

FIRE SUPPRESSION

SFM License F-470

2558 Bartlett St.
Baton Rouge, LA 70805
(225) 356-3534
(800) 423-6707
Fax: (225) 356-3539

AUTOMATIC FIRE SUPPRESSION SYSTEM INSPECTION REPORT

Customer EASTERN LA. MENTAL HEALTH		Customer No. 6061	Inspection Date 06-27-2024	
Address 5226 Hwy 10 JACKSON, LA 70748			Serial No. 22576 AG	
System Model Number PIVOTEX L-5500		MFG Date H-13	Cooking Location ASSA	
Hood Size 11' V BANK	Duct Size 24x23	Fryer	Charbroiler	Range 30x24
Griddle 24x24	Wok	Skilllet 30x24	Fusible Link 6 @ 450° NEW '24	

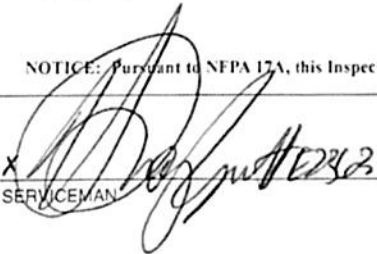
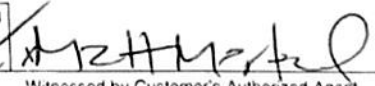
- Are appliances properly positioned under discharge nozzles? **Yes**
- Has the layout changed? **NON COOKING KITCHEN @ PRESENT** **Yes**
- Check Pressure Gauge Indicator in Operable Range. **Good**
- Any visible signs that system has been fired or been tampered with? **No**
- Is the exhaust duct piping, nozzle placement and quantity of nozzles properly installed? **Yes**
- Is the plenum area piping, nozzle placement and quantity of nozzles properly installed? **Yes**
- Are all cooking appliances properly protected? **Yes**
- Is the proper size supply line pipe properly installed? **Yes**
- Is all distribution piping properly secured to the hood? **Yes**
- Are all appliance nozzles at proper height and correctly aimed? **Yes**
- Do all nozzles have protective grease covers? **Yes**
- Annual replacement of rubber caps? **Yes**
- Are grease seal fittings installed where pipe penetrates exhaust hood? **Yes**
- Check fusible links; replace semi-annually. **Yes**
- Are the proper number of automatic detectors installed over appliances and within exhaust duct openings? **Yes**
- Are detection cables and conduit properly installed and properly secured to hood, wall and actuation device? **Yes**
- Is the manual pull station properly installed and properly located? **Yes**
- Remote manual pull station was activated to assure proper operation. **Yes**

- Last automatic detector activated to assure proper operation. **Yes**
- Automatic gas valve activated to assure proper operation. **RECLOSED NON VISIBLE** **Yes**
- Micro switch activated to assure shut down of electric appliances or activation of alarm. **Alarm Good Elec Good MUA Good**
- Does system's cylinder require hydrostatic test? **DEC 2025**
- Has regulator maintenance test been performed? (Ansul Wet System R-102) **NA**
- Annual replacement of releasing cartridge (Pyro-Chem & Range Guard). **NA**
- Cartridge Weight (Ansul) **NA**
- Is there an actuator "O" ring in place? **Yes**
- Is there a properly serviced "K" Five Extinguisher? **Yes**
- Is the kitchen exhaust system properly cleaned? **Yes**

Serviceman's Checklist

- Replaced cylinder in system's mount and remove valve safety pin. **Yes**
- Replaced and seal all safety pins in manual and remote releases. **Yes**
- Replaced system's covers. **Yes**
- System is now visible and free from obstructions. **Yes**
- Fuel shut off is in open position. **Yes**
- Have all exhaust filters been replaced? **Yes**
- Is Fan Warning Sign installed? **Yes**
- Inspection and Service Tag on System. **Yes**
- Tag status ~~Red~~ Yellow **Green**
- Are hand portable fire extinguishers properly tagged? **Yes**
- Has Inspection results been discussed with person responsible for the fire protection system? **Yes**

NOTICE: Pursuant to NFPA 17A, this Inspection Report must be submitted to the Authority having Jurisdiction if Yellow Tagged within 60 days and within 48 hours if Red Tagged.

SERVICEMAN:  DATE: 06/27/24 TIME: 05:10 AM/PM: AM PM
WITNESSED BY CUSTOMER'S AUTHORIZED AGENT: 

Page 2 YES NO

SEMI-ANNUAL SERVICE AND INSPECTION REPORT

KR's OUTSIDE MONITORED

TWO OF THREE

FIRE SUPPRESSION

SFM License F-470
FOUR ACTUATION HOSES

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AUTOMATIC FIRE SUPPRESSION SYSTEM INSPECTION REPORT

Customer EASTERN LA. MENTAL HEALTH		Customer No. 6061	Inspection Date 06 27 - 2024	
Address 4502 Hwy 951 JACKSON, LA. 70748			Serial No. 322081	
System Model Number ANSUL R-102 9GAL.		MFG Date H-13	Cooking Location ITU	
Hood Size 27'9" ISLAND	Duct Size 27 28X10	Fryer	Charbroiler	Range
Griddle	Wok	Skillet	Fusible Link 6@ 450° MW 24	

NO APPLIANCES / MAIN GAS LINE CLOSED / SAFETY VALVE CLOSED

- Are appliances properly positioned under discharge nozzles? **NA**
- Has the layout changed? **NO**
- Check Pressure Gauge Indicator in Operable Range. **NA**
- Any visible signs that system has been fired or been tampered with? **NO**
- Is the exhaust duct piping, nozzle placement and quantity of nozzles properly installed? **Yes**
- Is the plenum area piping, nozzle placement and quantity of nozzles properly installed? **Yes**
- Are all cooking appliances properly protected? **Yes**
- Is the proper size supply line pipe properly installed? **Yes**
- Is all distribution piping properly secured to the hood? **Yes**
- Are all appliance nozzles at proper height and correctly aimed? **Yes**
- Do all nozzles have protective grease covers? **Yes**
- Annual replacement of rubber caps? **Yes**
- Are grease seal fittings installed where pipe penetrates exhaust hood? **Yes**
- Check fusible links; replace semi-annually. **Yes**
- Are the proper number of automatic detectors installed over appliances and within exhaust duct openings? **Yes**
- Are detection cables and conduit properly installed and properly secured to hood, wall and actuation device? **Yes**
- Is the manual pull station properly installed and properly located? **Yes**
- Remote manual pull station was activated to assure proper operation. **Yes**

- Last automatic detector activated to assure proper operation. **Yes**
- Automatic gas valve activated to assure proper operation. **RECLOSED GV. Yes**
- Micro switch activated to assure shut down of electric appliances or activation of alarm. **Alarm good Elec Yes MUA Yes**
- Does system's cylinder require hydrostatic test? **DUE 2025**
- Has regulator maintenance test been performed? **DUE 2025**
- Annual replacement of releasing cartridge (Pyro-Chem & Range Guard). **NA**
- Cartridge Weight (Ansul) **DOUBLE TANK**
- Is there an actuator "O" ring in place? **Yes**
- Is there a properly serviced "K" Five Extinguisher? **Yes**
- Is the kitchen exhaust system properly cleaned? **Yes**

Serviceman's Checklist

- Replaced cylinder in system's mount and remove valve safety pin. **Yes**
- Replaced and seal all safety pins in manual and remote releases. **Yes**
- Replaced system's covers. **Yes**
- System is now visible and free from obstructions. **Yes**
- Fuel shut off is in open position. **Yes**
- Have all exhaust filters been replaced? **Yes**
- Is Fan Warning Sign installed? **Yes**
- Inspection and Service Tag on System. **Yes**
- Tag status **Red** Yellow Green **Yes**
- Are hand portable fire extinguishers properly tagged? **Yes**
- Has Inspection results been discussed with person responsible for the fire protection system? **Yes**

NOTICE: Pursuant to NFPA 17A, this Inspection Report must be submitted to the Authority having Jurisdiction if Yellow Tagged within 60 days and within 48 hours if Red Tagged.

[Signature]
SERVICEMAN

DATE **06 27-24** TIME **06:07** AM PM

[Signature]
Witnessed by Customer's Authorized Agent

Page 2 YES NO

SEMI-ANNUAL SERVICE AND INSPECTION REPORT

WHITE - OFFICE COPY YELLOW - INSURANCE COPY PINK - CUSTOMER COPY

KR's *OUTSIDE MONITORED*

THREE OF THREE

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AUTOMATIC FIRE SUPPRESSION SYSTEM INSPECTION REPORT

Customer EASTERN LA. MENTAL HEALTH		Customer No. 6061	Inspection Date 06 27 - 2024
Address 4502 Hwy 951 JACKSON, LA 70748			Serial No. 285342 217396
System Model Number Pyro Chem PCL 600 460		MFG Date 460(13) 60022 K72	Cooking Location PARKER
Hood Size 11' V BANK	Duct Size 2) 18x30	Fryer 2) 26x18	Charbroiler 60x25
Griddle	Wok	Skillet TILT 2) 31 x 25	Fusible Link (7) @ 150° MEN '24

- Are appliances properly positioned under discharge nozzles? *Yes*
 - Has the layout changed? *Good x2*
 - Check Pressure Gauge Indicator in Operable Range. *Yes*
 - Any visible signs that system has been fired or been tampered with? *No*
 - Is the exhaust duct piping, nozzle placement and quantity of nozzles properly installed? *Yes*
 - Is the plenum area piping, nozzle placement and quantity of nozzles properly installed? *Yes*
 - Are all cooking appliances properly protected? *Yes*
 - Is the proper size supply line pipe properly installed? *Yes*
 - Is all distribution piping properly secured to the hood? *Yes*
 - Are all appliance nozzles at proper height and correctly aimed? *Yes*
 - Do all nozzles have protective grease covers? *Yes*
 - Annual replacement of rubber caps? *Yes*
 - Are grease seal fittings installed where pipe penetrates exhaust hood? *Yes*
 - Check fusible links; replace semi-annually. *Yes*
 - Are the proper number of automatic detectors installed over appliances and within exhaust duct openings? *Yes*
 - Are detection cables and conduit properly installed and properly secured to hood, wall and actuation device? *Yes*
 - Is the manual pull station properly installed and properly located? *Yes*
 - Remote manual pull station was activated to assure proper operation. *Yes*
 - Last automatic detector activated to assure proper operation. *Yes*
 - Automatic gas valve activated to assure proper operation. *RETESTED*
 - Micro switch activated to assure shut down of electric appliances or activation of alarm. *Alarm good Elec NA MUA/MA*
 - Does system's cylinder require hydrostatic test? *DUE 2025*
 - Has regulator maintenance test been performed? (Ansul Wet System R-102) *NA*
 - Annual replacement of releasing cartridge (Pyro-Chem & Range Guard). *NA*
 - Cartridge Weight (Ansul) *NA*
 - Is there an actuator "O" ring in place? *Yes*
 - Is there a properly serviced "K" Five Extinguisher? *Yes*
 - Is the kitchen exhaust system properly cleaned? *Yes*
- Serviceman's Checklist**
- Replaced cylinder in system's mount and remove valve safety pin. *Yes*
 - Replaced and seal all safety pins in manual and remote releases. *Yes*
 - Replaced system's covers. *Yes*
 - System is now visible and free from obstructions. *Yes*
 - Fuel shut off is in open position. *Yes*
 - Have all exhaust filters been replaced? *Yes*
 - Is Fan Warning Sign installed? *Yes*
 - Inspection and Service Tag on System. *Yes*
 - Tag status Red Yellow Green *Green*
 - Are hand portable fire extinguishers properly tagged? *Yes*
 - Has Inspection results been discussed with person responsible for the fire protection system? *Yes*

NOTICE: Pursuant to NEPA 17A, this Inspection Report must be submitted to the Authority having Jurisdiction if Yellow Tagged within 60 days and within 48 hours if Red Tagged.

[Signature] 51363
SERVICEMAN

DATE **06 27 24** TIME **07.03** AM PM

[Signature]
Witnessed by Customer's Authorized Agent

Page 2 YES NO

SEMI-ANNUAL SERVICE AND INSPECTION REPORT

WHITE - OFFICE COPY YELLOW - INSURANCE COPY PINK - CUSTOMER COPY

WATER BASED FIRE PROTECTION SYSTEM

DATE: 8-24-2023

4452 HWY 951

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: ASSA KITCHEN

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2014

Sprinkler supply gauge	psi <u>52</u>		
Sprinkler system gauge	psi <u>61</u>		
	YES	N/A	NO

QUARTERLY TEST AND INSPECTIONS:

System in service on inspection:	<u>X</u>	<u> </u>	<u> </u>
13.3.2.2 Sprinkler control valves locked/tamper open:	<u>X</u>	<u> </u>	<u> </u>
13.3.3.5 Supervisory switches tested:	<u>X</u>	<u> </u>	<u> </u>
13.2.3 Control valves accessible:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Alarm check valve exterior free of damage:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Trim piping leak tight:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Trim valves in appropriate position:	<u>X</u>	<u> </u>	<u> </u>
13.7.1 Fire Department Connection plainly visible: accessible:	<u>X</u>	<u> </u>	<u> </u>
coupling free: caps in place:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Exterior alarms appear operational:	<u> </u>	<u>X</u>	<u> </u>
13.2.6.2 Interior alarms appear operational:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.5.4 Extra heads in spare head cabinet:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.5.1 Heads appear of proper temperature:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.5.5 Head wrench for each type of head:	<u>X</u>	<u> </u>	<u> </u>
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	<u> </u>	<u> </u>
4.1.2 Wet pipe areas appear properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.6 Hydraulic nameplate attached:	<u> </u>	<u>X</u>	<u> </u>
13.2.5 Main drain flow test with <u>1.25</u> inch valve:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.2 Water flow switch operational:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Time to ring water Gong from check valve: <u> </u> min. <u>N/A</u> sec.	<u> </u>	<u> </u>	<u> </u>
5.3.3.2 Time to ring alarm from flow switch <u> </u> min. <u>23</u> sec.	<u> </u>	<u> </u>	<u> </u>
Did alarm supervisory company receive signal properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	<u> </u>	<u> </u>
4.1.2 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.3 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u> </u>	<u> </u>
5.2.2 Visual inspection: "exposed" piping appear in good condition	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	<u> </u>	<u> </u>

	YES	N/A	NO
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASKS:			
13.3.4.1 Control valve lubricated:	<u>X</u>	___	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE 2.5" reliable

MODEL BRASS

SIZE 2.5" DATE 1979

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>OS&Y</u>	<u>X</u>
3. _____	___	___	___
4. _____	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>61</u>	<u>35</u>	<u>50</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>61</u>	<u>35</u>	<u>53</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2.1 5 year internal Maintenance last done. N/A
 5.3.1.1.1.3 Fast-response elements sprinklers date. N/A

COMMENTS TO "NO" ANSWERS: _____

BRASSCO INC.

Baton Rouge Automatic Sprinkler Systems Co.

P.O. BOX 46121
Baton Rouge La. 70895
Phone (225) 275-6212

WATER BASED FIRE PROTECTION SYSTEM

DATE: 8-24-2023 5222 HWY 10
REPORT TO: EAST LA. STATE HOSPITAL LOCATION: ASSA
ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price
CITY: JACKSON STATE LA ZIP: 70748

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2014

Sprinkler supply gauge psi 52
Sprinkler system gauge psi 56
YES N/A NO

QUARTERLY TEST AND INSPECTIONS:

System in service on inspection: X
13.3.2.2 Sprinkler control valves locked/tamper open: X
13.3.3.5 Supervisory switches tested: X
13.2.3 Control valves accessible: X
13.4.1.1 Alarm check valve exterior free of damage: X
13.4.1.1 Trim piping leak tight: X
13.4.1.1 Trim valves in appropriate position: X
13.7.1 Fire Department Connection plainly visible: accessible:
coupling free: caps in place: X
5.3.3.1 Exterior alarms appear operational: X
13.2.6.2 Interior alarms appear operational: X
5.4.1.5.4 Extra heads in spare head cabinet: X
5.4.1.5.1 Heads appear of proper temperature: X
5.4.1.5.5 Head wrench for each type of head: X
5.3.1.1.1 Standard head less than 50 year: X
4.1.2 Wet pipe areas appear properly heated: X
5.2.6 Hydraulic nameplate attached: X
13.2.5 Main drain flow test with $\frac{1}{2}$ inch valve: X
5.3.3.2 Water flow switch operational: X
5.3.3.1 Time to ring water Gong from check valve. min. N/A sec.
5.3.3.2 Time to ring alarm from flow switch 7 min. AVG 7 sec.
Did alarm supervisory company receive signal properly:
X
5.2.4.1 Gauge appear to operate properly: X
4.1.2 Prior to freezing season, owner is responsible for Bldg.
to be in secure condition and properly heated: X
5.2.3 Visual inspection: hanger/seismic bracing appear attached
and secure: X
5.2.2 Visual inspection: "exposed" piping appear in good condition
X

5.2.2.1 Piping appears free of mechanical damage: X ___ ___

	YES	N/A	NO
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___

ANNUAL TESTING AND MAINTENANCE TASKS:

13.3.4.1 Control valve lubricated:	<u>X</u>	___	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

	VALVE INFO	
MAKE	<u>2" CHECK</u>	
MODEL	<u>BRASS</u>	
SIZE	<u>2"</u>	DATE <u>N/A</u>

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>OS&Y</u>	<u>X</u>
3. _____	___	___	___
4. _____	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>57</u>	<u>48</u>	<u>54</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>56</u>	<u>48</u>	<u>52</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2.1 5 year internal Maintenance last done. N/A
 5.3.1.1.3 Fast-response elements sprinklers date. N/A

COMMENTS TO "NO" ANSWERS: :none

	YES	N/A	NO
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASKS:			
13.3.4.1 Control valve lubricated:	<u>X</u>	___	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE 1.25"CHECK

MODEL BRASS

SIZE 1.25" DATE N/A

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	<u>1</u>	<u>OS&Y</u>	<u>X</u>
2. SYSTEM CONTROL	<u>1</u>	<u>OS&Y</u>	<u>X</u>
3. _____	<u> </u>	<u> </u>	<u> </u>
4. _____	<u> </u>	<u> </u>	<u> </u>

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>75</u>	<u>41</u>	<u>61</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>74</u>	<u>41</u>	<u>62</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2018
 14.2.1 5 year internal Maintenance last done. 2018
 5.3.1.1.1.3 Fast-response elements sprinklers date. 2018

COMMENTS TO "NO" ANSWERS: none

WATER BASED FIRE PROTECTION SYSTEM

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: ITU

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2014

Sprinkler supply gauge	psi	<u>N/A</u>	
Sprinkler system gauge	psi	<u>N/A</u>	
	YES	N/A	NO

QUARTERLY TEST AND INSPECTIONS:

- | | | | |
|---|------------|------------|------------|
| System in service on inspection: | <u>X</u> | <u> </u> | <u> </u> |
| 13.3.2.2 Sprinkler control valves locked/tamper open: | <u> </u> | <u>X</u> | <u> </u> |
| 13.3.3.5 Supervisory switches tested: | <u>X</u> | <u> </u> | <u> </u> |
| 13.2.3 Control valves accessible: | <u>X</u> | <u> </u> | <u> </u> |
| 13.4.1.1 Alarm check valve exterior free of damage: | <u> </u> | <u>X</u> | <u> </u> |
| 13.4.1.1 Trim piping leak tight: | <u> </u> | <u>X</u> | <u> </u> |
| 13.4.1.1 Trim valves in appropriate position: | <u> </u> | <u>X</u> | <u> </u> |
| 13.7.1 Fire Department Connection plainly visible: accessible: | <u> </u> | <u>X</u> | <u> </u> |
| coupling free: caps in place: | <u> </u> | <u>X</u> | <u> </u> |
| 5.3.3.1 Exterior alarms appear operational: | <u> </u> | <u>X</u> | <u> </u> |
| 13.2.6.2 Interior alarms appear operational: | <u>X</u> | <u> </u> | <u> </u> |
| 5.4.1.5.4 Extra heads in spare head cabinet: | <u> </u> | <u>X</u> | <u> </u> |
| 5.4.1.5.1 Heads appear of proper temperature: | <u>X</u> | <u> </u> | <u> </u> |
| 5.4.1.5.5 Head wrench for each type of head: | <u> </u> | <u>X</u> | <u> </u> |
| 5.3.1.1.1 Standard head less than 50 year: | <u>X</u> | <u> </u> | <u> </u> |
| 4.1.2 Wet pipe areas appear properly heated: | <u>X</u> | <u> </u> | <u> </u> |
| 5.2.6 Hydraulic nameplate attached: | <u> </u> | <u>X</u> | <u> </u> |
| 13.2.5 Main drain flow test with <u> </u> inch valve: | <u> </u> | <u>X</u> | <u> </u> |
| 5.3.3.2 Water flow switch operational: | <u>X</u> | <u> </u> | <u> </u> |
| 5.3.3.1 Time to ring water Gong from check valve. <u> </u> min. <u> </u> sec. | <u> </u> | <u>N/A</u> | <u> </u> |
| 5.3.3.2 Time to ring alarm from flow switch <u> </u> min. <u> </u> sec. | <u> </u> | <u> </u> | <u> </u> |
| Did alarm supervisory company receive signal properly: | <u>X</u> | <u> </u> | <u> </u> |
| 5.2.4.1 Gauge appear to operate properly: | <u> </u> | <u>X</u> | <u> </u> |
| 4.1.2 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated: | <u>X</u> | <u> </u> | <u> </u> |
| 5.2.3 Visual inspection: hanger/seismic bracing appear attached and secure: | <u>X</u> | <u> </u> | <u> </u> |
| 5.2.2 Visual inspection: "exposed" piping appear in good condition | <u>X</u> | <u> </u> | <u> </u> |
| 5.2.2.1 Piping appears free of mechanical damage: | <u>X</u> | <u> </u> | <u> </u> |

	YES	N/A	NO
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASKS:			
13.3.4.1 Control valve lubricated:	<u>X</u>	___	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE 1" CHECK

MODEL BRASS

SIZE 1" DATE N/A

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>OS&Y</u>	<u>X</u>
3. _____	___	___	___
4. _____	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>N/A</u>	
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>			

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. N/A
 14.2.1 5 year internal Maintenance last done. N/A
 5.3.1.1.1.3 Fast-response elements sprinklers date. N/A

COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: GABRIEL #1

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE: LA ZIP: 70748

SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY X QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done based on NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 50
Sprinkler system gauge psi 56

TEST AND INSPECTIONS Done per NFPA 25-2011; Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	___	___
13.3.2.1.1 Sprinkler control valves locked/tamper open:	___	___	___
Tamper Switch free of damage.	<u>X</u>	___	___
13.3.3.5 supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	___	___	___
coupling free: caps in place:	<u>X</u>	___	___
4.6.1 Exterior alarms properly identified:	___	<u>X</u>	___
4.6.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.2.1.3 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.7 Hydraulic nameplate attached:	<u>X</u>	___	___
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch free of damage.	<u>X</u>	___	___
5.3.3.1 Time to ring from alarm check valve _____ min.	___	<u>N/a</u> sec.	___
5.3.3.2 Time to ring alarm from flow switch _____ min.	___	<u>30</u> sec.	___
Did alarm supervisory company receive signal properly:	<u>X</u>	___	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	___	___
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	___	___

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1993

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. <u>Sectional control</u>	___	___	___
4. <u>Pump</u>	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>55</u>	<u>38</u>	<u>49</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>60</u>	<u>38</u>	<u>50</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	___	___	<u>X</u>	___
5.3.1.1.1.3 High temp date:	___	___	<u>X</u>	___
5.3.1.1.1 Standard sprinkler date:	<u>2018</u>	<u>X</u>	___	___
5.3.1.1.5 Dry pendent sprinkler Date:	___	___	<u>X</u>	___

COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023
REPORT TO: EAST LA. STATE HOSPITAL LOCATION: GABRIEL #1
ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price
CITY: JACKSON STATE: LA ZIP: 70748
SIGNATURE: _____
INSPECTION FREQUENCY: MONTHLY X QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November
"NOTE" This inspection and test of the sprinkler system was done based on NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 50
Sprinkler system gauge psi 56

TEST AND INSPECTIONS Done per NFPA 25-2011; Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	___	___
13.3.2.1.1 Sprinkler control valves locked/tamper open:	<u>X</u>	___	___
Tamper Switch free of damage.	<u>X</u>	___	___
13.3.3.5 supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Is the Fire Dept Connection: plainly visible:	<u>X</u>	___	___
coupling free: caps in place:	___	<u>X</u>	___
4.6.1 Exterior alarms properly identified:	___	<u>X</u>	___
4.6.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.2.1.3 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.7 Hydraulic nameplate attached:	<u>X</u>	___	___
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch free of damage.	<u>X</u>	___	___
5.3.3.1 Time to ring from alarm check valve _____ min.	___	<u>N/a</u>	sec.
5.3.3.2 Time to ring alarm from flow switch _____ min.	___	<u>30</u>	sec.
Did alarm supervisory company receive signal properly:	<u>X</u>	___	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	___	___
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	___	___

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE	<u>GLOBE</u>
MODEL	<u>CV-1S</u>
SIZE	<u>4 "</u>
DATE	<u>1993</u>

NUMBER OF VALVES	# OF VALVES		OPEN	CLOSED
1. CITY	___	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>	___
3. Sectional control	___	___	___	___
4. Pump	___	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>55</u>	<u>38</u>	<u>49</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>60</u>	<u>38</u>	<u>50</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	___	___	<u>X</u>	___
5.3.1.1.1.3 High temp date:	___	___	<u>X</u>	___
5.3.1.1.1 Standard sprinkler date:	<u>2018</u>	<u>X</u>	___	___
5.3.1.1.5 Dry pendent sprinkler Date:	___	___	<u>X</u>	___

COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: GABRIEL #2

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY X QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 47
Sprinkler system gauge psi 50

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	<u> </u>	<u> </u>
13.3.2.1.1 Sprinkler control valves locked/tamper open:	<u> </u>	<u> </u>	<u> </u>
Tamper Switch free of damage.	<u>X</u>	<u> </u>	<u> </u>
13.3.3.5 supervisory switches tested:	<u> </u>	<u>X</u>	<u> </u>
13.2.3 Control valves accessible:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Alarm check valve exterior free of damage:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim piping leak tight:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim valves in appropriate position:	<u> </u>	<u>X</u>	<u> </u>
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	<u> </u>	<u> </u>	<u> </u>
coupling free: caps in place:	<u>X</u>	<u> </u>	<u> </u>
4.6.1 Exterior alarms properly identified:	<u> </u>	<u>X</u>	<u> </u>
4.6.1 Exterior alarms appear operational:	<u> </u>	<u>X</u>	<u> </u>
13.2.6.2 Interior alarms appear operational:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Head wrench for each type of head:	<u>X</u>	<u> </u>	<u> </u>
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.7 Hydraulic nameplate attached:	<u>X</u>	<u> </u>	<u> </u>
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.2 Water flow switch free of damage.	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Time to ring from alarm check valve _____min.		<u>N/a</u>	<u>sec.</u>
5.3.3.2 Time to ring alarm from flow switch _____min.		<u>35</u>	<u>sec.</u>
Did alarm supervisory company receive signal properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u> </u>	<u> </u>
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	<u> </u>	<u> </u>

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1993

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. Sectional control	___	___	___
4. Pump	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>2"</u>	<u>49</u>	<u>38</u>	<u>45</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>2"</u>	<u>50</u>	<u>38</u>	<u>47</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	___	___	<u>X</u>	___
5.3.1.1.1.3 High temp date:	___	___	<u>X</u>	___
5.3.1.1.1 Standard sprinkler date:	<u>2018</u>	<u>X</u>	___	___
5.3.1.1.5 Dry pendent sprinkler Date:	___	___	<u>X</u>	___

COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023
REPORT TO: EAST LA. STATE HOSPITAL LOCATION: GABRIEL #3
ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price
CITY: JACKSON STATE LA ZIP: 70748
SIGNATURE: [Signature]

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL
ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 49
Sprinkler system gauge psi 53

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	<u> </u>	<u> </u>
13.3.2.1.1 Sprinkler control valves locked/tamper open:	<u> </u>	<u> </u>	<u> </u>
Tamper Switch free of damage:	<u>X</u>	<u> </u>	<u> </u>
13.3.3.5 supervisory switches tested:	<u> </u>	<u>X</u>	<u> </u>
13.2.3 Control valves accessible:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Alarm check valve exterior free of damage:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim piping leak tight:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim valves in appropriate position:	<u> </u>	<u>X</u>	<u> </u>
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	<u> </u>	<u> </u>	<u> </u>
coupling free: caps in place:	<u>X</u>	<u> </u>	<u> </u>
4.6.1 Exterior alarms properly identified:	<u> </u>	<u>X</u>	<u> </u>
4.6.1 Exterior alarms appear operational:	<u> </u>	<u>X</u>	<u> </u>
13.2.6.2 Interior alarms appear operational:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Head wrench for each type of head:	<u>X</u>	<u> </u>	<u> </u>
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.7 Hydraulic nameplate attached:	<u>X</u>	<u> </u>	<u> </u>
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.2 Water flow switch free of damage:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Time to ring from alarm check valve _____ min.		<u>N/A</u>	<u> </u> sec.
5.3.3.2 Time to ring alarm from flow switch _____ min.		<u>35</u>	<u> </u> sec.
Did alarm supervisory company receive signal properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u> </u>	<u> </u>
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	<u> </u>	<u> </u>

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1993

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. Sectional control	___	___	___
4. Pump	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>53</u>	<u>34</u>	<u>47</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>53</u>	<u>34</u>	<u>49</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date: _____ X _____
 5.3.1.1.1.3 High temp date: _____ X _____
 5.3.1.1.1 Standard sprinkler date: 2018 X _____
 5.3.1.1.5 Dry pendent sprinkler Date: _____ X _____

COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 5-23-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: GABRIEL 4

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

SIGNATURE: [Signature]

INSPECTION FREQUENCY: MONTHLY X QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 50
Sprinkler system gauge psi 54

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	<u> </u>	<u> </u>
13.3.2.1.1 Sprinkler control valves locked/tamper open:	<u> </u>	<u> </u>	<u> </u>
Tamper Switch free of damage:	<u>X</u>	<u> </u>	<u> </u>
13.3.3.5 supervisory switches tested:	<u> </u>	<u>X</u>	<u> </u>
13.2.3 Control valves accessible:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Alarm check valve exterior free of damage:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim piping leak tight:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim valves in appropriate position:	<u> </u>	<u>X</u>	<u> </u>
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	<u> </u>	<u> </u>	<u> </u>
coupling free: caps in place:	<u>X</u>	<u> </u>	<u> </u>
4.6.1 Exterior alarms properly identified:	<u> </u>	<u>X</u>	<u> </u>
4.6.1 Exterior alarms appear operational:	<u> </u>	<u>X</u>	<u> </u>
13.2.6.2 Interior alarms appear operational:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Head wrench for each type of head:	<u>X</u>	<u> </u>	<u> </u>
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.7 Hydraulic nameplate attached:	<u>X</u>	<u> </u>	<u> </u>
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.2 Water flow switch free of damage:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Time to ring from alarm check valve <u> </u> min.	<u> </u>	<u>N/a</u> sec.	<u> </u>
5.3.3.2 Time to ring alarm from flow switch <u> </u> min.	<u> </u>	<u>40</u> sec.	<u> </u>
Did alarm supervisory company receive signal properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u> </u>	<u> </u>
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	<u> </u>	<u> </u>

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE	<u>GLOBE</u>
MODEL	<u>CV-1S</u>
SIZE	<u>4 "</u>
DATE	<u>1993</u>

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. <u>Sectional control</u>	___	___	___
4. <u>Pump</u>	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>56</u>	<u>36</u>	<u>51</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>54</u>	<u>36</u>	<u>50</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	___	___	<u>X</u>	___
5.3.1.1.1.3 High temp date:	___	___	<u>X</u>	___
5.3.1.1.1 Standard sprinkler date:	<u>2018</u>	<u>X</u>	___	___
5.3.1.1.5 Dry pendent sprinkler Date:	___	___	<u>X</u>	___

COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: EVANGELINE #2

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

SIGNATURE: [Signature]

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 52
Sprinkler system gauge psi 55

TEST AND INSPECTIONS Done per NFPA 25-2011; Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	<u> </u>	<u> </u>
13.3.2.1.1 Sprinkler control valves locked/tamper open:	<u> </u>	<u> </u>	<u> </u>
Tamper Switch free of damage.	<u>X</u>	<u> </u>	<u> </u>
13.3.3.5 supervisory switches tested:	<u> </u>	<u>X</u>	<u> </u>
13.2.3 Control valves accessible:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Alarm check valve exterior free of damage:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim piping leak tight:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim valves in appropriate position:	<u> </u>	<u>X</u>	<u> </u>
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	<u> </u>	<u> </u>	<u> </u>
coupling free: caps in place:	<u>X</u>	<u> </u>	<u> </u>
4.6.1 Exterior alarms properly identified:	<u> </u>	<u>X</u>	<u> </u>
4.6.1 Exterior alarms appear operational:	<u> </u>	<u>X</u>	<u> </u>
13.2.6.2 Interior alarms appear operational:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.3 Head wrench for each type of head:	<u>X</u>	<u> </u>	<u> </u>
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.7 Hydraulic nameplate attached:	<u>X</u>	<u> </u>	<u> </u>
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.2 Water flow switch free of damage.	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Time to ring from alarm check valve <u> </u> min. <u>N/A</u> sec.	<u> </u>	<u> </u>	<u> </u>
5.3.3.2 Time to ring alarm from flow switch <u> </u> min. <u>30</u> sec.	<u> </u>	<u> </u>	<u> </u>
Did alarm supervisory company receive signal properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u> </u>	<u> </u>
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	<u> </u>	<u> </u>

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1993

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. <u>Sectional control</u>	___	___	___ B
4. <u>Pump</u>	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>56</u>	<u>30</u>	<u>52</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>55</u>	<u>30</u>	<u>52</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	___	___	<u>X</u>	___
5.3.1.1.1.3 High temp date:	___	___	<u>X</u>	___
5.3.1.1.1 Standard sprinkler date:	<u>2018</u>	<u>X</u>	___	___
5.3.1.1.5 Dry pendent sprinkler Date:	___	___	<u>X</u>	___

COMMENTS TO "NO" ANSWERS: None

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 08-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: EVANGELINE #1

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE: LA ZIP: 70748

SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY QUARTERLY X ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 50
Sprinkler system gauge psi 53

TEST AND INSPECTIONS Done per NFPA 25-2011; Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	___	___
13.3.2.1.1 Sprinkler control valves locked/tamper open:	___	___	___
Tamper Switch free of damage.	<u>X</u>	___	___
13.3.3.5 supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	___	___	___
coupling free: caps in place:	<u>X</u>	___	___
4.6.1 Exterior alarms properly identified:	___	<u>X</u>	___
4.6.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.2.1.3 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.7 Hydraulic nameplate attached:	<u>X</u>	___	___
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch free of damage.	<u>X</u>	___	___
5.3.3.1 Time to ring from alarm check valve _____ min.	___	<u>N/A</u>	___ sec.
5.3.3.2 Time to ring alarm from flow switch _____ min.	___	<u>23</u>	___ sec.
Did alarm supervisory company receive signal properly:	<u>X</u>	___	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	___	___
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	___	___

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1993

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. Sectional control	___	___	___
4. Pump	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>48</u>	<u>35</u>	<u>47</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>53</u>	<u>35</u>	<u>50</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date: _____ X ___
 5.3.1.1.1.3 High temp date: _____ X ___
 5.3.1.1.1 Standard sprinkler date: 2018 X ___
 5.3.1.1.5 Dry pendent sprinkler Date: _____ X ___
 COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: EVANGELINE #3

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY X QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 51
Sprinkler system gauge psi 53

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	___	___
13.3.2.1.1 Sprinkler control valves locked/tamper open:	___	___	___
Tamper Switch free of damage.	<u>X</u>	___	___
13.3.3.5 supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	___	___	___
coupling free: caps in place:	<u>X</u>	___	___
4.6.1 Exterior alarms properly identified:	___	<u>X</u>	___
4.6.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.2.1.3 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.7 Hydraulic nameplate attached:	<u>X</u>	___	___
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch free of damage.	<u>X</u>	___	___
5.3.3.1 Time to ring from alarm check valve _____min.	___	<u>n/a</u> sec.	___
5.3.3.2 Time to ring alarm from flow switch _____min.	___	<u>28</u> sec.	___
Did alarm supervisory company receive signal properly:	<u>X</u>	___	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	___	___
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	___	___

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE	<u>GLOBE</u>
MODEL	<u>CV-1S</u>
SIZE	<u>4 "</u>
DATE	<u>1993</u>

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. Sectional control	___	___	___
4. Pump	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>54</u>	<u>31</u>	<u>52</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>53</u>	<u>31</u>	<u>51</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	___	___	<u>X</u>	___
5.3.1.1.1.3 High temp date:	___	___	<u>X</u>	___
5.3.1.1.1 Standard sprinkler date:	<u>2018</u>	<u>X</u>	___	___
5.3.1.1.5 Dry pendent sprinkler Date:	___	___	<u>X</u>	___

COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: EVANGELINE #4

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY X QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 51
Sprinkler system gauge psi 53

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	___	___
13.3.2.1.1 Sprinkler control valves locked/tamper open:	___	___	___
Tamper Switch free of damage.	<u>X</u>	___	___
13.3.3.5 supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	___	___	___
coupling free: caps in place:	<u>X</u>	___	___
4.6.1 Exterior alarms properly identified:	___	<u>X</u>	___
4.6.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.2.1.3 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.7 Hydraulic nameplate attached:	<u>X</u>	___	___
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch free of damage.	<u>X</u>	___	___
5.3.3.1 Time to ring from alarm check valve _____min.	___	<u>N/a</u>	sec.
5.3.3.2 Time to ring alarm from flow switch _____min.	___	<u>30</u>	sec.
Did alarm supervisory company receive signal properly:	<u>X</u>	___	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	___	___
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	___	___

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1993

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. Sectional control	___	___	___
4. Pump	___	___	___

13.2.5:Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>54</u>	<u>36</u>	<u>52</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>53</u>	<u>36</u>	<u>51</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge.2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date: _____ X _____
 5.3.1.1.1.3 High temp date: _____ X _____
 5.3.1.1.1 Standard sprinkler date: 2018 X _____
 5.3.1.1.5 Dry pendent sprinkler Date: _____ X _____
 COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: CEDAR VIEW

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY X QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done based on NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 58
Sprinkler system gauge psi 91

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	___	___
13.3.2.1.1 Sprinkler control valves locked/tamper open:	___	___	___
Tamper Switch free of damage.	<u>X</u>	___	___
13.3.3.5 supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	___	___	___
coupling free: caps in place:	<u>X</u>	___	___
4.6.1 Exterior alarms properly identified:	___	<u>X</u>	___
4.6.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.2.1.3 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.7 Hydraulic nameplate attached:	<u>X</u>	___	___
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch free of damage.	<u>X</u>	___	___
5.3.3.1 Time to ring from alarm check valve _____min.	___	<u>N/a</u> sec.	___
5.3.3.2 Time to ring alarm from flow switch _____min.	___	<u>25</u> sec.	___
Did alarm supervisory company receive signal properly:	<u>X</u>	___	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	___	___
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	___	___

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1992

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. Sectional control	___	___	___
4. Pump	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>91</u>	<u>55</u>	<u>59</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>91</u>	<u>55</u>	<u>58</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date: _____ X _____
 5.3.1.1.1.3 High temp date: _____ X _____
 5.3.1.1.1 Standard sprinkler date: 1993 X _____
 5.3.1.1.5 Dry pendent sprinkler Date: _____ X _____
 COMMENTS TO "NO" ANSWERS: _____

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: CEDAR VIEW CLINIC

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi n/a
Sprinkler system gauge psi n/a

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	___	___
13.3.2.1.1 Sprinkler control valves locked/tamper open:	___	___	___
Tamper Switch free of damage.	<u>X</u>	___	___
13.3.3.5 supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	<u>X</u>	___	___
coupling free: caps in place:	___	<u>X</u>	___
4.6.1 Exterior alarms properly identified:	___	<u>X</u>	___
4.6.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.2.1.3 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.7 Hydraulic nameplate attached:	<u>X</u>	___	___
13.2.5 Main drain flow test with <u>3/4</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch free of damage.	<u>X</u>	___	___
5.3.3.1 Time to ring from alarm check valve _____min.	___	<u>N/a</u> sec.	___
5.3.3.2 Time to ring alarm from flow switch _____min.	___	<u>15</u> sec.	___
Did alarm supervisory company receive signal properly:	<u>X</u>	___	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	___	___

5.2.2.1 Piping appears free of mechanical damage: X

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u> X </u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of corrosion:	<u> X </u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears properly aligned:	<u> X </u>	<u> </u>	<u> </u>
5.2.2.2 Piping appears free of external loads:	<u> X </u>	<u> </u>	<u> </u>
5.2.1.1.1 Sprinklers appear free of corrosion:	<u> X </u>	<u> </u>	<u> </u>
5.2.1.1.1 Sprinklers appear properly orientated:	<u> X </u>	<u> </u>	<u> </u>
5.2.1.1.1 Sprinklers appear free of foreign material:	<u> X </u>	<u> </u>	<u> </u>
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u> X </u>	<u> </u>	<u> </u>
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	<u> </u>	<u> X </u>	<u> </u>
13.3.3.1 Control valve operated to closed position and returned to open position:	<u> X </u>	<u> </u>	<u> </u>
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	<u> </u>	<u> X </u>	<u> </u>

VALVE INFO

MAKE CHECK
 MODEL BRASS
 SIZE 1.5" DATE

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	<u> </u>	<u> </u>	<u> </u>
2. SYSTEM CONTROL	<u> </u>	<u> </u>	<u> </u>
3. <u>Sectional control</u>	<u> 1 </u>	<u> BFLY </u>	<u> X </u>
4. <u>Pump</u>	<u> </u>	<u> </u>	<u> </u>

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST <u> RISER </u>			<u> N/A </u>	
THIS WATER FLOW TEST <u> RISER </u>			<u> N/A </u>	

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. N/A
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	<u> </u>	<u> </u>	<u> X </u>	<u> </u>
5.3.1.1.1.3 High temp date:	<u> </u>	<u> </u>	<u> X </u>	<u> </u>
5.3.1.1.1 Standard sprinkler date:	<u> 1993 </u>	<u> X </u>	<u> </u>	<u> </u>
5.3.1.1.5 Dry pendent sprinkler Date:	<u> </u>	<u> </u>	<u> X </u>	<u> </u>

COMMENTS TO "NO" ANSWERS: _____

BRASSCO INC.

Baton Rouge Automatic Sprinkler Systems Co.

P.O. BOX 46121

Baton Rouge La. 70895

Phone (225) 275-6212

WATER BASED FIRE PROTECTION SYSTEM

NFPA 25

DATE: 8-24-2023

4452 HWY 951

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: CRU

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUALLY

A-1-1 Sprinkler supply gauge	psi	<u>N/A</u>	
A-1-2 Sprinkler system gauge	psi	<u>N/A</u>	
	YES	N/A	NO
A-2-0 System in service on inspection:	<u>X</u>	<u> </u>	<u> </u>
A-2-1 Sprinkler control valve locked/sealed open:	<u>X</u>	<u> </u>	<u> </u>
A-2-4 Anti-freeze system valve locked/tamper open:	<u> </u>	<u>X</u>	<u> </u>
A-3-2 Control valves accessible:	<u>X</u>	<u> </u>	<u> </u>
A-6-2 Alarm check valve exterior free of damage:	<u>X</u>	<u> </u>	<u> </u>
A-6-3 Water flow switch operational:	<u>X</u>	<u> </u>	<u> </u>
A-7-1 Trim piping leak tight:	<u> </u>	<u>X</u>	<u> </u>
A-8-1 Trim valves in appropriate position:	<u> </u>	<u>X</u>	<u> </u>
A-9-1 FDC plainly visible: accessible: coupling free: caps in place:	<u> </u>	<u>X</u>	<u> </u>
A-10-1 Exterior alarms properly identified:	<u> </u>	<u>X</u>	<u> </u>
A-10-2 Exterior alarms appear operational:	<u> </u>	<u>X</u>	<u> </u>
A-10-5 Interior alarms appear operational:	<u>X</u>	<u> </u>	<u> </u>
A-11-1 Extra heads in spare head cabinet:	<u>X</u>	<u> </u>	<u> </u>
A-11-2 Heads appear of proper temperature:	<u>X</u>	<u> </u>	<u> </u>
A-11-3 Head wrench for each type of head:	<u> </u>	<u>X</u>	<u> </u>
A-12-0 Standard head less than 50 year:	<u>X</u>	<u> </u>	<u> </u>
A-16-1 Wet pipe areas appear properly heated:	<u>X</u>	<u> </u>	<u> </u>
B-1-1 Hydraulic nameplate attached:	<u> </u>	<u>X</u>	<u> </u>
C-1-1 Main drain flow test with <u> </u> inch valve:	<u> </u>	<u>X</u>	<u> </u>
C-6-1 Time to ring from alarm check valve <u> </u> min.	<u> </u>	<u>N/A</u>	<u> </u> sec.
C-7-1 Time to ring alarm from flow switch <u> </u> min.	<u> </u>	<u>7</u>	<u> </u> sec.
C-9-1 Gauge appear operation properly:	<u>X</u>	<u> </u>	<u> </u>
C-10-1 Did alarm supervisory company receive signal properly:	<u>X</u>	<u> </u>	<u> </u>
D-1-1 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u> </u>	<u> </u>
D-2-1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u> </u>	<u> </u>
D-3-1 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	<u> </u>	<u> </u>
D-3-2 Piping appears free of mechanical damage:	<u>X</u>	<u> </u>	<u> </u>
D-3-3 Piping appears free of leakage:	<u>X</u>	<u> </u>	<u> </u>
D-3-4 Piping appears free of corrosion:	<u>X</u>	<u> </u>	<u> </u>
D-3-5 Piping appears properly aligned:	<u>X</u>	<u> </u>	<u> </u>

	YES	N/A	NO
D-3-6 Piping appears free of external loads:	<u>X</u>	___	___
D-4-1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
D-4-2 Sprinklers appear properly spaced:	<u>X</u>	___	___
D-4-3 Sprinklers appear properly positioned:	<u>X</u>	___	___
D-4-4 Sprinklers appear free of foreign material:	<u>X</u>	___	___
D-4-5 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___

ANNUAL TESTING AND MAINTENANCE TACKS:

E-1-1 Control valve lubricated:	<u>X</u>	___	___
E-2-1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
H-1-1 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

H-2-2 **MAKE** 1" CHECK VALVE

H-2-3 **MODEL** _____

H-2-4 **SIZE** 1" **DATE** _____

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SECTIONAL CONTROL	___	___	___
3. SYSTEM CONTROL	<u>1</u> <u>OS&Y</u>	<u>X</u>	___
4. OTHERS	___	___	___

WATER FLOW TEST AT SPRINKLER RISER

	TEST LOCATION	SIZE PIPE	STATIC	RESIDUAL
LAST WATER FLOW TEST	<u>RISER</u>	___	___	___
THIS WATER FLOW TEST	<u>RISER</u>	<u>NO DRAIN TO FLOW THIS BUILDING</u>	___	___


H-3-0 Gauge maintenance: Date last tested 2020

J-1-0 Sprinkler maintenance test:

J-1-1 High temp date:	___	___	<u>X</u>	___
J-1-2 Fast response Date:	___	___	<u>X</u>	___
J-1-3 Residential head 20 year	___	___	<u>X</u>	___
J-1-4 Standard sprinkler date:	___	<u>X</u>	___	___

COMMENTS TO "NO" ANSWERS: _____

WATER BASED FIRE PROTECTION SYSTEM

DATE: 8-24-2023 LOCATION OF INSPECTION: _____
REPORT SENT TO: EAST LA STATE HOSPITAL #98 LELIA JACKSON
ADDRESS: P.O. BOX 498 _____
CITY: JACKSON _____
STATE LA ZIP: 70748 INSPECTOR: Carl Price 
INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL
ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25

Sprinkler supply gauge psi 64
Sprinkler system gauge psi 76
YES N/A NO

- QUARTERLY TEST AND INSPECTIONS:
- System in service on inspection: X
 - 13.3.2.2 Sprinkler control valves locked/tamper open: X
 - 13.3.3.5 Supervisory switches tested: X
 - 13.2.3 Control valves accessible: X
 - 13.4.1.1 Alarm check valve exterior free of damage: X
 - 13.4.1.1 Trim piping leak tight: X
 - 13.4.1.1 Trim valves in appropriate position: X
 - 13.7.1 Fire Department Connection plainly visible: accessible: X
 - coupling free: caps in place: X
 - 5.3.3.1 Exterior alarms appear operational: X
 - 13.2.6.2 Interior alarms appear operational: X
 - 5.4.1.5.4 Extra heads in spare head cabinet: X
 - 5.4.1.5.1 Heads appear of proper temperature: X
 - 5.4.1.5.5 Head wrench for each type of head: X
 - 5.3.1.1.1 Standard head less than 50 year: X
 - 4.1.2 Wet pipe areas appear properly heated: X
 - 5.2.6 Hydraulic nameplate attached: X
 - 13.2.5 Main drain flow test with 1 inch valve: X
 - 5.3.3.2 Water flow switch operational: X
 - 5.3.3.1 Time to ring water Gong from check valve. min. N/A sec.
 - 5.3.3.2 Time to ring alarm from flow switch min. 10 sec.
 - Did alarm supervisory company receive signal properly: X
 - 5.2.4.1 Gauge appear to operate properly: X
 - 4.1.2 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated: X
 - 5.2.3 Visual inspection: hanger/seismic bracing appear attached and secure: X
 - 5.2.2 Visual inspection: "exposed" piping appear in good condition: X
 - 5.2.2.1 Piping appears free of mechanical damage: X

	YES	N/A	NO
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASKS:			
13.3.4.1 Control valve lubricated:	<u>X</u>	___	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE 1.25"CHECK

MODEL BRASS

SIZE 1.25" DATE N/A

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>OS&Y</u>	<u>X</u>
3. _____	___	___	___
4. _____	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>1"</u>	<u>76</u>	<u>32</u>	<u>66</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>1"</u>	<u>76</u>	<u>33</u>	<u>64</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2.1 5 year internal Maintenance last done. N/A
 5.3.1.1.1.3 Fast-response elements sprinklers date. 2018

COMMENTS TO "NO" ANSWERS: No visible deficiencies.

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023 LOCATION OF INSPECTION: EAST LA STATE HOSPITAL
REPORT SENT TO: EAST LA STATE HOSPITAL D.D.BUILDING
ADDRESS: P.O. BOX 498
CITY: JACKSON
STATE LA ZIP: 70748 INSPECTOR: Carl Price
SIGNATURE: [Signature]

INSPECTION FREQUENCY: MONTHLY QUARTERLY X ANNUAL
ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2011

Sprinkler supply gauge psi 63
Sprinkler system gauge psi 88

TEST AND INSPECTIONS Done per NFPA 25-2011;Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	<u>---</u>	<u>---</u>
13.3.2.1.1 Sprinkler control valves locked/tamper open:	<u>---</u>	<u>---</u>	<u>---</u>
Tamper Switch free of damage.	<u>X</u>	<u>---</u>	<u>---</u>
13.3.3.5 supervisory switches tested:	<u>---</u>	<u>X</u>	<u>---</u>
13.2.3 Control valves accessible:	<u>X</u>	<u>---</u>	<u>---</u>
13.4.1.1 Alarm check valve exterior free of damage:	<u>---</u>	<u>X</u>	<u>---</u>
13.4.1.1 Trim piping leak tight:	<u>---</u>	<u>X</u>	<u>---</u>
13.4.1.1 Trim valves in appropriate position:	<u>---</u>	<u>X</u>	<u>---</u>
13.7.1 Is the Fire Dept Connection: plainly visible: accessible:	<u>---</u>	<u>---</u>	<u>---</u>
coupling free: caps in place:	<u>X</u>	<u>---</u>	<u>---</u>
4.6.1 Exterior alarms properly identified:	<u>---</u>	<u>X</u>	<u>---</u>
4.6.1 Exterior alarms appear operational:	<u>---</u>	<u>X</u>	<u>---</u>
13.2.6.2 Interior alarms appear operational:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	<u>---</u>	<u>---</u>
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.1.3 Head wrench for each type of head:	<u>X</u>	<u>---</u>	<u>---</u>
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.7 Hydraulic nameplate attached:	<u>X</u>	<u>---</u>	<u>---</u>
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	<u>---</u>	<u>---</u>
5.3.3.2 Water flow switch free of damage.	<u>X</u>	<u>---</u>	<u>---</u>
5.3.3.1 Time to ring from alarm check valve _____min.	<u>---</u>	<u>N/A</u>	<u>---</u>
5.3.3.2 Time to ring alarm from flow switch _____min.	<u>---</u>	<u>25</u>	<u>---</u>
Did alarm supervisory company receive signal properly:	<u>---</u>	<u>X</u>	<u>---</u>
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	<u>---</u>	<u>---</u>
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	<u>---</u>	<u>---</u>

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CV-1S
 SIZE 4 " DATE 1993

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>UG</u>	<u>X</u>
3. <u>Sectional control</u>	___	___	___
4. <u>Pump</u>	___	___	___

13.2.5:Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>87</u>	<u>54</u>	<u>63</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>	<u>88</u>	<u>54</u>	<u>63</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge.2020
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date: _____ X _____
 5.3.1.1.1.3 High temp date: _____ X _____
 5.3.1.1.1 Standard sprinkler date: 2018 X _____
 5.3.1.1.5 Dry pendent sprinkler Date: _____ X _____

COMMENTS TO "NO" ANSWERS: none

WATER BASED FIRE PROTECTION SYSTEM

DATE: 8-24-2023 LOCATION OF INSPECTION:
REPORT SENT TO: EAST LA STATE HOSPITAL #165 ARMISTEAD
ADDRESS: P.O. BOX 498
CITY: JACKSON
STATE LA ZIP: 70748 INSPECTOR: Carl Price
INSPECTION FREQUENCY: MONTHLY **QUARTERLY** **ANNUAL**
ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2014

Sprinkler supply gauge psi 56
Sprinkler system gauge psi 64
YES N/A NO

- QUARTERLY TEST AND INSPECTIONS:**
- System in service on inspection: X
 - 13.3.2.2 Sprinkler control valves locked/tamper open: X
 - 13.3.3.5 Supervisory switches tested: X
 - 13.2.3 Control valves accessible: X
 - 13.4.1.1 Alarm check valve exterior free of damage: X
 - 13.4.1.1 Trim piping leak tight: X
 - 13.4.1.1 Trim valves in appropriate position: X
 - 13.7.1 Fire Department Connection plainly visible: accessible: X
 - coupling free: caps in place: X
 - 5.3.3.1 Exterior alarms appear operational: X
 - 13.2.6.2 Interior alarms appear operational: X
 - 5.4.1.5.4 Extra heads in spare head cabinet: X
 - 5.4.1.5.1 Heads appear of proper temperature: X
 - 5.4.1.5.5 Head wrench for each type of head: X
 - 5.3.1.1.1 Standard head less than 50 year: X
 - 4.1.2 Wet pipe areas appear properly heated: X
 - 5.2.6 Hydraulic nameplate attached: X
 - 13.2.5 Main drain flow test with 1 inch valve: X
 - 5.3.3.2 Water flow switch operational: X
 - 5.3.3.1 Time to ring water Gong from check valve. min. N/A sec.
 - 5.3.3.2 Time to ring alarm from flow switch min. 14 sec.
 - Did alarm supervisory company receive signal properly: X
 - 5.2.4.1 Gauge appear to operate properly: X
 - 4.1.2 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated: X
 - 5.2.3 Visual inspection: hanger/seismic bracing appear attached and secure: X
 - 5.2.2 Visual inspection: "exposed" piping appear in good condition: X
 - 5.2.2.1 Piping appears free of mechanical damage: X

	YES	N/A	NO
5.2.2.1 Piping appears free of leakage:	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears properly aligned:	<u>X</u>	<u> </u>	<u> </u>
5.2.2.2 Piping appears free of external loads:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	<u> </u>	<u> </u>
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	<u> </u>	<u> </u>
ANNUAL TESTING AND MAINTENANCE TASKS:			
13.3.4.1 Control valve lubricated:	<u>X</u>	<u> </u>	<u> </u>
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	<u> </u>	<u> </u>
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	<u> </u>	<u>X</u>	<u> </u>

VALVE INFO

MAKE 1.5"CHECK

MODEL BRASS

SIZE 1.5" DATE N/A

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	<u> </u>	<u> </u>	<u> </u>
2. SYSTEM CONTROL	<u>1</u>	<u>OS&Y</u>	<u>X</u>
3. _____	<u> </u>	<u> </u>	<u> </u>
4. _____	<u> </u>	<u> </u>	<u> </u>

13.2.5:Annual Main DRAIN TEST AT SPRINKLER RISER
 Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>65</u>	<u>32</u>	<u>58</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>64</u>	<u>32</u>	<u>56</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2020
 14.2.1 5 year internal Maintenance last done. N/A
 5.3.1.1.1.3 Fast-response elements sprinklers date. 2022

COMMENTS TO "NO" ANSWERS: No visible deficiencies.

BRASSCO INC.

Baton Rouge Automatic Sprinkler Systems Co.
P.O. BOX 46121

Baton Rouge La. 70895
Phone (225) 275-6212

WATER BASED FIRE PROTECTION SYSTEM

DATE: 8-24-2023 LOCATION OF INSPECTION:
REPORT SENT TO: EAST LA STATE HOSPITAL #99 W.T PRICE
ADDRESS: P.O. BOX 498
CITY: JACKSON
STATE LA ZIP: 70748 INSPECTOR: Carl Price

INSPECTION FREQUENCY: MONTHLY QUARTERLY ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2014

Sprinkler supply gauge psi 61
Sprinkler system gauge psi 72

YES N/A NO

QUARTERLY TEST AND INSPECTIONS:

System in service on inspection:	<u>X</u>	___	___
13.3.2.2 Sprinkler control valves locked/tamper open:	<u>X</u>	___	___
13.3.3.5 Supervisory switches tested:	___	<u>X</u>	___
13.2.3 Control valves accessible:	<u>X</u>	___	___
13.4.1.1 Alarm check valve exterior free of damage:	___	<u>X</u>	___
13.4.1.1 Trim piping leak tight:	___	<u>X</u>	___
13.4.1.1 Trim valves in appropriate position:	___	<u>X</u>	___
13.7.1 Fire Department Connection plainly visible: accessible:	___	<u>X</u>	___
coupling free: caps in place:	___	<u>X</u>	___
5.3.3.1 Exterior alarms appear operational:	___	<u>X</u>	___
13.2.6.2 Interior alarms appear operational:	<u>X</u>	___	___
5.4.1.5.4 Extra heads in spare head cabinet:	<u>X</u>	___	___
5.4.1.5.1 Heads appear of proper temperature:	<u>X</u>	___	___
5.4.1.5.5 Head wrench for each type of head:	<u>X</u>	___	___
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	___	___
4.1.2 Wet pipe areas appear properly heated:	<u>X</u>	___	___
5.2.6 Hydraulic nameplate attached:	___	<u>X</u>	___
13.2.5 Main drain flow test with <u>1</u> inch valve:	<u>X</u>	___	___
5.3.3.2 Water flow switch operational:	<u>X</u>	___	___
5.3.3.1 Time to ring water Gong from check valve. <u> </u> min. <u>N/A</u> sec.	___	___	___
5.3.3.2 Time to ring alarm from flow switch <u> </u> min. <u>9</u> sec.	___	___	___
Did alarm supervisory company receive signal properly:	___	<u>X</u>	___
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	___	___
4.1.2 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	___	___
5.2.3 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	___	___
5.2.2 Visual inspection: "exposed" piping appear in good condition	<u>X</u>	___	___
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	___	___

	YES	N/A	NO
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASKS:			
13.3.4.1 Control valve lubricated:	<u>X</u>	___	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE	<u>1.25"CHECK</u>
MODEL	<u>BRASS</u>
SIZE	<u>1.25" DATE N/A</u>

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>OS&Y</u>	<u>X</u>
3. _____	___	___	___
4. _____	___	___	___

13.2.5:Annual Main DRAIN TEST AT SPRINKLER RISER
 Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>74</u>	<u>41</u>	<u>62</u>	
THIS WATER FLOW TEST	<u>RISER</u>	<u>1"</u>	<u>72</u>	<u>41</u>	<u>61</u>	

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. .5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2018
 14.2.1 5 year internal Maintenance last done. 2018
 5.3.1.1.1.3 Fast-response elements sprinklers date. 2018

COMMENTS TO "NO" ANSWERS: none

**REPORT OF INSPECTION
WATER BASED FIRE PROTECTION SYSTEM**

DATE: 8-24-2023 4448 HWY 951
REPORT TO: FELICIANA FORENSIC FACILITY LOCATION: BIENVILLE
ADDRESS: P. O. BOX 888 INSPECTOR: Carl Price
CITY: JACKSON STATE LA ZIP: _____
SIGNATURE: _____

INSPECTION FREQUENCY: MONTHLY X QUARTERLY _____ ANNUAL _____
ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done based on NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25

Sprinkler supply gauge psi 43
Sprinkler system gauge psi 46

TEST AND INSPECTIONS Done per NFPA 25-2011; Table 5.1.1.2

	Pass	N/A	Fail
System in service on inspection:	<u>X</u>	_____	_____
13.3.2.1.1 Sprinkler control valves locked/tamper open:	_____	_____	_____
Tamper Switch free of damage.	<u>X</u>	_____	_____
13.3.3.5 supervisory switches tested:	_____	<u>X</u>	_____
13.2.3 Control valves accessible:	<u>X</u>	_____	_____
13.4.1.1 Alarm check valve exterior free of damage:	_____	<u>X</u>	_____
13.4.1.1 Trim piping leak tight:	_____	<u>X</u>	_____
13.4.1.1 Trim valves in appropriate position:	_____	<u>X</u>	_____
13.7.1 Is the Fire Dept Connection: plainly visible:	_____	_____	_____
coupling free: caps in place:	_____	<u>X</u>	_____
4.6.1 Exterior alarms properly identified:	_____	<u>X</u>	_____
4.6.1 Exterior alarms appear operational:	_____	<u>X</u>	_____
13.2.6.2 Interior alarms appear operational:	<u>X</u>	_____	_____
5.2.1.3 Extra heads in spare head cabinet:	<u>X</u>	_____	_____
5.4.1.4.1 Heads appear of proper temperature:	<u>X</u>	_____	_____
5.2.1.3 Head wrench for each type of head:	<u>X</u>	_____	_____
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	_____	_____
5.2.5 Wet pipe areas appear properly heated:	<u>X</u>	_____	_____
5.2.7 Hydraulic nameplate attached:	<u>X</u>	_____	_____
13.2.5 Main drain flow test with <u>2</u> inch valve:	<u>X</u>	_____	_____
5.3.3.2 Water flow switch free of damage.	<u>X</u>	_____	_____
5.3.3.1 Time to ring from alarm check valve _____ min.	_____	<u>N/A</u> sec.	_____
5.3.3.2 Time to ring alarm from flow switch _____ min.	_____	<u>5</u> Sec.	_____
Did alarm supervisory company receive signal properly:	<u>X</u>	_____	_____
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	_____	_____
5.2.5 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	_____	_____
5.2.3.1 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	_____	_____
5.2.2 Visual inspection: "exposed" piping appear in good condition:	<u>X</u>	_____	_____
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	_____	_____

	PASS	N/A	FAIL
5.2.2.1 Piping appears free of leakage:	<u>X</u>	___	___
5.2.2.1 Piping appears free of corrosion:	<u>X</u>	___	___
5.2.2.1 Piping appears properly aligned:	<u>X</u>	___	___
5.2.2.2 Piping appears free of external loads:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of corrosion:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear properly orientated:	<u>X</u>	___	___
5.2.1.1.1 Sprinklers appear free of foreign material:	<u>X</u>	___	___
5.2.1.2 Sprinkler spray patterns appear free of obstructions:	<u>X</u>	___	___
ANNUAL TESTING AND MAINTENANCE TASK:			
13.3.4.1 Control valve lubricated:	___	<u>X</u>	___
13.3.3.1 Control valve operated to closed position and returned to open position:	<u>X</u>	___	___
5.3.4 Antifreeze solution checked to provide adequate freeze protection. Protection temp. _____ degree:	___	<u>X</u>	___

VALVE INFO

MAKE GLOBE
 MODEL CHECK
 SIZE 1" DATE _____

NUMBER OF VALVES	# OF VALVES	OPEN	CLOSED
1. CITY	___	___	___
2. SYSTEM CONTROL	<u>1</u>	<u>GLOBE</u>	<u>X</u>
3. <u>Sectional control</u>	___	___	___
4. <u>Pump</u>	___	___	___

13.2.5: Annual Main DRAIN TEST AT SPRINKLER RISER

Note: First Static pressure reading may be high due to check valves and backflow devices between city supply and system riser.

	TEST LOCATION	SIZE	PIPE	STATIC Before	RESIDUAL Flow	STATIC After
LAST WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>46</u>	<u>38</u>	<u>42</u>
THIS WATER FLOW TEST	<u>RISER</u>	<u>2"</u>		<u>46</u>	<u>38</u>	<u>43</u>

Record the Time taken for the supply water pressure to return (stabilized) to the actual city or supply static pressure after the main drain valve is completely closed: 0 Min. 5 Sec.
 Note: A satisfactory drain test does not necessarily indicate an unobstructed passage

5.3.2 Gauge maintenance :Date last tested with test gauge. 2021
 14.2 5 year internal Inspection of Piping done. N/A

ANNUAL SPRINKLER TEST:

5.3.1.1.1.2 Fast response Date:	___	___	<u>X</u>	___
5.3.1.1.1.3 High temp date:	___	___	<u>X</u>	___
5.3.1.1.1 Standard sprinkler date:	___	___	<u>X</u>	___
5.3.1.1.5 Dry pendent sprinkler Date:	___	___	<u>X</u>	___

COMMENTS TO "NO" ANSWERS: none

BRASSCO INC.

Baton Rouge Automatic Sprinkler Systems Co.

P.O. BOX 46121
Baton Rouge La. 70895
Phone (225) 275-6212

WATER BASED FIRE PROTECTION SYSTEM

DATE: 8-24-2023

REPORT TO: EAST LA. STATE HOSPITAL LOCATION: CENTER BLDG.

ADDRESS: P. O. BOX 498 INSPECTOR: Carl Price

CITY: JACKSON STATE LA ZIP: 70748

INSPECTION FREQUENCY: MONTHLY QUARTERLY X ANNUAL

ANNUAL INSPECTION DONE IN: November

"NOTE" This inspection and test of the sprinkler system was done based on NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. All other necessary maintenance is provided by the owner's qualified representative. All chapter references below refer to NFPA 25 2014

Sprinkler supply gauge	psi <u>62</u>		
Sprinkler system gauge	psi <u>132</u>		
	YES	N/A	NO

QUARTERLY TEST AND INSPECTIONS:

System in service on inspection:	<u>X</u>	<u> </u>	<u> </u>
13.3.2.2 Sprinkler control valves locked/tamper open:	<u>X</u>	<u> </u>	<u> </u>
13.3.3.5 Supervisory switches tested:	<u>X</u>	<u> </u>	<u> </u>
13.2.3 Control valves accessible:	<u>X</u>	<u> </u>	<u> </u>
13.4.1.1 Alarm check valve exterior free of damage:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim piping leak tight:	<u> </u>	<u>X</u>	<u> </u>
13.4.1.1 Trim valves in appropriate position:	<u> </u>	<u>X</u>	<u> </u>
13.7.1 Fire Department Connection plainly visible: accessible:	<u> </u>	<u> </u>	<u> </u>
coupling free: caps in place:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Exterior alarms appear operational:	<u> </u>	<u>X</u>	<u> </u>
13.2.6.2 Interior alarms appear operational:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.5.4 Extra heads in spare head cabinet:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.5.1 Heads appear of proper temperature:	<u>X</u>	<u> </u>	<u> </u>
5.4.1.5.5 Head wrench for each type of head:	<u>X</u>	<u> </u>	<u> </u>
5.3.1.1.1 Standard head less than 50 year:	<u>X</u>	<u> </u>	<u> </u>
4.1.2 Wet pipe areas appear properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.6 Hydraulic nameplate attached:	<u> </u>	<u>X</u>	<u> </u>
13.2.5 Main drain flow test with <u>1.34</u> inch valve:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.2 Water flow switch operational:	<u>X</u>	<u> </u>	<u> </u>
5.3.3.1 Time to ring water Gong from check valve. <u> </u> min. <u>N/A</u> sec.	<u> </u>	<u> </u>	<u> </u>
5.3.3.2 Time to ring alarm from flow switch <u> </u> min. <u>38</u> sec.	<u> </u>	<u> </u>	<u> </u>
Did alarm supervisory company receive signal properly:	<u>X</u>	<u> </u>	<u> </u>
5.2.4.1 Gauge appear to operate properly:	<u>X</u>	<u> </u>	<u> </u>
4.1.2 Prior to freezing season, owner is responsible for Bldg. to be in secure condition and properly heated:	<u>X</u>	<u> </u>	<u> </u>
5.2.3 Visual inspection: hanger/seismic bracing appear attached and secure:	<u>X</u>	<u> </u>	<u> </u>
5.2.2 Visual inspection: "exposed" piping appear in good condition	<u>X</u>	<u> </u>	<u> </u>
5.2.2.1 Piping appears free of mechanical damage:	<u>X</u>	<u> </u>	<u> </u>

BRASSCO INC.

Baton Rouge Automatic Sprinkler Systems Co.

P.O. BOX 46121

Baton Rouge La. 70895

Phone (225) 275-6212

WORK ORDER

DATE: 8-24-2023
REPORT : Concept Electronics Inc.
ADDRESS: 6243 Renoir Ave
CITY: Baton Rouge
STATE LA ZIP: 70806

LOCATION OF INSPECTION:
EAST LA STATE HOSPITAL
P.O. BOX 498
Jackson, La. 70748

JOB

Quarterly Inspection on 20 wet sprinkler systems.

Systems left in service with control valves open.

"NOTE" This inspection of the sprinkler system was done as per NFPA 25 A visual examination to verify that it appears to be in operating condition and is free of physical damage. annual test done limited to Main drain flow, test water bell, make sure control vales are open. All other necessary maintenance (daily, weekly, monthly, quarterly, semiannual, 5 year,) is provided by the owner's qualified representative

Reports have been left with the customer and at the sprinkler riser. Any additional copies requested after date of inspection may require a process fee.

CUSTOMER SIGNATURE _____



Yellow

Fire Alarm Inspection Report

Date of Visit: 08/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - ITU

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: LSFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name

Time

Concept _____

All _____

All _____

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: EIMHS - Cedarview

Address: Hwy 10

City: Jackson State: La Zip: 70778

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: State of Louisiana office of State Fire Marshal

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Occupants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name	Time
<u>Concept</u>	_____
<u>AM</u>	_____
<u>AM</u>	_____

Service Performed:

- | | |
|--|--|
| <input type="checkbox"/> Weekly Tests & Inspection | <input type="checkbox"/> Semi-Annual Inspections |
| <input type="checkbox"/> Monthly Tests & Maintenance | <input type="checkbox"/> Semi-Annual Tests & Inspections |
| <input type="checkbox"/> Monthly Inspection | <input type="checkbox"/> Annual Tests & Maintenance |
| <input type="checkbox"/> Bi-Monthly Inspection | <input type="checkbox"/> Fire Drill |
| <input checked="" type="checkbox"/> Quarterly Test | |

Percentage of Devices Tested:

- 10%
- 25%
- 50%
- 100%
- 1 Device Per Zone
- Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/29/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 952-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - OakCrest

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: LSFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name

Time

Concept

All

All

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 8/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - ~~Concept~~ Magnolia

Address: Hwy 10

City: Jackson State: La Zip: 70798

Phone: (225) ~~925~~ - ~~4911~~ Co. 34 - 0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: State of Louisiana Office of State Fire Marshal

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name

Time

Concept

All

All

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 952-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - Parker Bldg

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: State of Louisiana office of State Fire Marshal

Contact: _____

Phone: (225) 925-4944

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name

Time

Name	Time
<u>Concept</u>	_____
<u>All</u>	_____
<u>All</u>	_____
_____	_____

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELAMHS - Evangeline

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: LSFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other _____ Yes No

Name	Time
<u>Concept</u>	_____
<u>All</u>	_____
<u>All</u>	_____

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.
 Address: 6243 Renoir Street
 City: Baton Rouge State: LA Zip: 70806
 Phone: (225) 9278614
 License No: F44
 UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics
 Contact: _____
 Phone: (800) 852-2902
 Acc Ref No: _____

Protected Property:

Facility Name: ELMHS-200 Bldg
 Address: Hwy 10
 City: Jackson State: La Zip: 70770
 Phone: (225) 634-0530
 Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: LSFM
 Contact: _____
 Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Occupants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name	Time
<u>Concept</u>	_____
<u>All</u>	_____
<u>All</u>	_____
_____	_____

Service Performed:

<input type="checkbox"/> Weekly Tests & Inspection	<input type="checkbox"/> Semi-Annual Inspections
<input type="checkbox"/> Monthly Tests & Maintenance	<input type="checkbox"/> Semi-Annual Tests & Inspections
<input type="checkbox"/> Monthly Inspection	<input type="checkbox"/> Annual Tests & Maintenance
<input type="checkbox"/> Bi-Monthly Inspection	<input type="checkbox"/> Fire Drill
<input checked="" type="checkbox"/> Quarterly Test	

Percentage of Devices Tested:

10%
 25%
 50%
 100%
 1 Device Per Zone
 Other _____

Comments:



Yellow

Fire Alarm Inspection Report

Date of Visit: 08/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2702

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS-CRU

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: Brendi

Authority Having Jurisdiction:

Agency: LSFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name	Time
<u>Concept</u>	_____
<u>All</u>	_____
<u>All</u>	_____

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/29/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.
 Address: 6243 Renoir Street
 City: Baton Rouge State: LA Zip: 70806
 Phone: (225) 9278614
 License No: F44
 UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics
 Contact: _____
 Phone: (902) 852-2902
 Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - Gabriel
 Address: Hwy 10
 City: JACKSON State: La Zip: 70748
 Phone: (225) 674-0530
 Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: LSFM
 Contact: _____
 Phone: (225) 925-4944

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Occupants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name	Time
<u>Concept</u>	_____
<u>All</u>	_____
<u>All</u>	_____
_____	_____

Service Performed:

<input type="checkbox"/> Weekly Tests & Inspection	<input type="checkbox"/> Semi-Annual Inspections
<input type="checkbox"/> Monthly Tests & Maintenance	<input type="checkbox"/> Semi-Annual Tests & Inspections
<input type="checkbox"/> Monthly Inspection	<input type="checkbox"/> Annual Tests & Maintenance
<input type="checkbox"/> Bi-Monthly Inspection	<input type="checkbox"/> Fire Drill
<input checked="" type="checkbox"/> Quarterly Test	

Percentage of Devices Tested:

10%
 25%
 50%
 100%
 1 Device Per Zone
 Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/29/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: ~~Concept Electronics~~ ELMKS - 98

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: LSFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name	Time
<u>Concept</u>	_____
<u>All</u>	_____
<u>All</u>	_____

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/21/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELMH5 - Grouphome 99

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: LSFM

Contact: _____

Phone: (225) 925-4944

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name

Time

Concept

All

All

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 08/29/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - Grayhome 165

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: (225) 634-0530

Customer Contact: _____

Authority Having Jurisdiction:

Agency: LSFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other Yes No

Name

Time

Concept _____

All _____

All _____

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 8/28/23

Job Number:

Page 1 of

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 9278614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Concept Electronics

Contact: _____

Phone: (800) 852-2902

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - ASSA

Address: Hwy 10

City: JACKSON State: La Zip: 70798

Phone: (225) 634-0530

Customer Contact: Brandi

Authority Having Jurisdiction:

Agency: State of Louisiana Office of State Fire Marshal

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

	Yes	No	Name	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Concept</u>	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All</u>	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>All</u>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Service Performed:

- Weekly Tests & Inspection
- Monthly Tests & Maintenance
- Monthly Inspection
- Bi-Monthly Inspection
- Quarterly Test
- Semi-Annual Inspections
- Semi-Annual Tests & Inspections
- Annual Tests & Maintenance
- Fire Drill

Percentage of Devices Tested:

- 10%
- 25%
- 50%
- 100%
- 1 Device Per Zone
- Other _____

Comments:



Fire Alarm Inspection Report

Date of Visit: 10/27/2022

Job Number: 93990

Page 1 of 7

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 927-8614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Design

Contact: _____

Phone: (800) 852-2902

Acc Ref No: C7-5602

Protected Property:

Facility Name: ELMHS - ITU Bldg

Address: Hwy 10

City: Jackson State: LA Zip: 70748

Phone: ()

Customer Contact: William Lillie

Authority Having Jurisdiction:

Agency: LASFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other _____ Yes No

Name	Time
<u>Acadian</u>	<u>900</u>
<u>Staff</u>	<u>900</u>
<u>Staff</u>	<u>900</u>

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:

A. Main Panel Switches and Indicators

Switches

Comments:

Reset	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Message Acknowledge	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Alarm Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Supervisory Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Trouble Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Drill	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Security Silence	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Panel Switches & Keypads	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Control	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Lamp Test	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

Indicators

Comments:

Normal	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Alarm	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Supervisory	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Trouble	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Test/Program	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Security	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Main Display	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

C. Main Panel Control Functions

Comments:

Initiating Device Circuits	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Signal Device Circuits	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Notification App. Circuits	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Printer	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Relay/Control	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

D. Emergency Communication Equipment

Comments:

	Qty	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Warden Phones		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Phone Jacks	2	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Phone Set(s)		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Off-Hook Indicator		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Call-In Signal		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Phone Switch		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Tone Generator		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Amplifiers		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Microphone		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Message Module		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
System Performance		<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	



SYSTEM TEST AND INSPECTION

III. Initiating Devices

Detail Attachment (B) Pages _____ Sensitivity Results (C) Pages _____

Device Type	Performed		Total Qty	Qty Tested	Comments:
Pull Stations	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	22	22	
Smoke Detectors	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	174	174	
Heat Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Duct Detectors	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	12	12	
Beam Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Flame Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Water Flows	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Tampers	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Monitor Module	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Pressure Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Temp. Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			

Comments:

III. Notification Appliances

Detail Attachment (D) Pages _____

Evacuation Signal Type:	Qty	Performed		Pass	Fail	Other
<input type="checkbox"/> Bells	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<input type="checkbox"/> Chimes	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<input type="checkbox"/> Horns	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<input type="checkbox"/> Speakers	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<input checked="" type="checkbox"/> Strobes	18	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<input checked="" type="checkbox"/> Combination	120	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

Comments:

IV. On/Off Premise Monitoring

Alarm Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Alarm Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Trouble Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Trouble Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Supervisory Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Supervisory Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail

Comments:



POST TEST INFORMATION

Post-Test Status: Operational Inoperative* Impaired* (*See Page 6 for details)

System restored to above status: Date 10/27/2022 Time 1200

Post-Test Notification:				Name	Time
Monitoring Entity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>Design</u>	<u>1200</u>
Building Occupants	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>Staff</u>	<u>1200</u>
Building Management	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>Staff</u>	<u>1200</u>
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			_____	_____
AHJ (notified of any impairments)	<input type="checkbox"/> Yes <input type="checkbox"/> No			_____	_____

SIGNATURES

Name of Inspector Ricky Leger E-14829 Date 10/27/2022 Time 1230

Signature RLJ

Name of Owner/Representative William Lillie Date 10/27/2022 Time 1230

Signature _____



Fire Alarm Inspection Report

Date of Visit: 08/26/2022

Job Number: 93782

Page 1 of 7

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 927-8614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: Design

Contact: _____

Phone: (800) 852-2902

Acc Ref No: C7-5643

Protected Property:

Facility Name: ELMHS - Oak Crest

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: ()

Customer Contact: William Lillie

Authority Having Jurisdiction:

Agency: LASFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity Yes No

Building Occupants Yes No

Building Management Yes No

Other _____ Yes No

Name	Time
<u>Design</u>	<u>800</u>
<u>Staff</u>	<u>800</u>
<u>Staff</u>	<u>800</u>

Service Performed:

Weekly Tests & Inspection

Monthly Tests & Maintenance

Monthly Inspection

Bi-Monthly Inspection

Quarterly Test

Semi-Annual Inspections

Semi-Annual Tests & Inspections

Annual Tests & Maintenance

Fire Drill

Percentage of Devices Tested:

10%

25%

50%

100%

1 Device Per Zone

Other _____

Comments:



A. Main Panel Switches and Indicators
Switches

Comments:

Reset	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Message Acknowledge	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Alarm Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Drill	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Security Silence	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Panel Switches & Keypads	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Control	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Lamp Test	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

Indicators

Comments:

Normal	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Alarm	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Test/Program	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Security	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Main Display	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

C. Main Panel Control Functions

Comments:

Initiating Device Circuits	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Signal Device Circuits	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Notification App. Circuits	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Printer	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Relay/Control	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

D. Emergency Communication Equipment

Comments:

	Qty	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Warden Phones	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Phone Jacks	2	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Phone Set(s)	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Off-Hook Indicator	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Call-In Signal	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Phone Switch	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Tone Generator	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Amplifiers	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Microphone	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Message Module	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
System Performance	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____



SYSTEM TEST AND INSPECTION

III. Initiating Devices

Detail Attachment (B) Pages _____ Sensitivity Results (C) Pages _____

Device Type	Performed		Total Qty	Qty Tested	Comments:
Pull Stations	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	8	8	
Smoke Detectors	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	87	87	
Heat Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Duct Detectors	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	6	6	
Beam Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Flame Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Water Flows	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Tampers	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Monitor Module	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Pressure Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Temp. Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			

Comments:

III. Notification Appliances

Detail Attachment (D) Pages _____

Evacuation Signal Type:	Qty	<input type="checkbox"/> Temporal	<input type="checkbox"/> Coded	<input checked="" type="checkbox"/> General Alarm
		<input type="checkbox"/> Voice	<input type="checkbox"/> Visual	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bells		<input type="checkbox"/> Visual	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Chimes		<input type="checkbox"/> Visual	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input checked="" type="checkbox"/> Horns	8	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Speakers		<input type="checkbox"/> Visual	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Strobes		<input type="checkbox"/> Visual	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Combination		<input type="checkbox"/> Visual	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Other		<input type="checkbox"/> Visual	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Comments:

IV. On/Off Premise Monitoring

Alarm Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Alarm Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Trouble Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Trouble Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Supervisory Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Supervisory Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail

Comments:



POST TEST INFORMATION

Post-Test Status: Operational Inoperative* Impaired* (*See Page 6 for details)

System restored to above status: Date 08/26/2022 1000

Post-Test Notification:				Name	Time
Monitoring Entity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<u>Design</u>	<u>1000</u>
Building Occupants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<u>Staff</u>	<u>1000</u>
Building Management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		<u>Staff</u>	<u>1000</u>
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____
AHJ (notified of any impairments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		_____	_____

SIGNATURES

Name of Inspector Ricky Leger E-14829 Date 08/26/2022 Time 1000

Signature RLJ

Name of Owner/Representative William Lillie Date 8/26/22 Time 1000

Signature _____



Fire Alarm Inspection Report

Date of Visit: 08/25/2022

Job Number: 93767

Page 1 of 7

GENERAL INFORMATION

Service Organization:

Name: Concept Electronics Inc.

Address: 6243 Renoir Street

City: Baton Rouge State: LA Zip: 70806

Phone: (225) 927-8614

License No: F44

UL Certification No: _____

Monitoring Entity:

Name: _____

Contact: _____

Phone: ()

Acc Ref No: _____

Protected Property:

Facility Name: ELMHS - CRU Building

Address: Hwy 10

City: Jackson State: La Zip: 70748

Phone: ()

Customer Contact: William Lillie

Authority Having Jurisdiction:

Agency: LASFM

Contact: _____

Phone: (225) 925-4911

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

Monitoring Entity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Occupants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Building Management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name	Time
Staff _____	1300
Staff _____	1300
Staff _____	1300

Service Performed:

<input type="checkbox"/> Weekly Tests & Inspection	<input type="checkbox"/> Semi-Annual Inspections
<input type="checkbox"/> Monthly Tests & Maintenance	<input type="checkbox"/> Semi-Annual Tests & Inspections
<input type="checkbox"/> Monthly Inspection	<input checked="" type="checkbox"/> Annual Tests & Maintenance
<input type="checkbox"/> Bi-Monthly Inspection	<input type="checkbox"/> Fire Drill
<input type="checkbox"/> Quarterly Test	

Percentage of Devices Tested:

10%
 25%
 50%
 100%
 1 Device Per Zone
 Other _____

Comments:



SYSTEM INFORMATION

Manufacturer: Edwards (CEI14156) **Model No:** iO1000 **UL Labeled** Yes No
 Hardwired **Circuit** **Style** **ADA Configured** Yes No
 Addressable IDC _____ Software Rev: 04.10.00
 Combination of Both SLC B Date Last Serviced: 2021
 NAC B

Transmission Type: McCullogh Multiplex Digital
 Reverse Polarity RF Other (Specify) _____

Comments:

SYSTEM TEST AND INSPECTION

I. Main Control Panel

A. Primary Power Supply:

1. Primary Voltage Reading: 120VAC
 Location of Disconnect: Pnl EM-C Ckt 5
 Is disconnect locked out? Yes No Unknown
 Is circuit dedicated? Yes No Unknown

 Fuse Circuit Breaker Rating 20A

Comments:

2. Secondary (Standby)
 a. Battery
 Battery Condition (Visual) Pass Fail
 Battery Supervision Pass Fail
 Amp Hour Rating: 12AH
 Battery Type: Dry Cell Nickel Cadmium
 Sealed Lead Acid Lead Acid
 Other

Charger Test
 Charging Circuit Voltage: ok
 Charging Circuit Current: ok
 Load Voltage Test
 Battery Voltage Level: ok
 Discharge Test
 Battery Voltage Level: ok
 Open Circuit Voltage Test
 Battery Voltage Level: ok

b. Generator Yes No Dedicated
 c. UPS Yes No Dedicated
 d. Other _____

3. Ground Fault Monitor N/A Pass Fail



A. Main Panel Switches and Indicators

Comments:

Switches

Reset	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Message Acknowledge	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Alarm Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble Silence	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Drill	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Security Silence	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Panel Switches & Keypads	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Control	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Lamp Test	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

Indicators

Comments:

Normal	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Alarm	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Test/Program	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Security	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Main Display	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

C. Main Panel Control Functions

Comments:

Initiating Device Circuits	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Signal Device Circuits	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Notification App. Circuits	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Printer	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Relay/Control	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

D. Emergency Communication Equipment

Comments:

	Qty	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Warden Phones	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Phone Jacks	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Phone Set(s)	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Off-Hook Indicator	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Call-In Signal	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Phone Switch	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Tone Generator	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Amplifiers	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Microphone	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Message Module	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
System Performance	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____



SYSTEM TEST AND INSPECTION

III. Initiating Devices

Detail Attachment (B) Pages _____ Sensitivity Results (C) Pages _____

Device Type	Performed		Total Qty	Qty Tested	Comments:
Pull Stations	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	8	8	
Smoke Detectors	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	44	44	
Heat Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Duct Detectors	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	6	6	
Beam Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Flame Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Water Flows	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Tampers	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Monitor Module	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Pressure Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Temp. Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional			

Comments:

III. Notification Appliances

Detail Attachment (D) Pages _____

Evacuation Signal Type: Temporal Coded General Alarm
 Voice Visual Other _____

<input type="checkbox"/> Bells	Qty _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Chimes	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Horns	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Speakers	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Strobes	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input checked="" type="checkbox"/> Combination	7	<input checked="" type="checkbox"/> Visual	<input checked="" type="checkbox"/> Functional	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Comments:

IV. On/Off Premise Monitoring

Alarm Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Alarm Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Trouble Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Trouble Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Supervisory Signal	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
Supervisory Restore	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail

Comments:



POST TEST INFORMATION

Post-Test Status: Operational Inoperative* Impaired* (*See Page 6 for details)

System restored to above status: Date 08/125/2022 1400

Post-Test Notification:			Name	Time
Monitoring Entity	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Staff</u>	<u>1400</u>
Building Occupants	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Staff</u>	<u>1400</u>
Building Management	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Staff</u>	<u>1400</u>
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
AHJ (notified of any impairments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

SIGNATURES

Name of Inspector Ricky Leger E-14829 Date 08/25/2022 Time 1400

Signature RLJ

Name of Owner/Representative William Lillie Date 8/25/22 Time 1400

Signature _____