipe valves.
9. System is returned to service after an extended period of out of service (greater than one year).
10. There is a reason to believe the system contains sodium silicate or its derivatives.

2. Annual Maintenance Items:

A. Operating system of all OS&Y valves lubricated, completely closed or reopened? ❑ Yes ❑ No ❑ N/A

B. Interior of dry-pipe, preaction and deluge valves cleaned? ❑ Yes ❑ No ❑ N/A

C. Low points drained in dry-pipe, preaction an deluge systems prior to onset of freezing weather? ❑ Yes ❑ No ❑ N/A

D. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? ❑ Yes ❑ No ❑ N/A

Inspection Report
No. _____of _____

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Inspection Contract
No. _____

Date:_____ Building or Location: _____

Part III - Comments (Any "No" answers, test failures, or other problems found with the sprinkler system must be explained here.)

Part IV - Inspector's Information

Inspector _____

Company _____

Company's Address _____

I certify that the information on this form is correct at the time and place of inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted on Part III above.

Signature of Inspector _____

8339 Athens Avenue
Baton Rouge, LA 70814-2302
Phone: (225) 924-2421 Fax: (225) 924-2420
Fire License F-935

LOUISIANA FIRE EXTINGUISHER INC

INSPECTION AND TESTING FORM

JOB NUMBER 16872645

DATE: 12-4-19

TIME: _____

SERVICE ORGANIZATION

NAME: La. Fire extinguisher
ADDRESS: 8339 Athens ave
REPRESENTATIVE: Larron Butler
LICENSE NO.: E-18464
TELEPHONE: _____

PROPERTY NAME (USER)

NAME: FACS BUILDING
ADDRESS: 906 east 1st st
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
MODEL NO.: 4100
CIRCUIT STYLES: B & Y
NO. OF CIRCUITS: 6nacs
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	
11	B	MANUAL STATIONS
		ION DETECTORS
34	B	PHOTO DETECTORS
2	B	DUCT DETECTORS
2	B	HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER (SPECIFY): _____

Alarm Verification feature is disabled_____ enabled_____.

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
		BELLS
		HORNS
		CHIMES
5	Y	STROBES
		SPEAKERS
17	Y	OTHER (SPECIFY): _____

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 120v ,Amps 15

Overcurrent Protection: Type Breaker ,Amps 20

Location (of Primary Supply Panelboard): Elec. rm

Disconnecting Means Location: Breaker painted red

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
- [x] 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	[x]	[ ]	Campus police	8:00
BUILDING OCCUPANTS	[x]	[ ]	Staff	
BUILDING MANAGEMENT	[x]	[ ]	M.o.d	
OTHER (SPECIFY)	[ ]	[ ]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	☐	☐	
INTERFACE EQUIPMENT	☐	☐	
LAMPS/LEDS	☐	☐	
FUSES	☐	☐	
PRIMARY POWER SUPPLY	☐	☐	
TROUBLE SIGNALS	☐	☐	
DISCONNECT SWITCHES	☐	☐	
GROUND FAULT MONITORING	☐	☐	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	☐			
LOAD VOLTAGE		☐		
DISCHARGE TEST		☐		
CHARGER TEST		☐		
SPECIFIC GRAVITY		☐		
TRANSIENT SUPPRESSORS	☐			
REMOTE ANNUNCIATORS	☐	☐		

NOTIFICATION APPLIANCES

AUDIBLE	☐	☐	
VISUAL	☐	☐	
SPEAKERS	☐	☐	
VOICE CLARITY		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	☐	☐	
PHONE JACKS	☐	☐	
OFF-HOOK INDICATOR	☐	☐	
AMPLIFIER(S)	☐	☐	
TONE GENERATOR(S)	☐	☐	
CALL IN SIGNAL	☐	☐	
SYSTEM PERFORMANCE	☐	☐	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐

SPECIAL PROCEDURES:

Ahu-shutdown

COMMENTS:

ON/OFF PREMISES MONITORING:	**YES**	**NO**	**TIME**	**COMMENTS**
ALARM SIGNAL	☑	☐	8:00	
ALARM RESTORAL	☑	☐		
TROUBLE SIGNAL	☑	☐		
TROUBLE SIGNAL RESTORAL	☑	☐		
SUPERVISORY SIGNAL	☑	☐		
SUPERVISORY RESTORAL	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE:	**YES**	**NO**	**WHO**	**TIME**
BUILDING MANAGEMENT	☑	☐	M.o.d	8:00
MONITORING AGENCY	☑	☐	Campus police	
BUILDING OCCUPANTS	☑	☐	Staff	
OTHER (SPECIFY)	☐	☐		

THE FOLLOWING DID NOT OPERATE CORRECTLY: Annual inspection system yellow for 12v 33 ah batteries

SYSTEM RESTORED TO NORMAL OPERATION: DATE 12-4-19 TIME

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Larron Butler

DATE: 12-4-19 TIME:

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:

BOBBY JINDAL
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
Public Safety Service

H. BUTCH BROWNING
STATE FIRE MARSHAL

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: Harold callais recreation center
Address: 906 east 1st street
City: Thibodeau
Telephone Number: _____

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

Check One

RED TAGGED [ ] YELLOW TAGGED (beyond 60 Days) [✓]

Impairments: A/v in rm 107 need to be replaced

Date of Impairment: 12-3-19

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

Technician's Name: [signature] (print) License Number: E-18468

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 Report No. _____of _____

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Inspection Contract No. _____

Date:_____ Building or Location:_____

6. Annual Inspections *(continued):*

C. Visible pipe hangers and seismic braces not damaged or loose? ❑ Yes ❑ No ❑ N/A

D. Adequate heat available to areas where wet sprinkler piping is located? (must be done before cold weather) ❑ Yes ❑ No ❑ N/A

7. Annual or every fifth year for valves which can be reset with opening:

Interior of dry-pipe, preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

8. Fifth year inspection items:

A. Alarm valves and their associated strainers, filters and restriction passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? ❑ Yes ❑ No ❑ N/A

C. Strainers, filters restricted orifices and diaphragm chambers dry-preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. TESTING

The following tests are to be performed at the noted intervals. Report any failures on Part III of this form.

1. Quarterly Tests:

A. Sprinkler system main drain test:

1. Record Static Pressure _____psi and Residual Pressure _____psi
   Was flow observed? ❑ Yes ❑ No ❑ N/A
2. Are results comparable to previous test? ❑ Yes ❑ No ❑ N/A

B. Waterflow alarm devices passed tests? ❑ Yes ❑ No ❑ N/A

1. Inspectors test connection opened? (wet-pipe when not in freezing weather.) ❑ Yes ❑ No ❑ N/A
2. Bypass connection opened? (We-pipe systems in freezing weather, dry-pipe, preaction or deluge.) ❑ Yes ❑ No ❑ N/A
3. Alarms actuated? ❑ Yes ❑ No ❑ N/A
4. Was flow observed? ❑ Yes ❑ No ❑ N/A

C. Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn? ❑ Yes ❑ No ❑ N/A

D. Priming water level passed test in dry-pipe and preaction systems? ❑ Yes ❑ No ❑ N/A

E. Low air pressure signal in dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

2. Semiannual Test

A. Quick opening devices passed test? ❑ Yes ❑ No ❑ N/A

3. Annual Tests

A. Are all sprinklers in service dated 1920 or later? ❑ Yes ❑ No ❑ N/A

B. Fast response sprinklers in service for less than 20 years?
If "no" test sample now and every 10 years ❑ Yes ❑ No ❑ N/A

C. Standard response sprinklers in service for less than 50 years?
If "no" test sample now and every 10 years ❑ Yes ❑ No ❑ N/A

D. Specific gravity of antifreeze correct? ❑ Yes ❑ No ❑ N/A

E. Air control valves operated through full range and returned to normal position? ❑ Yes ❑ No ❑ N/A

F. Preaction and deluge valves full flow trip test (except deluge valves where water can't be discharged). ❑ Yes ❑ No ❑ N/A

(Be sure to test all systems at the same time which are designed to operate simultaneously in case of fire.)

1. Water discharge from all nozzles unimpeded? ❑ Yes ❑ No ❑ N/A
2. Pressure reading at hydraulic most remote nozzle _____psi.
3. Residual pressure reading at valve _____psi
   Was flow observed? ❑ Yes ❑ No ❑ N/A
4. Are above readings comparable to design valves? ❑ Yes ❑ No ❑ N/A
5. Manual activation devices passed test? ❑ Yes ❑ No ❑ N/A
6. Automatic air pressure maintenance devices passed test? ❑ Yes ❑ No ❑ N/A

G. Dry-pipe valve partial flow trip test:

1. Record initial air pressure _____psi and water pressure _____psi.
2. Record tripping air pressure _____psi and tripping time _____(sec).

H. Automatic air maintenance devices on dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

I. Backflow devices passed backflow test? ❑ Yes ❑ No ❑ N/A

J. Backflow devices passed full flow test? ❑ Yes ❑ No ❑ N/A

K. All sprinkler pressure regulating control valves passed full flow test? ❑ Yes ❑ No ❑ N/A

4. Dry-pipe full flow trip test to be done every third year:

A. Record initial air pressure _____psi and water pressure _____psi.

B. Record tripping air pressure _____psi and tripping time _____(sec).

C. Was water delivered to inspections test connection? ❑ Yes ❑ No ❑ N/A

D. Are above results comparable to previous tests? ❑ Yes ❑ No ❑ N/A

Test to be done on Heat Response Devices:

Type? Type of test?

Valve No.	A	B	C	D	E	F
	G	H	I	J	K	L
	M	N	O	P	Q	R
	S	T	U	V	W	X
	Y	Z				

Auxiliary equipment No? _____Type? _____

Location? _____ Test Results? _____

5. Tests to be done every fifth year:

A. Extra High, Very High and Ultra High Temperature sprinklers tested? ❑ Yes ❑ No ❑ N/A

B. Gauges checked against calibrated gauge or replaced? ❑ Yes ❑ No ❑ N/A

C. MAINTENANCE

1. Regular Maintenance Items:

A. If sprinklers have been replaced were they proper replacements? ❑ Yes ❑ No ❑ N/A

B. Air leaks in dry-pipe system resulting in pressure loss more than 10 psi/week repaired? ❑ Yes ❑ No ❑ N/A

C. Dry-pipe systems being maintained in dry condition? ❑ Yes ❑ No ❑ N/A

D. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? ❑ Yes ❑ No ❑ N/A

Explain reason(s) and obstruction investigation findings in Part III.

1. Defective intake screen for pumps taking suction from open sources.
2. Obstructive material discharge during waterflow tests.
3. Foreign materials found in dry-pipe valves, check valves or pumps.
4. Heavy discoloration of water during activation or alteration.
5. Plugging found in piping dismantled during alterations.
6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
7. Record of broken mains in the vicinity.
8. Abnormally frequent false-tripping of dry-pipe valves.
9. System is returned to service after an extended period of out of service (greater than one year).
10. There is a reason to believe the system contains sodium silicate or its derivatives.

2. Annual Maintenance Items:

A. Operating system of all OS&Y valves lubricated, completely closed or reopened? ❑ Yes ❑ No ❑ N/A

B. Interior of dry-pipe, preaction and deluge valves cleaned? ❑ Yes ❑ No ❑ N/A

C. Low points drained in dry-pipe, preaction an deluge systems prior to onset of freezing weather? ❑ Yes ❑ No ❑ N/A

D. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? ❑ Yes ❑ No ❑ N/A

Inspection Report
No. _____of _____

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Sheet 3 of 3
Inspection Contract
No. _____

Date:_____ Building or Location: _____

Part III - Comments (Any "No" answers, test failures, or other problems found with the sprinkler system must be explained here.)

Part IV - Inspector's Information

Inspector _____

Company _____

Company's Address _____

I certify that the information on this form is correct at the time and place of inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted on Part III above.

Signature of Inspector _____

8339 Athens Avenue
Baton Rouge, LA 70814-2302
Phone: (225) 924-2421 Fax: (225) 924-2420
Fire License F-935

LOUISIANA FIRE EXTINGUISHER INC

INSPECTION AND TESTING FORM

JOB NUMBER 16872619

DATE: 12-3-19

TIME: _____

SERVICE ORGANIZATION

NAME: La. Fire extinguisher

ADDRESS: 8339 Athens ave

REPRESENTATIVE: Larron Butler

LICENSE NO.: E-18464

TELEPHONE: _____

PROPERTY NAME (USER)

NAME: Harold Callais recreation center

ADDRESS: 906 east 1st st

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

MODEL NO.: 4100

CIRCUIT STYLES: B & Y

NO. OF CIRCUITS: 12 nacs

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	
14	B	MANUAL STATIONS
		ION DETECTORS
52	B	PHOTO DETECTORS
16	B	DUCT DETECTORS
16		HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER (SPECIFY): _____

Alarm Verification feature is disabled_____enabled_____.

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
		BELLS
		HORNS
		CHIMES
		STROBES
		SPEAKERS
71	Y	OTHER (SPECIFY): A/V

NO. OF ALARM INDICATING CIRCUITS: 12

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 15

Overcurrent Protection: Type Breaker ,Amps 20

Location (of Primary Supply Panelboard): Elec. rm

Disconnecting Means Location: Breaker #10 painted red

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
- [x] 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	[x]	[ ]	Campus police	8:00
BUILDING OCCUPANTS	[x]	[ ]	Staff	
BUILDING MANAGEMENT	[x]	[ ]	M.o.d	
OTHER (SPECIFY)	[ ]	[ ]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	☐	☐	
INTERFACE EQUIPMENT	☐	☐	
LAMPS/LEDS	☐	☐	
FUSES	☐	☐	
PRIMARY POWER SUPPLY	☐	☐	
TROUBLE SIGNALS	☐	☐	
DISCONNECT SWITCHES	☐	☐	
GROUND FAULT MONITORING	☐	☐	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	☐		
LOAD VOLTAGE		☐	
DISCHARGE TEST		☐	
CHARGER TEST		☐	
SPECIFIC GRAVITY		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES

AUDIBLE	☐	☐	
VISUAL	☐	☐	
SPEAKERS	☐	☐	
VOICE CLARITY		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	☐	☐	
PHONE JACKS	☐	☐	
OFF-HOOK INDICATOR	☐	☐	
AMPLIFIER(S)	☐	☐	
TONE GENERATOR(S)	☐	☐	
CALL IN SIGNAL	☐	☐	
SYSTEM PERFORMANCE	☐	☐	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐

SPECIAL PROCEDURES:

Elevator recall, elevator shunt trip ,

COMMENTS:

ON/OFF PREMISES MONITORING:	**YES**	**NO**	**TIME**	**COMMENTS**
ALARM SIGNAL	☑	☐	8:00	
ALARM RESTORAL	☑	☐		
TROUBLE SIGNAL	☑	☐		
TROUBLE SIGNAL RESTORAL	☑	☐		
SUPERVISORY SIGNAL	☑	☐		
SUPERVISORY RESTORAL	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE:	**YES**	**NO**	**WHO**	**TIME**
BUILDING MANAGEMENT	☑	☐	M.o.d	8:00
MONITORING AGENCY	☑	☐	Campus police	
BUILDING OCCUPANTS	☑	☐	Staff	
OTHER (SPECIFY)	☐	☐		

THE FOLLOWING DID NOT OPERATE CORRECTLY: Annual inspection system yellow for a/v in rm 107

Part number 4906-9151

SYSTEM RESTORED TO NORMAL OPERATION: DATE 12-3-19 TIME

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Larron Butler

DATE: 12-3-19 TIME:

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:

BOBBY JINDAL
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
Public Safety Service

H. BUTCH BROWNING
STATE FIRE MARSHAL

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: Student problication
Address: 906 east 1st street
City: Thibodeau
Telephone Number: _____

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

Check One

RED TAGGED ☐ YELLOW TAGGED (beyond 60 Days) ☑

Impairments: (2) 12v 33ah batteries

Date of Impairment: 12-3-19

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

Technician's Name: _____ (print) License Number: E-18468

Building Owner: _____ (print)
or Representative

_____ (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

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Date:_____ Building or Location:_____

6. Annual Inspections ***(continued):***

C. Visible pipe hangers and seismic braces not damaged or loose? ❑ Yes ❑ No ❑ N/A

D. Adequate heat available to areas where wet sprinkler piping is located? (must be done before cold weather) ❑ Yes ❑ No ❑ N/A

7. Annual or every fifth year for valves which can be reset with opening:

Interior of dry-pipe, preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

8. Fifth year inspection items:

A. Alarm valves and their associated strainers, filters and restriction passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? ❑ Yes ❑ No ❑ N/A

C. Strainers, filters restricted orifices and diaphragm chambers dry-preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. TESTING

The following tests are to be performed at the noted intervals. Report any failures on Part III of this form.

1. Quarterly Tests:

A. Sprinkler system main drain test:

1. Record Static Pressure _____psi and Residual Pressure _____psi
   Was flow observed? ❑ Yes ❑ No ❑ N/A
2. Are results comparable to previous test? ❑ Yes ❑ No ❑ N/A

B. Waterflow alarm devices passed tests? ❑ Yes ❑ No ❑ N/A

1. Inspectors test connection opened? (wet-pipe when not in freezing weather.) ❑ Yes ❑ No ❑ N/A
2. Bypass connection opened? (We-pipe systems in freezing weather, dry-pipe, preaction or deluge.) ❑ Yes ❑ No ❑ N/A
3. Alarms actuated? ❑ Yes ❑ No ❑ N/A
4. Was flow observed? ❑ Yes ❑ No ❑ N/A

C. Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn? ❑ Yes ❑ No ❑ N/A

D. Priming water level passed test in dry-pipe and preaction systems? ❑ Yes ❑ No ❑ N/A

E. Low air pressure signal in dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

2. Semiannual Test

A. Quick opening devices passed test? ❑ Yes ❑ No ❑ N/A

3. Annual Tests

A. Are all sprinklers in service dated 1920 or later? ❑ Yes ❑ No ❑ N/A

B. Fast response sprinklers in service for less than 20 years?
If "no" test sample now and every 10 years ❑ Yes ❑ No ❑ N/A

C. Standard response sprinklers in service for less than 50 years?
If "no" test sample now and every 10 years ❑ Yes ❑ No ❑ N/A

D. Specific gravity of antifreeze correct? ❑ Yes ❑ No ❑ N/A

E. Air control valves operated through full range and returned to normal position? ❑ Yes ❑ No ❑ N/A

F. Preaction and deluge valves full flow trip test (except deluge valves where water can't be discharged). ❑ Yes ❑ No ❑ N/A

(Be sure to test all systems at the same time which are designed to operate simultaneously in case of fire.)

1. Water discharge from all nozzles unimpeded? ❑ Yes ❑ No ❑ N/A
2. Pressure reading at hydraulic most remote nozzle _____psi.
3. Residual pressure reading at valve _____psi
   Was flow observed? ❑ Yes ❑ No ❑ N/A
4. Are above readings comparable to design valves? ❑ Yes ❑ No ❑ N/A
5. Manual activation devices passed test? ❑ Yes ❑ No ❑ N/A
6. Automatic air pressure maintenance devices passed test? ❑ Yes ❑ No ❑ N/A

G. Dry-pipe valve partial flow trip test:

1. Record initial air pressure _____psi and water pressure _____psi.
2. Record tripping air pressure _____psi and tripping time _____(sec).

H. Automatic air maintenance devices on dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

I. Backflow devices passed backflow test? ❑ Yes ❑ No ❑ N/A

J. Backflow devices passed full flow test? ❑ Yes ❑ No ❑ N/A

K. All sprinkler pressure regulating control valves passed full flow test? ❑ Yes ❑ No ❑ N/A

4. Dry-pipe full flow trip test to be done every third year:

A. Record initial air pressure _____psi and water pressure _____psi.

B. Record tripping air pressure _____psi and tripping time _____(sec).

C. Was water delivered to inspections test connection? ❑ Yes ❑ No ❑ N/A

D. Are above results comparable to previous tests? ❑ Yes ❑ No ❑ N/A

Test to be done on Heat Response Devices:

Type?	Type of test?					
Valve No.	A	B	C	D	E	F
	G	H	I	J	K	L
	M	N	O	P	Q	R
	S	T	U	V	W	X
	Y	Z				

Auxiliary equipment No? _____Type? _____

Location? _____ Test Results? _____

5. Tests to be done every fifth year:

A. Extra High, Very High and Ultra High Temperature sprinklers tested? ❑ Yes ❑ No ❑ N/A

B. Gauges checked against calibrated gauge or replaced? ❑ Yes ❑ No ❑ N/A

C. MAINTENANCE

1. Regular Maintenance Items:

A. If sprinklers have been replaced were they proper replacements? ❑ Yes ❑ No ❑ N/A

B. Air leaks in dry-pipe system resulting in pressure loss more than 10 psi/week repaired? ❑ Yes ❑ No ❑ N/A

C. Dry-pipe systems being maintained in dry condition? ❑ Yes ❑ No ❑ N/A

D. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? ❑ Yes ❑ No ❑ N/A

Explain reason(s) and obstruction investigation findings in Part III.

1. Defective intake screen for pumps taking suction from open sources.
2. Obstructive material discharge during waterflow tests.
3. Foreign materials found in dry-pipe valves, check valves or pumps.
4. Heavy discoloration of water during activation or alteration.
5. Plugging found in piping dismantled during alterations.
6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
7. Record of broken mains in the vicinity.
8. Abnormally frequent false-tripping of dry-pipe valves.
9. System is returned to service after an extended period of out of service (greater than one year).
10. There is a reason to believe the system contains sodium silicate or its derivatives.

2. Annual Maintenance Items:

A. Operating system of all OS&Y valves lubricated, completely closed or reopened? ❑ Yes ❑ No ❑ N/A

B. Interior of dry-pipe, preaction and deluge valves cleaned? ❑ Yes ❑ No ❑ N/A

C. Low points drained in dry-pipe, preaction an deluge systems prior to onset of freezing weather? ❑ Yes ❑ No ❑ N/A

D. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? ❑ Yes ❑ No ❑ N/A

Inspection Report
No. _____of _____

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Inspection Contract
No. _____

Date:_____ Building or Location: _____

Part III - Comments (Any "No" answers, test failures, or other problems found with the sprinkler system must be explained here.)

Part IV - Inspector's Information

Inspector _____

Company _____

Company's Address _____

I certify that the information on this form is correct at the time and place of inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted on Part III above.

Signature of Inspector _____

8339 Athens Avenue
Baton Rouge, LA 70814-2302
Phone: (225) 924-2421 Fax: (225) 924-2420
Fire License F-935

LOUISIANA FIRE EXTINGUISHER INC

INSPECTION AND TESTING FORM

JOB NUMBER 16872634

DATE: 12-3-19

TIME: _____

SERVICE ORGANIZATION

NAME: La. Fire extinguisher
ADDRESS: 8339 Athens ave
REPRESENTATIVE: Larron Butler
LICENSE NO.: E-18464
TELEPHONE: _____

PROPERTY NAME (USER)

NAME: Student publication
ADDRESS: 906 east 1st st
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
MODEL NO.: 4100U
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: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
7	B	MANUAL STATIONS
		ION DETECTORS
13	B	PHOTO DETECTORS
5	B	DUCT DETECTORS
1	B	HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER (SPECIFY): _____

Alarm Verification feature is disabled_____enabled_____.

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
		BELLS
		HORNS
		CHIMES
2	Y	STROBES
		SPEAKERS
16	Y	OTHER (SPECIFY): _____

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 120v ,Amps 15

Overcurrent Protection: Type Breaker ,Amps 20

Location (of Primary Supply Panelboard): Elec. rm

Disconnecting Means Location: Breaker #1 painted red

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
- [x] 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	[x]	[ ]	Campus police	8:00
BUILDING OCCUPANTS	[x]	[ ]	Staff	
BUILDING MANAGEMENT	[x]	[ ]	M.o.d	
OTHER (SPECIFY)	[ ]	[ ]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	☐	☐	
INTERFACE EQUIPMENT	☐	☐	
LAMPS/LEDS	☐	☐	
FUSES	☐	☐	
PRIMARY POWER SUPPLY	☐	☐	
TROUBLE SIGNALS	☐	☐	
DISCONNECT SWITCHES	☐	☐	
GROUND FAULT MONITORING	☐	☐	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	☐			
LOAD VOLTAGE		☐		
DISCHARGE TEST		☐		
CHARGER TEST		☐		
SPECIFIC GRAVITY		☐		
TRANSIENT SUPPRESSORS	☐			
REMOTE ANNUNCIATORS	☐	☐		

NOTIFICATION APPLIANCES

AUDIBLE	☐	☐	
VISUAL	☐	☐	
SPEAKERS	☐	☐	
VOICE CLARITY		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

COMMENTS: _____

_____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	☐	☐	
PHONE JACKS	☐	☐	
OFF-HOOK INDICATOR	☐	☐	
AMPLIFIER(S)	☐	☐	
TONE GENERATOR(S)	☐	☐	
CALL IN SIGNAL	☐	☐	
SYSTEM PERFORMANCE	☐	☐	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐

SPECIAL PROCEDURES:

COMMENTS:

ON/OFF PREMISES MONITORING:	**YES**	**NO**	**TIME**	**COMMENTS**
ALARM SIGNAL	☒	☐	8:00	
ALARM RESTORAL	☒	☐		
TROUBLE SIGNAL	☒	☐		
TROUBLE SIGNAL RESTORAL	☒	☐		
SUPERVISORY SIGNAL	☒	☐		
SUPERVISORY RESTORAL	☒	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE:	**YES**	**NO**	**WHO**	**TIME**
BUILDING MANAGEMENT	☒	☐	M.o.d	8:00
MONITORING AGENCY	☒	☐	Campus police	
BUILDING OCCUPANTS	☒	☐	Staff	
OTHER (SPECIFY)	☐	☐		

THE FOLLOWING DID NOT OPERATE CORRECTLY: Annual inspection system yellow for 12v 33 ah batteries

SYSTEM RESTORED TO NORMAL OPERATION: DATE 12-3-19 TIME

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Larron Butler

DATE: 12-3-19 TIME:

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:

BOBBY JINDAL
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
Public Safety Service

H. BUTCH BROWNING
STATE FIRE MARSHAL

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: Student union/ galliano hall
Address: 906 east 1st street
City: Thibodeau
Telephone Number: _____

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

Check One

RED TAGGED ☐ YELLOW TAGGED (beyond 60 Days) ☑

Impairments: (2) 12v 33ah batteries

Date of Impairment: 12-4-19

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

Technician's Name: _____ (print) License Number: E-18468

Building Owner: _____ (print)
or Representative

_____ (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

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Date:_____ Building or Location:_____

6. Annual Inspections ***(continued):***

C. Visible pipe hangers and seismic braces not damaged or loose? ❑ Yes ❑ No ❑ N/A

D. Adequate heat available to areas where wet sprinkler piping is located? (must be done before cold weather) ❑ Yes ❑ No ❑ N/A

7. Annual or every fifth year for valves which can be reset with opening:

Interior of dry-pipe, preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

8. Fifth year inspection items:

A. Alarm valves and their associated strainers, filters and restriction passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? ❑ Yes ❑ No ❑ N/A

C. Strainers, filters restricted orifices and diaphragm chambers dry-preaction and deluge valves passed internal inspection? ❑ Yes ❑ No ❑ N/A

B. TESTING

The following tests are to be performed at the noted intervals. Report any failures on Part III of this form.

1. Quarterly Tests:

A. Sprinkler system main drain test:

1. Record Static Pressure _____psi and Residual Pressure _____psi
   Was flow observed? ❑ Yes ❑ No ❑ N/A
2. Are results comparable to previous test? ❑ Yes ❑ No ❑ N/A

B. Waterflow alarm devices passed tests? ❑ Yes ❑ No ❑ N/A

1. Inspectors test connection opened? (wet-pipe when not in freezing weather.) ❑ Yes ❑ No ❑ N/A
2. Bypass connection opened? (We-pipe systems in freezing weather, dry-pipe, preaction or deluge.) ❑ Yes ❑ No ❑ N/A
3. Alarms actuated? ❑ Yes ❑ No ❑ N/A
4. Was flow observed? ❑ Yes ❑ No ❑ N/A

C. Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn? ❑ Yes ❑ No ❑ N/A

D. Priming water level passed test in dry-pipe and preaction systems? ❑ Yes ❑ No ❑ N/A

E. Low air pressure signal in dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

2. Semiannual Test

A. Quick opening devices passed test? ❑ Yes ❑ No ❑ N/A

3. Annual Tests

A. Are all sprinklers in service dated 1920 or later? ❑ Yes ❑ No ❑ N/A

B. Fast response sprinklers in service for less than 20 years?
If "no" test sample now and every 10 years ❑ Yes ❑ No ❑ N/A

C. Standard response sprinklers in service for less than 50 years?
If "no" test sample now and every 10 years ❑ Yes ❑ No ❑ N/A

D. Specific gravity of antifreeze correct? ❑ Yes ❑ No ❑ N/A

E. Air control valves operated through full range and returned to normal position? ❑ Yes ❑ No ❑ N/A

F. Preaction and deluge valves full flow trip test (except deluge valves where water can't be discharged). ❑ Yes ❑ No ❑ N/A

(Be sure to test all systems at the same time which are designed to operate simultaneously in case of fire.)

1. Water discharge from all nozzles unimpeded? ❑ Yes ❑ No ❑ N/A
2. Pressure reading at hydraulic most remote nozzle _____psi.
3. Residual pressure reading at valve _____psi
   Was flow observed? ❑ Yes ❑ No ❑ N/A
4. Are above readings comparable to design valves? ❑ Yes ❑ No ❑ N/A
5. Manual activation devices passed test? ❑ Yes ❑ No ❑ N/A
6. Automatic air pressure maintenance devices passed test? ❑ Yes ❑ No ❑ N/A

G. Dry-pipe valve partial flow trip test:

1. Record initial air pressure _____psi and water pressure _____psi.
2. Record tripping air pressure _____psi and tripping time _____(sec).

H. Automatic air maintenance devices on dry-pipe and preaction systems passed test? ❑ Yes ❑ No ❑ N/A

I. Backflow devices passed backflow test? ❑ Yes ❑ No ❑ N/A

J. Backflow devices passed full flow test? ❑ Yes ❑ No ❑ N/A

K. All sprinkler pressure regulating control valves passed full flow test? ❑ Yes ❑ No ❑ N/A

4. Dry-pipe full flow trip test to be done every third year:

A. Record initial air pressure _____psi and water pressure _____psi.

B. Record tripping air pressure _____psi and tripping time _____(sec).

C. Was water delivered to inspections test connection? ❑ Yes ❑ No ❑ N/A

D. Are above results comparable to previous tests? ❑ Yes ❑ No ❑ N/A

Test to be done on Heat Response Devices:

Type?	Type of test?					
Valve No.	A	B	C	D	E	F
	G	H	I	J	K	L
	M	N	O	P	Q	R
	S	T	U	V	W	X
	Y	Z				

Auxiliary equipment No? _____Type? _____

Location? _____Test Results? _____

5. Tests to be done every fifth year:

A. Extra High, Very High and Ultra High Temperature sprinklers tested? ❑ Yes ❑ No ❑ N/A

B. Gauges checked against calibrated gauge or replaced? ❑ Yes ❑ No ❑ N/A

C. MAINTENANCE

1. Regular Maintenance Items:

A. If sprinklers have been replaced were they proper replacements? ❑ Yes ❑ No ❑ N/A

B. Air leaks in dry-pipe system resulting in pressure loss more than 10 psi/week repaired? ❑ Yes ❑ No ❑ N/A

C. Dry-pipe systems being maintained in dry condition? ❑ Yes ❑ No ❑ N/A

D. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? ❑ Yes ❑ No ❑ N/A

Explain reason(s) and obstruction investigation findings in Part III.

1. Defective intake screen for pumps taking suction from open sources.
2. Obstructive material discharge during waterflow tests.
3. Foreign materials found in dry-pipe valves, check valves or pumps.
4. Heavy discoloration of water during activation or alteration.
5. Plugging found in piping dismantled during alterations.
6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
7. Record of broken mains in the vicinity.
8. Abnormally frequent false-tripping of dry-pipe valves.
9. System is returned to service after an extended period of out of service (greater than one year).
10. There is a reason to believe the system contains sodium silicate or its derivatives.

2. Annual Maintenance Items:

A. Operating system of all OS&Y valves lubricated, completely closed or reopened? ❑ Yes ❑ No ❑ N/A

B. Interior of dry-pipe, preaction and deluge valves cleaned? ❑ Yes ❑ No ❑ N/A

C. Low points drained in dry-pipe, preaction an deluge systems prior to onset of freezing weather? ❑ Yes ❑ No ❑ N/A

D. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup? ❑ Yes ❑ No ❑ N/A

Inspection Report
No. _____of _____

LOUISIANA FIRE EXTINGUISHER, INC.

8339 ATHENS AVENUE • BATON ROUGE, LA 70814

REPORT OF INSPECTION

Inspection Contract
No. _____

Date:_____ Building or Location: _____

Part III - Comments (Any "No" answers, test failures, or other problems found with the sprinkler system must be explained here.)

Part IV - Inspector's Information

Inspector _____

Company _____

Company's Address _____

I certify that the information on this form is correct at the time and place of inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted on Part III above.

Signature of Inspector _____

8339 Athens Avenue
Baton Rouge, LA 70814-2302
Phone: (225) 924-2421 Fax: (225) 924-2420
Fire License F-935

LOUISIANA FIRE EXTINGUISHER INC

INSPECTION AND TESTING FORM

JOB NUMBER 16872621

DATE: 12-4-19

TIME: _____

SERVICE ORGANIZATION

NAME: La. Fire extinguisher

ADDRESS: 8339 Athens ave

REPRESENTATIVE: Larron Butler

LICENSE NO.: E-18464

TELEPHONE: _____

PROPERTY NAME (USER)

NAME: Student union/ galliano hall

ADDRESS: 906 east 1st st

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

MODEL NO.: 4100

CIRCUIT STYLES: B & Y

NO. OF CIRCUITS: 16nacs

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	
23	B	MANUAL STATIONS
		ION DETECTORS
16	B	PHOTO DETECTORS
27	B	DUCT DETECTORS
1	B	HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER (SPECIFY): _____

Alarm Verification feature is disabled_____ enabled_____.

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
		BELLS
		HORNS
		CHIMES
16	Y	STROBES
		SPEAKERS
45	Y	OTHER (SPECIFY): _____

NO. OF ALARM INDICATING CIRCUITS: 16

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 15

Overcurrent Protection: Type Breaker ,Amps 20

Location (of Primary Supply Panelboard): Elec. rm

Disconnecting Means Location: Breaker painted red

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
- [x] 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	[x]	[ ]	Campus police	8:00
BUILDING OCCUPANTS	[x]	[ ]	Staff	
BUILDING MANAGEMENT	[x]	[ ]	M.o.d	
OTHER (SPECIFY)	[ ]	[ ]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	☐	☐	
INTERFACE EQUIPMENT	☐	☐	
LAMPS/LEDS	☐	☐	
FUSES	☐	☐	
PRIMARY POWER SUPPLY	☐	☐	
TROUBLE SIGNALS	☐	☐	
DISCONNECT SWITCHES	☐	☐	
GROUND FAULT MONITORING	☐	☐	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	☐			
LOAD VOLTAGE		☐		
DISCHARGE TEST		☐		
CHARGER TEST		☐		
SPECIFIC GRAVITY		☐		
TRANSIENT SUPPRESSORS	☐			
REMOTE ANNUNCIATORS	☐	☐		

NOTIFICATION APPLIANCES

AUDIBLE	☐	☐	
VISUAL	☐	☐	
SPEAKERS	☐	☐	
VOICE CLARITY		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	☐	☐	
PHONE JACKS	☐	☐	
OFF-HOOK INDICATOR	☐	☐	
AMPLIFIER(S)	☐	☐	
TONE GENERATOR(S)	☐	☐	
CALL IN SIGNAL	☐	☐	
SYSTEM PERFORMANCE	☐	☐	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐

SPECIAL PROCEDURES:
Ahu-shutdown

COMMENTS:

ON/OFF PREMISES MONITORING:	**YES**	**NO**	**TIME**	**COMMENTS**
ALARM SIGNAL	☐	☐	8:00	
ALARM RESTORAL	☐	☐		
TROUBLE SIGNAL	☐	☐		
TROUBLE SIGNAL RESTORAL	☐	☐		
SUPERVISORY SIGNAL	☐	☐		
SUPERVISORY RESTORAL	☐	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE:	**YES**	**NO**	**WHO**	**TIME**
BUILDING MANAGEMENT	☐	☐	M.o.d	8:00
MONITORING AGENCY	☐	☐	Campus police	
BUILDING OCCUPANTS	☐	☐	Staff	
OTHER (SPECIFY)	☐	☐		

THE FOLLOWING DID NOT OPERATE CORRECTLY: Annual inspection system yellow for 12v 33 ah batteries

SYSTEM RESTORED TO NORMAL OPERATION: DATE 12-3-19 TIME

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Larron Butler
DATE: 12-3-19 TIME:
SIGNATURE:
NAME OF OWNER OR REPRESENTATIVE:
DATE: TIME:
SIGNATURE:

8339 Athens Avenue
Baton Rouge, LA 70814-2302
Phone: (225) 924-2421 Fax: (225) 924-2420
Fire License F-935

LOUISIANA FIRE EXTINGUISHER INC

INSPECTION AND TESTING FORM

JOB NUMBER 16872639

DATE: 12-5-19

TIME: _____

SERVICE ORGANIZATION

NAME: La. Fire extinguisher

ADDRESS: 8339 Athens ave

REPRESENTATIVE: Larron Butler

LICENSE NO.: E-18464

TELEPHONE: _____

PROPERTY NAME (USER)

NAME: Baker hall

ADDRESS: 906 east 1st st

OWNER CONTACT: M.o.d

TELEPHONE: _____

MONITORING ENTITY

CONTACT: Campus police

TELEPHONE: _____

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

MODEL NO.: Simplex/4010

CIRCUIT STYLES: B & Y

NO. OF CIRCUITS: 1nacs

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	
8	B	MANUAL STATIONS
		ION DETECTORS
2	B	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	
		BELLS
6	Y	HORNS
		CHIMES
		STROBES
		SPEAKERS
		OTHER (SPECIFY): _____

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 15

Overcurrent Protection: Type Breaker ,Amps 20

Location (of Primary Supply Panelboard): Elec. rm panel emergency panel

Disconnecting Means Location: Breaker #4 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
- [x] 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	[x]	[ ]	Campus	8:00
BUILDING OCCUPANTS	[x]	[ ]	Staff	
BUILDING MANAGEMENT	[x]	[ ]	M.o.d	
OTHER (SPECIFY)	[ ]	[ ]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	☐	☐	
INTERFACE EQUIPMENT	☐	☐	
LAMPS/LEDS	☐	☐	
FUSES	☐	☐	
PRIMARY POWER SUPPLY	☐	☐	
TROUBLE SIGNALS	☐	☐	
DISCONNECT SWITCHES	☐	☐	
GROUND FAULT MONITORING	☐	☐	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS	
BATTERY CONDITION	☐			
LOAD VOLTAGE		☐		
DISCHARGE TEST		☐		
CHARGER TEST		☐		
SPECIFIC GRAVITY		☐		
TRANSIENT SUPPRESSORS	☐			
REMOTE ANNUNCIATORS	☐	☐		

NOTIFICATION APPLIANCES

AUDIBLE	☐	☐	
VISUAL	☐	☐	
SPEAKERS	☐	☐	
VOICE CLARITY		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

COMMENTS: _____

_____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	☐	☐	
PHONE JACKS	☐	☐	
OFF-HOOK INDICATOR	☐	☐	
AMPLIFIER(S)	☐	☐	
TONE GENERATOR(S)	☐	☐	
CALL IN SIGNAL	☐	☐	
SYSTEM PERFORMANCE	☐	☐	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐

SPECIAL PROCEDURES:

COMMENTS:

ON/OFF PREMISES MONITORING:	**YES**	**NO**	**TIME**	**COMMENTS**
ALARM SIGNAL	☑	☐	8:00	
ALARM RESTORAL	☑	☐		
TROUBLE SIGNAL	☑	☐		
TROUBLE SIGNAL RESTORAL	☑	☐		
SUPERVISORY SIGNAL	☑	☐		
SUPERVISORY RESTORAL	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE:	**YES**	**NO**	**WHO**	**TIME**
BUILDING MANAGEMENT	☑	☐	M.o.d	8:00
MONITORING AGENCY	☑	☐	Campus police	
BUILDING OCCUPANTS	☑	☐	Staff	
OTHER (SPECIFY)	☐	☐		

THE FOLLOWING DID NOT OPERATE CORRECTLY: Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 12-5-19 TIME

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Larron Butler

DATE: 12-5-19 TIME:

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE:

8339 Athens Avenue
Baton Rouge, LA 70814-2302
Phone: (225) 924-2421 Fax: (225) 924-2420
Fire License F-935

LOUISIANA FIRE EXTINGUISHER INC

INSPECTION AND TESTING FORM

JOB NUMBER 16872649

DATE: 12-4-19

TIME: _____

SERVICE ORGANIZATION

NAME: La. Fire extinguisher

ADDRESS: 8339 Athens ave

REPRESENTATIVE: Larron Butler

LICENSE NO.: E-18464

TELEPHONE: _____

PROPERTY NAME (USER)

NAME: Duhe building

ADDRESS: 906 east 1st st

OWNER CONTACT: M.o.d

TELEPHONE: _____

MONITORING ENTITY

CONTACT: All American

TELEPHONE: 1-800-318-9486

MONITORING ACCOUNT REF. NO.: 9808-34

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

MODEL NO.: Mac-2000

CIRCUIT STYLES: B & Y

NO. OF CIRCUITS: 4nacs

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	
5	B	MANUAL STATIONS
		ION DETECTORS
6	B	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	
		BELLS
		HORNS
		CHIMES
14	Y	STROBES
		SPEAKERS
16	Y	OTHER (SPECIFY): _____

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 15

Overcurrent Protection: Type Breaker ,Amps 20

Location (of Primary Supply Panelboard): Elec. rm panel P-3

Disconnecting Means Location: Breaker #49 painted red

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
- [x] 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	[x]	[ ]	All American	1:00
BUILDING OCCUPANTS	[x]	[ ]	Staff	
BUILDING MANAGEMENT	[x]	[ ]	M.o.d	
OTHER (SPECIFY)	[ ]	[ ]		
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	[ ]	[ ]		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL UNIT	☐	☐	
INTERFACE EQUIPMENT	☐	☐	
LAMPS/LEDS	☐	☐	
FUSES	☐	☐	
PRIMARY POWER SUPPLY	☐	☐	
TROUBLE SIGNALS	☐	☐	
DISCONNECT SWITCHES	☐	☐	
GROUND FAULT MONITORING	☐	☐	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	☐		
LOAD VOLTAGE		☐	
DISCHARGE TEST		☐	
CHARGER TEST		☐	
SPECIFIC GRAVITY		☐	
TRANSIENT SUPPRESSORS	☐		
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES

AUDIBLE	☐	☐	
VISUAL	☐	☐	
SPEAKERS	☐	☐	
VOICE CLARITY		☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

COMMENTS: _____

_____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	☐	☐	
PHONE JACKS	☐	☐	
OFF-HOOK INDICATOR	☐	☐	
AMPLIFIER(S)	☐	☐	
TONE GENERATOR(S)	☐	☐	
CALL IN SIGNAL	☐	☐	
SYSTEM PERFORMANCE	☐	☐	

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
SPECIAL HAZARD SYSTEMS			
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐
(SPECIFY)	☐	☐	☐

SPECIAL PROCEDURES:

COMMENTS:

ON/OFF PREMISES MONITORING:	**YES**	**NO**	**TIME**	**COMMENTS**
ALARM SIGNAL	☑	☐	8:00	
ALARM RESTORAL	☑	☐		
TROUBLE SIGNAL	☑	☐		
TROUBLE SIGNAL RESTORAL	☑	☐		
SUPERVISORY SIGNAL	☑	☐		
SUPERVISORY RESTORAL	☑	☐		

NOTIFICATIONS THAT TESTING IS COMPLETE:	**YES**	**NO**	**WHO**	**TIME**
BUILDING MANAGEMENT	☑	☐	M.o.d	1:00
MONITORING AGENCY	☑	☐	All American	
BUILDING OCCUPANTS	☑	☐	Staff	
OTHER (SPECIFY)	☐	☐		

THE FOLLOWING DID NOT OPERATE CORRECTLY: Annual inspection system normal

SYSTEM RESTORED TO NORMAL OPERATION: DATE 12-4-19 TIME

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Larron Butler

DATE: 12-4-19 TIME:

SIGNATURE:

NAME OF OWNER OR REPRESENTATIVE:

DATE: TIME:

SIGNATURE: