

<b>INVITATION TO BID</b>		<b>LSU</b>	<b>BID DUE DATE AND TIME</b>	
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL & MECHANICAL COLLEGE			<b>05/20/2025      11:00 AM      CT</b>	
<b>SOLICITATION RFQ-0000002514</b> <b>SUPPLIER #</b> <b>SUPPLIER NAME AND ADDRESS</b> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>			<b>RETURN BID TO</b> lsubids@lsu.edu  <b>Buyer</b> Erica Pino <b>Buyer Phone</b> <b>Buyer Email</b> epino2@lsu.edu <b>Issue Date</b> 05/01/2025	
TITLE: Maintenance and Inspections For Automatic Clean Agent Fire Suppression Systems - Term Contract				
Addendum 02: Notice is given to all parties that this Solicitation is amended by the University as stated herein. This Addendum is hereby made an official part of this solicitation. See attached Supplier Inquiries and Responses.				
<p style="text-align: center;"><b>To Be Completed By Supplier</b></p> <ol style="list-style-type: none"> <li>_____ "No Bid" (sign and return this page only).</li> <li>_____ My Company does not wish to receive future solicitations for this spend category.</li> <li>Specify your Delivery: To be made within _____ days after receipt of order.</li> <li>If applicable, Supplier's Addendum Acknowledgement/Response: As an authorized agent/signatory of the supplier, I/we acknowledge receipt of this Addendum, and _____ submit no alterations/clarifications to our original bid. _____ submit superseding revisions/clarifications to our original bid as written herein or attached hereto.</li> </ol> <p style="text-align: center;"><b>General Instructions to Suppliers</b></p> <ol style="list-style-type: none"> <li>Sealed bids for furnishing the items and/or services specified are hereby solicited, and will be received by LSU Procurement at the "Return Bid To" address stated above, until the specified due date and time.</li> <li>Read the entire solicitation, including all terms, conditions and specifications.</li> <li>All bid information and prices must be typed or written in ink. Any corrections, erasures or other forms of alteration to unit price are to be initialed by the supplier.</li> <li>Bid prices are to be quoted FOB LSU/Destination and inclusive of any and all applicable shipping and handling charges unless otherwise specified in the solicitation. Any invoiced delivery charges not quoted and itemized on the LSU purchase order are subject to rejection and non-payment.</li> <li>Payment is to be made within 30 days after receipt of properly executed invoice, or delivery and acceptance, whichever is later.</li> <li>By signing this solicitation, the supplier certifies compliance with all general instructions to suppliers, terms, conditions and specifications; and further certifies that this bid is made without collusion or fraud.</li> </ol>				
<b>SUPPLIER NAME</b>			<b>MAILING ADDRESS</b>	
<b>AUTHORIZED SIGNATURE</b>			<b>CITY, STATE ZIP</b>	
<b>PRINTED NAME</b>			<b>PHONE #</b>	
<b>TITLE</b>			<b>FAX #</b>	
<b>E-MAIL</b>			<b>FEDERAL TAX ID #</b>	

RFQ-0000002514

## Addendum 02

### Supplier Inquiry and Response

Q1. Would there be ability to have the last contract/service for the vendor that was previously providing this service?

I assume that this was being performed by a vendor and there would be invoices or some sort of documentation of cost involved. Or if there is a budget number associated to this bid?

A1. This has not been previously bid. The estimated budget is \$99,600.

Q2. I am emailing to request the most recent inspection report for each of the fire suppression systems that are included in the solicitation. The inspection reports provide specific information on the system components which help us in pricing future inspections.

A2. See the attached inspection reports.

Q3. Under the line item for the standard hourly rate, a quantity of 20 is listed. Could you clarify what this quantity refers to or what is expected here?

A3. We are requesting an hourly rate for service calls. 20 is the estimated number of hours we expect for service calls for the initial term of the contract. See #4 Estimated Quantities in the LSU Term Contract – Terms & Conditions document.

Q4. Similarly, under the line item for the after-hours hourly rate, a quantity of 10 is shown. Could you please explain what this figure represents?

A4. We are requesting an hourly rate for after-hours service calls. 10 is the estimated number of hours we expect to use for after-hours service calls for the initial term of the contract. See #4 Estimated Quantities in the LSU Term Contract – Terms & Conditions document.

Q5. For the line item related to hydrostatic testing of the hoses, are they requesting a price per hose or a total price for all hoses?

A5. Price per hose. The quantity on the price sheet has been updated to 32. See the attached revised price sheet.

Q6. Can you provide me with the previous winning bid numbers?

A6. This has not been previously bid.

# Revised Price Sheet - Addendum 02

PRICE SHEET			INVITATION TO BID			Page 12
SOLICITATION RFQ-0000002514			DUE DATE 05/20/2025		DUE TIME 11:00:00 AM	
ITEM NO.	ITEM DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED AMOUNT	
21	All or None  <b>Automatic Clean Agent Fire Suppression Systems Replacement Gas Nitrogen</b>	1	Pound	\$ _____	\$ _____	
22	All or None  <b>Automatic Clean Agent Fire Suppression Systems Complete Hydro-Static Hose Test per NFPA 2001</b>	32	Each	\$ _____	\$ _____	



Mobile, AL Office  
(251)473-6000

Baton Rouge, LA Office  
(225)753-8512

Charlotte, NC Office  
(980)282-1600



Beaumont, TX Office  
(409)729-4444

Lake Charles, LA Office  
(337)882-0000

### Life Safety Analysis

Supervisor (Print): \_\_\_\_\_ Job Site: \_\_\_\_\_ Date: \_\_\_\_\_ LSA# \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Area of Work: \_\_\_\_\_ Work Order or PO#: \_\_\_\_\_

#### Task Activity; List of detailed job steps:

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#### Potential Hazards: Check all that apply

<b>A</b> Electrocution/Shock	<b>H</b> Hot Surfaces	<b>O</b> Excavations	<b>V</b> Chemicals (MSDS Review)
<b>B</b> Fall from heights	<b>I</b> Pinch points	<b>P</b> Lead paint	<b>W</b> Restricted/Confined space
<b>C</b> Work overhead	<b>J</b> Flying particles	<b>Q</b> Silica dust	<b>X</b> Poor Lighting
<b>D</b> Lifting: Manual/Mechanical	<b>K</b> Vehicle traffic	<b>R</b> Asbestos	<b>Y</b> Extreme Temperatures
<b>E</b> Rough/Sharp Material	<b>L</b> Runway traffic	<b>S</b> Poor work position	<b>Z</b> Compressed Air
<b>F</b> Slippery/Uneven surfaces	<b>M</b> Welding fumes	<b>T</b> Noise	<b>AA</b> Repetitive Motion
<b>G</b> Machinery: Rotating/Moving	<b>N</b> Welding arc	<b>U</b> Flammable materials	<b>BB</b> Other:

#### Letter: Corrective Actions taken to ensure safety

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#### Safety Checklist

Permits Required	Y	N	PPE Needed	Y	N	Energized Equipment Secured	Y	N
General Work			Face Shield			Ground Fault protections (GFCI)		
Hot Work			Mono-goggles			Lock out/Tag out		
Personnel Blanket			Hearing Protection			Electrical tools/cords inspected		
Confined Space Entry			Gloves for specific hazard			High voltage lines identified		
Rail Work-Derailer/Blue flag			Rubber boots			Hot surfaces need temporary		
Pre-Lift Rigging			Chemical suits			Cords/leads/hoses elevated 7'		
Excavation			Fall protection equipment			<b>Work Platforms for Task</b>	Y	N
Demolition			Respiratory protection			Scaffold needed/inspected		
Permit Numbers:			Foot/Metatarsal			JLG/Scissor lift inspected (attach)		
			Location of safety shower known			Ladders (inspected & secured)		
			Location of eyewash known			Wind Speed 25mph or greater		
<b>Fire Protection Precautions</b>	Y	N	Electrical Flash gear			Other:		
Fire Blankets			Jewelry policy being followed			<b>Abatements Necessary</b>	Y	N
Welding Screens			<b>Barricades Needed</b>	Y	N	Asbestos		
Flammables Removed			Caution (yellow)			Lead Paint		
Correct Fire Extinguishers			Danger (red)			Other:		
LEL Measured			Hard barricade			Other:		
Trained Fire Watch Stationed			Flashing lights			Other:		
Wind Direction								

**CONTINUE ON BACK!**



### Life Safety Analysis

In the event of an emergency call: \_\_\_\_\_ Fires are reported by calling: \_\_\_\_\_

Life Safety Review:	Yes	No	N/A
• Do you understand your job task and safety requirements?			
• Have you, your supervisor, and the client confirmed the equipment and/or process has been properly blocked, tagged, drained, decontaminated, and bleeders open and rodded?			
• If line breaking is required, have you been trained and are following proper procedures?			
• Have proper safety precautions been taken for others in the work area that may be affected by your task?			
• Do you have all the proper information, tools, equipment, and materials to safely perform the task?			
• Does the work area require scan/sign in and out?			

#### Additional Comments or Instructions:


Post Job Safety/Quality Review:	Yes	No
• Do you or anyone in the work team know of or had job related injuries or health concerns today? If yes, explain below and report immediately.		
• Did you or any member of the work team witness a "near miss" or incident that could have caused an injury or health concern today? If yes, explain below.		
• Do you know of any environmental incident that occurred on this task? If yes, explain below.		
• Did your work team clean the work area at the end of shift/completion of task?		

#### Lessons Learned: Explanations from Post Job Review and ideas on how to improve our process next time


I understand the safety measures and how to perform this task incident free.		Post-Lunch Review	I have worked safely today and have not been injured. All incidents have been reported.	
Crew Sign-in Before Task:	Time	Initial	Crew Sign-out After Task	Time

I attest that I have reviewed this document and addressed any employee concerns associated with safety and the execution of the task.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Address: 520 ELMWOOD PARK BLVD. #110  
City, State, Zip: HARAHAN, LA. 70123  
Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: AG CHEMISTRY LAB 110  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

Date of Service: 06/15/23  
Time: 9:00 ☒ AM ☐ PM  
SR#: 54876120  
Task#:   
Inspector: David Bochicchio

Special Hazards Inspection Report

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.		Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)	
PYROTRONICS		CP2HR		120				TILE	70 F		1	360				
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-BUILTs Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System												YES	NO	N/A		
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
As-built Drawings On Site												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hoses Inspected												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Last Hose Test:												NA				
6. Detection												Photo	Ion	Thermal		
Qty. Of Detectors												0	2	0		
Qty. Of Detectors Tested At Last Inspection												0	2	0		
Qty. Detectors Tested Normal This Inspection												0	0	0		
Qty. Detectors Sensitivity Tested this Inspection												0	0	0		
Date Of Last Sensitivity Test												UNKNOWN				
Detectors Cleaned												<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Date Of Last Detector Cleaning												UNKNOWN				
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices												YES	NO	N/A		
Notification Devices Tested Normal												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quantity Of Notification Devices												2				
9. Auxiliary Controls												YES	NO	N/A		
Dampers Installed & Operable												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment Power Shutdown Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HVAC Shutdown Installed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pressure Switches Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Function Of Pressure Switch:												NA				
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection												YES	NO	N/A		
System Reset For Normal Operation												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged (Red/Green/Other)												GREEN				



Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAHAN, LA. 70123  
Phone# 504-736-0104

Special Hazards Inspection Report

Customer: LSU AG CHEMISTRY LAB 110  
Inspector: David Bochicchio

Date of Service: 6/15/23  
SR#: 54876120  
Task#: 0

12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	PYR-A-LON	AA15143	6/1/2022		332		360	AVERAGE	NA	68 F	2021	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: NONE54876120

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Acceptance of customer or customer's representative

Signature: Date: 6/15/2023

Print Name: JIM HENRY

Inspector Signature: Date: 6/15/2023

Inspector Name (Print): David Bochicchio



## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY

Contact: JIM HENRY

Address: AG CHEMISTRY LAB 117

BATON ROUGE, LA.

Phone: 225-578-6815

Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/15/23

Time: 9:00

☒ AM

☐ PM

SR#: 54876120

Task#:

Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
PYROTRONICS		CP2HR		120				TILE	67 F	1	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Builts Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System		YES	NO	N/A												
Hazard Area Clean / Orderly		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
As-built Drawings On Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Piping Secure & Clear of Debris		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Hoses Inspected		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Date Of Last Hose Test:		4/15/2017														
6. Detection		Photo	Ion	Thermal												
Qty. Of Detectors		0	2	0												
Qty. Of Detectors Tested At Last Inspection		0	2	0												
Qty. Detectors Tested Normal This Inspection		0	0	0												
Qty. Detectors Sensitivity Tested this Inspection		0	0	0												
Date Of Last Sensitivity Test		UNKNOWN														
Detectors Cleaned		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A												
Date Of Last Detector Cleaning		UNKNOWN														
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices		YES	NO	N/A												
Notification Devices Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Notification Devices Operate. As Designed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Instructional Signs Installed at Each Device		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Quantity Of Notification Devices		2														
9. Auxiliary Controls		YES	NO	N/A												
Dampers Installed & Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Equipment Power Shutdown Installed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
HVAC Shutdown Installed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pressure Switches Installed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Alarms Reported To Monitoring Co.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Function Of Pressure Switch:		NA														
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection		YES	NO	N/A												
System Reset For Normal Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
System Tagged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
System Tagged (Red/Green/Other)		GREEN														

Address: 520 ELMWOOD PARK BLVD #110  
 City, State, Zip: HARRAHAN, LA. 70123  
 Phone# 504-736-0104

# Special Hazards Inspection Report

Customer: LSU AG CHEMISTRY LAB 117  
 Inspector: David Bochicchio

Date of Service: 6/15/23  
 SR#: 53854596  
 Task#: 0

## 12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	MED	PYR-A-LON	268922	6/1/2022		110		360	AVERAGE	NA	68 F	2021	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: NONE

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

**IMPORTANT NOTICE TO CUSTOMER:** Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

### Acceptance of customer or customer's representative

Signature: \_\_\_\_\_ Date: 6/15/2023

Print Name: \_\_\_\_\_

JIM HENRY

Inspector Signature: \_\_\_\_\_ Date: 6/15/2023

Inspector Name (Print): \_\_\_\_\_

David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: AG CHEMISTRY LAB 118  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/15/23  
Time: 9:00 ☒ AM ☐ PM  
SR#: 54876120  
Task#:   
Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
PYROTRONICS		CP2HR		120				TILE	67 F	1	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Builts Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System												YES	NO	N/A		
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
As-built Drawings On Site												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hoses Inspected												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Last Hose Test:												4/15/2017				
6. Detection												Photo	Ion	Thermal		
Qty. Of Detectors												0	4	0		
Qty. Of Detectors Tested At Last Inspection												0	4	0		
Qty. Detectors Tested Normal This Inspection												0	0	0		
Qty. Detectors Sensitivity Tested this Inspection												0	0	0		
Date Of Last Sensitivity Test												UNKNOWN				
Detectors Cleaned												<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Date Of Last Detector Cleaning												UNKNOWN				
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices												YES	NO	N/A		
Notification Devices Tested Normal												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quantity Of Notification Devices												2				
9. Auxiliary Controls												YES	NO	N/A		
Dampers Installed & Operable												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment Power Shutdown Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HVAC Shutdown Installed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pressure Switches Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Function Of Pressure Switch:												NA				
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection												YES	NO	N/A		
System Reset For Normal Operation												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged (Red/Green/Other)												YELLOW				



Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAHAN, LA. 70123  
Phone# 504-736-0104

# Special Hazards Inspection Report

Customer: LSU AG CHEMISTRY LAB 118  
Inspector: David Bochicchio

Date of Service: 6/15/23  
SR#: 53854596  
Task#: 0

12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	PYR-A-LON	AA020040	6/1/2022		480		360	AVERAGE	NA	68 F	2021	
2													
3													
4													
5													
6													
7													
8													
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20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: FEDEFEDERAL SIGNAL 450D HORN STROBE IN CORRIDOR DOES NOT FLASH.

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Acceptance of customer or customer's representative

Signature: Date: 6/15/2023

Print Name: JIM HENRY

Inspector Signature: Date: 6/15/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: AG CHEMISTRY LAB 130  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/15/23  
Time: 9:00 ☒ AM ☐ PM  
SR#: 54876120  
Task#:   
Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
PYROTRONICS		CP2HR		120				TILE	67 F	1	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Built's Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System												YES	NO	N/A		
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
As-built Drawings On Site												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hoses Inspected												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Last Hose Test:												4/15/2017				
6. Detection												Photo	Ion	Thermal		
Qty. Of Detectors												0	2	0		
Qty. Of Detectors Tested At Last Inspection												0	2	0		
Qty. Detectors Tested Normal This Inspection												0	0	0		
Qty. Detectors Sensitivity Tested this Inspection												0	0	0		
Date Of Last Sensitivity Test												UNKNOWN				
Detectors Cleaned												<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Date Of Last Detector Cleaning												UNKNOWN				
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices												YES	NO	N/A		
Notification Devices Tested Normal												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quantity Of Notification Devices												2				
9. Auxiliary Controls												YES	NO	N/A		
Dampers Installed & Operable												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment Power Shutdown Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HVAC Shutdown Installed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pressure Switches Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Function Of Pressure Switch:												NA				
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection												YES	NO	N/A		
System Reset For Normal Operation												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged (Red/Green/Other)												GREEN				





Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAHAN, LA. 70123  
Phone# 504-736-0104

Special Hazards Inspection Report

Customer: LSU AG CHEMISTRY LAB 130  
Inspector: David Bochicchio

Date of Service: 6/15/23  
SR#: 54876120  
Task#: 0

12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	PYR-A-LON	AA002742	6/1/2022		166		360	AVERAGE	NA	68 F	2021	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: NONE

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Acceptance of customer or customer's representative

Signature:	Date:
	6/15/2023
Print Name:	
JIM HENRY	

Inspector Signature:	Date:
	6/15/2023
Inspector Name (Print):	
David Bochicchio	

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

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**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

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- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
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**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110  
City, State, Zip: HARAHAN, LA. 70123  
Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: AG CHEMISTRY LAB 131  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/15/23  
Time: 9:00 ☒ AM ☐ PM  
SR#: 54876120  
Task#:  
Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
PYROTRONICS		CP2HR		120				TILE	67 F	1	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Builts Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System												YES	NO	N/A		
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
As-built Drawings On Site												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hoses Inspected												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Last Hose Test:												4/15/2017				
6. Detection												Photo	Ion	Thermal		
Qty. Of Detectors												0	2	0		
Qty. Of Detectors Tested At Last Inspection												0	2	0		
Qty. Detectors Tested Normal This Inspection												0	0	0		
Qty. Detectors Sensitivity Tested this Inspection												0	0	0		
Date Of Last Sensitivity Test												UNKNOWN				
Detectors Cleaned												<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Date Of Last Detector Cleaning												UNKNOWN				
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices												YES	NO	N/A		
Notification Devices Tested Normal												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quantity Of Notification Devices												2				
9. Auxiliary Controls												YES	NO	N/A		
Dampers Installed & Operable												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment Power Shutdown Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HVAC Shutdown Installed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pressure Switches Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Function Of Pressure Switch:												NA				
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection												YES	NO	N/A		
System Reset For Normal Operation												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged (Red/Green/Other)												GREEN				



Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAHAN, LA. 70123  
Phone# 504-736-0104

Special Hazards Inspection Report

Customer: LSU AG CHEMISTRY LAB 131  
Inspector: David Bochicchio

Date of Service: 6/15/23  
SR#: 54876120  
Task#: 0

12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	PYR-A-LON	AA034070	6/1/2022		166		360	AVERAGE	NA	68 F	2021	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: NONE

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Acceptance of customer or customer's representative

Signature: Date: 6/15/2023

Print Name: JIM HENRY

Inspector Signature: Date: 6/15/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110  
City, State, Zip: HARAHAN, LA. 70123  
Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: AG CHEMISTRY LAB 209-210  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/15/23  
Time: 9:00 ☒ AM ☐ PM  
SR#: 54876120  
Task#:   
Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
PYROTRONICS		CP2HR		120				TILE	67 F	1	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Builts Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		2	Qty. Of Abort Switches	2												
Qty. Of Release(s) Tested Normal		2														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System												YES	NO	N/A		
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
As-built Drawings On Site												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hoses Inspected												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Last Hose Test:												4/15/2017				
6. Detection												Photo	Ion	Thermal		
Qty. Of Detectors												0	4	0		
Qty. Of Detectors Tested At Last Inspection												0	4	0		
Qty. Detectors Tested Normal This Inspection												0	0	0		
Qty. Detectors Sensitivity Tested this Inspection												0	0	0		
Date Of Last Sensitivity Test												UNKNOWN				
Detectors Cleaned												<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Date Of Last Detector Cleaning												UNKNOWN				
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices												YES	NO	N/A		
Notification Devices Tested Normal												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quantity Of Notification Devices												2				
9. Auxiliary Controls												YES	NO	N/A		
Dampers Installed & Operable												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment Power Shutdown Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HVAC Shutdown Installed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pressure Switches Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Function Of Pressure Switch:												NA				
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection												YES	NO	N/A		
System Reset For Normal Operation												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged (Red/Green/Other)												GREEN				



Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAH, LA. 70123  
Phone# 504-736-0104

# Special Hazards Inspection Report

Customer: LSU AG CHEMISTRY LAB 209-210  
Inspector: David Bochicchio

Date of Service: 6/15/23  
SR#: 54876120  
Task#: 0

12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	PYR-A-LON	AA015122	6/1/2022		324		360	AVERAGE	NA	68 F	2021	
2	LARGE	PYR-A-LON	AA151182	6/1/2022		302		360	AVERAGE	NA	68 F	2021	
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: NONE

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

**IMPORTANT NOTICE TO CUSTOMER:** Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

Acceptance of customer or customer's representative

Signature: \_\_\_\_\_ Date: 6/15/2023

Print Name: JIM HENRY

Inspector Signature: \_\_\_\_\_ Date: 6/15/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.





Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110  
City, State, Zip: HARAHAN, LA. 70123  
Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: AG CHEMISTRY LAB 212  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/15/23  
Time: 9:00 ☒ AM ☐ PM  
SR#: 54876120  
Task#:   
Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
PYROTRONICS		CP2HR		120				TILE	67 F	1	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Builts Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System												YES	NO	N/A		
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
As-built Drawings On Site												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hoses Inspected												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Last Hose Test:												4/15/2017				
6. Detection												Photo	Ion	Thermal		
Qty. Of Detectors												0	2	0		
Qty. Of Detectors Tested At Last Inspection												0	2	0		
Qty. Detectors Tested Normal This Inspection												0	0	0		
Qty. Detectors Sensitivity Tested this Inspection												0	0	0		
Date Of Last Sensitivity Test												UNKNOWN				
Detectors Cleaned												<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Date Of Last Detector Cleaning												UNKNOWN				
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices												YES	NO	N/A		
Notification Devices Tested Normal												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Quantity Of Notification Devices												2				
9. Auxiliary Controls												YES	NO	N/A		
Dampers Installed & Operable												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment Power Shutdown Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HVAC Shutdown Installed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pressure Switches Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Function Of Pressure Switch:												NA				
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection												YES	NO	N/A		
System Reset For Normal Operation												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
System Tagged (Red/Green/Other)												GREEN				



Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAHAN, LA. 70123  
Phone# 504-736-0104

Special Hazards Inspection Report

Customer: LSU AG CHEMISTRY LAB 212  
Inspector: David Bochicchio

Date of Service: 6/15/23  
SR#: 54876120  
Task#: 0

12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	PYR-A-LON	31558	6/1/2022				360	AVERAGE	NA	68 F	2021	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: NONE

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

IMPORTANT NOTICE TO CUSTOMER: Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

Acceptance of customer or customer's representative

Signature: Date: 6/15/2023

Print Name: JIM HENRY

Inspector Signature: Date: 6/15/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: ATHLETIC ADMIN  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/13/23  
Time: 9:00 ☒ AM ☒ PM  
SR#: 54876124  
Task#:  
Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
FIKE		CHEETAH		120				STEEL	66 F	3	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2016		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Builts Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System		YES	NO	N/A												
Hazard Area Clean / Orderly		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
As-built Drawings On Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Piping Secure & Clear of Debris		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Hoses Inspected		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Date Of Last Hose Test:		NA														
6. Detection		Photo	Ion	Thermal												
Qty. Of Detectors		8	0	0												
Qty. Of Detectors Tested At Last Inspection		8	0	0												
Qty. Detectors Tested Normal This Inspection		0	0	0												
Qty. Detectors Sensitivity Tested this Inspection		0	0	0												
Date Of Last Sensitivity Test		UNKNOWN														
Detectors Cleaned		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A												
Date Of Last Detector Cleaning		UNKNOWN														
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices		YES	NO	N/A												
Notification Devices Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Notification Devices Operate. As Designed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Instructional Signs Installed at Each Device		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Quantity Of Notification Devices		2														
9. Auxiliary Controls		YES	NO	N/A												
Dampers Installed & Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Equipment Power Shutdown Installed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
HVAC Shutdown Installed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pressure Switches Installed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Alarms Reported To Monitoring Co.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Function Of Pressure Switch:		NA														
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection		YES	NO	N/A												
System Reset For Normal Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
System Tagged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
System Tagged (Red/Green/Other)		GREEN														

Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY

Contact: JIM HENRY

Address: DAVID BOYD HALL BATTERY RM

BATON ROUGE, LA.

Phone: 225-578-6815

Email or Fax: jimhenry@lsu.edu

Date of Service: 06/16/23

Time: 15:00 ☐ AM ☒ PM

SR#: 54876106

Task#:

Inspector: David Bochicchio

## Special Hazards Inspection Report

SYSTEM TYPE		<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge
Manufacturer	Model	Voltage	Serial #	Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %	Area of Hazard (LxW)		
AUTOPULSE	Z-10	120		TILE	67 F	2	360				
Room Integrity Tested	Room Integrity Visually Inspected	Date Last Tested:	Number of Exits	Subfloor		Deck to Deck		Main & Reserve	Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/1/2006	1.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

1. Pre-Inspection				YES	NO	N/A
Job Site Contact Name:		JIM HENRY		Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Marshall/AHJ Name:				Notified	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Company Name:				Notified	<input type="checkbox"/>	<input type="checkbox"/>
Proper Signage		YES			<input type="checkbox"/>	<input type="checkbox"/>
2. General (To be answered by Customer)				YES	NO	N/A
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have there been any changes or repairs to the fire protection systems since the last inspection?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If a fire has occurred since the last inspection, have all damaged system components been replaced?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are Class B Flammables stored in the hazard area?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Control Panel Status (pre-test)	YES	NO	N/A
Panel Monitored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Light Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Indicator On Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator Lights Operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Light Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silence Switch Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Zones Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inactive Zones Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Back-up Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Control Panel Status	YES	NO	N/A
Are Sequence of Operations Available and On-Site	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are As-Built Available and On-Site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Input Alarm Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Alarm Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Delay Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Back-up Voltage Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge Circuit Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Load Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Battery Voltage & Amp Hours	12V 7Ah 2019		
Time Delay In Seconds	30		
7. Manual Release Stations	YES	NO	N/A
Break Rods Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Abort Switches Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Release Overrides Abort Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type Of Release	N		
Qty. Of Release(s)	1	Qty. Of Abort Switches	1
Qty. Of Release(s) Tested Normal	1		
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:			
10. Releasing Controls	YES	NO	N/A
Solenoids Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release Devices Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic Actuators Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Cylinder Actuators Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiator Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Expiration Dates of Solenoids or Initiators			
Qty. Of Releasing Control(s)			
Type Of Releasing Control			

4. Piping/distribution System	YES	NO	N/A
Hazard Area Clean / Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-built Drawings On Site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Piping Secure & Clear of Debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Last Hose Test:	4/15/2017		
6. Detection	Photo	Ion	Thermal
Qty. Of Detectors	0	0	2
Qty. Of Detectors Tested At Last Inspection	0	0	2
Qty. Detectors Tested Normal This Inspection	0	0	0
Qty. Detectors Sensitivity Tested this Inspection	0	0	0
Date Of Last Sensitivity Test	UNKNOWN		
Detectors Cleaned	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Date Of Last Detector Cleaning	UNKNOWN		
Other: (Air Sampling, Fus. Links, Pneumatic etc.)			
8. Notification Devices	YES	NO	N/A
Notification Devices Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification Devices Operate. As Designed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Signs Installed at Each Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity Of Notification Devices	18		
9. Auxiliary Controls	YES	NO	N/A
Dampers Installed & Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Power Shutdown Installed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HVAC Shutdown Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Switches Installed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarms Reported To Monitoring Co.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function Of Pressure Switch:	NA		
Type Of Equipment Shutdown			
Type Of HVAC Shutdown			
Type Of Damper			
11. Post Inspection	YES	NO	N/A
System Reset For Normal Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged (Red/Green/Other)	YELLOW		



Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAH, LA. 70123  
Phone# 504-736-0104

# Special Hazards Inspection Report

Customer: LSU DAVID BOYD HALL TELCO RM  
Inspector: David Bochicchio

Date of Service: 6/16/23  
SR#: 54876106  
Task#: 0

12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	SMALL	ANSUL	BATTERY RM	12/15/2022				360	NEW	NA	65 F	2021	
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: 2 - SIMPLEX 2081-9272 7 Ah BATTERIES ARE EXPIRED AND REQUIRE REPLACEMENT.

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

**IMPORTANT NOTICE TO CUSTOMER:** Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

Acceptance of customer or customer's representative

Signature: Date: 6/16/2023

Print Name: JIM HENRY

Inspector Signature: Date: 6/16/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY

Contact: JIM HENRY

Address: DAVID BOYD HALL TELCO RM

BATON ROUGE, LA.

Phone: 225-578-6815

Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/16/23

Time: 15:00

☐ AM

☒ PM

SR#: 54876106

Task#:

Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge
Manufacturer	Model	Voltage	Serial #	Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %	Area of Hazard (LxW)		
AUTOPULSE	Z-10	120		TILE	67 F	2	360				
Room Integrity Tested	Room Integrity Visually Inspected	Date Last Tested:	Number of Exits	Subfloor		Deck to Deck		Main & Reserve	Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6/1/2006	1.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			

<b>1. Pre-Inspection</b>				YES	NO	N/A
Job Site Contact Name:		JIM HENRY		Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Marshall/AHJ Name:				Notified	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Company Name:				Notified	<input type="checkbox"/>	<input type="checkbox"/>
Proper Signage		YES			<input type="checkbox"/>	<input type="checkbox"/>
<b>2. General (To be answered by Customer)</b>				YES	NO	N/A
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have there been any changes or repairs to the fire protection systems since the last inspection?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If a fire has occurred since the last inspection, have all damaged system components been replaced?				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are Class B Flammables stored in the hazard area?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>3. Control Panel Status (pre-test)</b>	YES	NO	N/A
Panel Monitored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Light Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel Indicator On Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicator Lights Operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Light Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silence Switch Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Zones Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inactive Zones Indicated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Back-up Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Control Panel Status</b>	YES	NO	N/A
Are Sequence of Operations Available and On-Site	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are As-Builts Available and On-Site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Input Alarm Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Alarm Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Delay Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Back-up Voltage Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charge Circuit Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Load Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Battery Voltage & Amp Hours	12V 7Ah 2019		
Time Delay In Seconds	30		
<b>7. Manual Release Stations</b>	YES	NO	N/A
Break Rods Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Abort Switches Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Release Overrides Abort Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type Of Release	N		
Qty. Of Release(s)	2	Qty. Of Abort Switches	2
Qty. Of Release(s) Tested Normal	2		
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:			
<b>10. Releasing Controls</b>	YES	NO	N/A
Solenoids Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release Devices Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumatic Actuators Tested Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Cylinder Actuators Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiator Circuits Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Expiration Dates of Solenoids or Initiators			
Qty. Of Releasing Control(s)			
Type Of Releasing Control			

<b>4. Piping/distribution System</b>	YES	NO	N/A
Hazard Area Clean / Orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-built Drawings On Site	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Piping Secure & Clear of Debris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Last Hose Test:	4/15/2017		
<b>6. Detection</b>	Photo	Ion	Thermal
Qty. Of Detectors	6	6	0
Qty. Of Detectors Tested At Last Inspection	6	6	0
Qty. Detectors Tested Normal This Inspection	0	0	0
Qty. Detectors Sensitivity Tested this Inspection	0	0	0
Date Of Last Sensitivity Test	UNKNOWN		
Detectors Cleaned	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Date Of Last Detector Cleaning	UNKNOWN		
Other: (Air Sampling, Fus. Links, Pneumatic etc.)			
<b>8. Notification Devices</b>	YES	NO	N/A
Notification Devices Tested Normal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification Devices Operate. As Designed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Signs Installed at Each Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity Of Notification Devices	18		
<b>9. Auxiliary Controls</b>	YES	NO	N/A
Dampers Installed & Operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Power Shutdown Installed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HVAC Shutdown Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Switches Installed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarms Reported To Monitoring Co.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function Of Pressure Switch:	NA		
Type Of Equipment Shutdown			
Type Of HVAC Shutdown			
Type Of Damper			
<b>11. Post Inspection</b>	YES	NO	N/A
System Reset For Normal Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged (Red/Green/Other)	YELLOW		





Address: 520 ELMWOOD PARK BLVD #110  
City, State, Zip: HARAHAH, LA. 70123  
Phone# 504-736-0104

# Special Hazards Inspection Report

Customer: LSU DAVID BOYD HALL TELCO RM  
Inspector: David Bochicchio

Date of Service: 6/16/23  
SR#: 54876106  
Task#: 0

## 12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	ANSUL	TELCO 1	12/15/2022				320	NEW	14	65 F	2021	
2	LARGE	ANSUL	TELCO 2	12/16/2022				360	NEW	14	65 F	2021	
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: 2 - SIMPLEX 2081-9272 7 Ah BATTERIES ARE EXPIRED AND REQUIRE REPLACEMENT. CYLINDER #1 IS LOW ON PRESSURE AND REQUIRES A RECHARGE

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

**IMPORTANT NOTICE TO CUSTOMER:** Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

### Acceptance of customer or customer's representative

Signature: \_\_\_\_\_ Date: 6/16/2023

Print Name: JIM HENRY

Inspector Signature: \_\_\_\_\_ Date: 6/16/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.

# DETECTION AND CONTROL INSPECTION S&S SPRINKLER CO., L.L.C.

Page 1 of \_\_\_\_\_  
Inspection # \_\_\_\_\_  
Semi Annual / Annual \_\_\_\_\_

**OFFICE:**

- ☐ 3601 HWY. 90, WESTLAKE, LA 70699 ; PH# 337-882-0000, FAX# 337-882-0004
- ☐ 2150 WELLSRING ROAD, BEAUMONT, TX 77705 ; PH# 409-729-444, FAX# 409-729-9229
- ☐ 2485 BURDEN LANE, MOBILE, AL 36617 ; PH# 251-473-6000, FAX# 251-478-6830
- ☐ 14054 JEFFERSON HWY, BATON ROUGE, LA 70817 ; PH# 225-753-8512, FAX# 225-753-7006

**CUSTOMER INFORMATION**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PH#: \_\_\_\_\_  
CONTACT: \_\_\_\_\_

**SYSTEM LOCATION**

ADDRESS: \_\_\_\_\_  
PH#: \_\_\_\_\_

**MONITORING AGENCY (IF APPLICABLE)**

NAME: \_\_\_\_\_  
PH#: \_\_\_\_\_

**PANEL MFG.**

TYPES OF CIRCUITS

TOTAL#

MODEL#:

NO. USED

SPARES

INITIATION:

NOTIFICATION:

(OTHER)

**SYSTEM INSPECTION:**

TYPE OF DEVICE / LOCATION	QUANTITY	VISUAL CHECK	FUNCTIONAL CHECK	SENSITIVITY CHECK	PASS	FAIL

BATTERY INFO			LOAD TEST VOLTAGE			AGE OF BATTERY
Panel	SIZE	Battery # 1	Volts	Battery # 2	Volts	(MAX 4 YEARS OLD)

**CHECKLIST**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1) Panel indications are normal. All panel lamps and LED's are operable               | Y                        | N                        | N/A                      |
| 2) Verify trouble conditions on all supervised circuits, loss of power (AC) and (DC). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) All devices are function tested and have been reset properly.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Did remote annunciators, DACT City box notify the proper authorities?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is DACT connected to two phone lines?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Sprinkler supervisory is operabl and operates within first two revolutions?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**REMARKS:**

**INSPECTOR**

**LICENSE**

**DATE:**

CUSTOMER SIGNATURE: \_\_\_\_\_ CUSTOMER PRINT: \_\_\_\_\_



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: HILL MEMORIAL LIBRARY  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/14/23  
Time: 9:00 ☒ AM ☐ PM  
SR#: 54875996  
Task#:   
Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input checked="" type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge			
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %	Area of Hazard (LxW)	
SENSISCAN		1000		120				CONCRETE	69 F		DELUGE		MULTI	
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve	Volume of Hazard (LxWxH)	Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2006		MANY		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	ENORMOUS	
1. Pre-Inspection										YES	NO	N/A		
Job Site Contact Name:		JIM HENRY							Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Marshall/AHJ Name:									Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Company Name:									Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Signage		YES								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:	
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3. Control Panel Status (pre-test)		YES	NO	N/A										
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5. Control Panel Status		YES	NO	N/A										
Are Sequence of Operations Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Are As-BUILTs Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Record Battery Voltage & Amp Hours		12V 33Ah												
Time Delay In Seconds		30												
7. Manual Release Stations		YES	NO	N/A										
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Type Of Release		N												
Qty. Of Release(s)		24	Qty. Of Abort Switches	24										
Qty. Of Release(s) Tested Normal		24												
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:														
10. Releasing Controls		YES	NO	N/A										
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>										
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
*Expiration Dates of Solenoids or Initiators														
Qty. Of Releasing Control(s)														
Type Of Releasing Control														
4. Piping/distribution System												YES	NO	N/A
Hazard Area Clean / Orderly												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As-built Drawings On Site												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Piping Secure & Clear of Debris												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses Inspected												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Last Hose Test:												4/15/2021		
6. Detection												Photo	Ion	Thermal
Qty. Of Detectors												0	139	0
Qty. Of Detectors Tested At Last Inspection												0	139	0
Qty. Detectors Tested Normal This Inspection												0	0	0
Qty. Detectors Sensitivity Tested this Inspection												0	0	0
Date Of Last Sensitivity Test												UNKNOWN		
Detectors Cleaned												<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Date Of Last Detector Cleaning												UNKNOWN		
Other: (Air Sampling, Fus. Links, Pneumatic etc.)														
8. Notification Devices												YES	NO	N/A
Notification Devices Tested Normal												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification Devices Operate. As Designed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Signs Installed at Each Device												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity Of Notification Devices												18		
9. Auxiliary Controls												YES	NO	N/A
Dampers Installed & Operable												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Power Shutdown Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HVAC Shutdown Installed												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Switches Installed												<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Alarms Reported To Monitoring Co.												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Function Of Pressure Switch:												NA		
Type Of Equipment Shutdown														
Type Of HVAC Shutdown														
Type Of Damper														
11. Post Inspection												YES	NO	N/A
System Reset For Normal Operation												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged												<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System Tagged (Red/Green/Other)												GREEN		



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY

Contact: JIM HENRY

Address: NICHOLSON HALL RM 234

BATON ROUGE, LA.

Phone: 225-578-6815

Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/16/23

Time: 1:00

☐ AM

☒ PM

SR#: 54876112

Task#:

Inspector: David Bochicchio

SYSTEM TYPE		<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)		<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge					
Manufacturer		Model		Voltage		Serial #		Ceiling Type	Normal Ambient Temp.	Nozzle Qty.	Nozzle Type	Design Concentration %		Area of Hazard (LxW)		
NOTIFIER		RP 1002		120				TILE	67 F	5	360					
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2006		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
1. Pre-Inspection										YES	NO	N/A				
Job Site Contact Name:		JIM HENRY								Notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fire Marshall/AHJ Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Monitoring Company Name:										Notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Proper Signage		YES									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. General (To be answered by Customer)										YES	NO	N/A	Additional Comments:			
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3. Control Panel Status (pre-test)		YES	NO	N/A												
Panel Monitored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Power Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Panel Indicator On Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Indicator Lights Operational		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Trouble Light Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Silence Switch Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Active Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Inactive Zones Indicated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Present		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5. Control Panel Status		YES	NO	N/A												
Are Sequence of Operations Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Are As-Builts Available and On-Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Input Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Output Alarm Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Supervisory Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Time Delay Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Back-up Voltage Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Charge Circuit Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Battery Load Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Record Battery Voltage & Amp Hours		12V 7Ah 2019														
Time Delay In Seconds		30														
7. Manual Release Stations		YES	NO	N/A												
Break Rods Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Abort Switches Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Manual Release Overrides Abort Tested		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Type Of Release		N														
Qty. Of Release(s)		1	Qty. Of Abort Switches	1												
Qty. Of Release(s) Tested Normal		1														
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																
10. Releasing Controls		YES	NO	N/A												
Solenoids Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Release Devices Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pneumatic Actuators Tested Normal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Initiator Circuits Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																
Qty. Of Releasing Control(s)																
Type Of Releasing Control																
4. Piping/distribution System		YES	NO	N/A												
Hazard Area Clean / Orderly		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
As-built Drawings On Site		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Piping Secure & Clear of Debris		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Hoses Inspected		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Date Of Last Hose Test:																
6. Detection		Photo	Ion	Thermal												
Qty. Of Detectors		6	6	0												
Qty. Of Detectors Tested At Last Inspection		6	6	0												
Qty. Detectors Tested Normal This Inspection		0	0	0												
Qty. Detectors Sensitivity Tested this Inspection		0	0	0												
Date Of Last Sensitivity Test		UNKNOWN														
Detectors Cleaned		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A												
Date Of Last Detector Cleaning		UNKNOWN														
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																
8. Notification Devices		YES	NO	N/A												
Notification Devices Tested Normal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Notification Devices Operate. As Designed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Instructional Signs Installed at Each Device		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Quantity Of Notification Devices		18														
9. Auxiliary Controls		YES	NO	N/A												
Dampers Installed & Operable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Equipment Power Shutdown Installed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
HVAC Shutdown Installed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Pressure Switches Installed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Alarms Reported To Monitoring Co.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
Function Of Pressure Switch:		NA														
Type Of Equipment Shutdown																
Type Of HVAC Shutdown																
Type Of Damper																
11. Post Inspection		YES	NO	N/A												
System Reset For Normal Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
System Tagged		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
System Tagged (Red/Green/Other)		YELLOW														

Address: 520 ELMWOOD PARK BLVD #110  
 City, State, Zip: HARAHAH, LA. 70123  
 Phone# 504-736-0104

# Special Hazards Inspection Report

Customer: LSU NICHOLSON HALL 234  
 Inspector: David Bochicchio

Date of Service: 6/16/23  
 SR#: 54876112  
 Task#: 0

## 12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	KIDDE		12/15/2022				360	NEW	18"	65 F	2021	
2	MEDIUM	KIDDE		12/16/2022				360	NEW	18"	66 F	2021	
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: 2 - SIMPLEX 2081-9272 7 Ah BATTERIES ARE EXPIREDAND REQUIRE REPLACEMENT.

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

**IMPORTANT NOTICE TO CUSTOMER:** Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

### Acceptance of customer or customer's representative

Signature: \_\_\_\_\_ Date: 6/16/2023

Print Name: JIM HENRY

Inspector Signature: \_\_\_\_\_ Date: 6/16/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



Johnson Controls Fire Protection LP

Address: 520 ELMWOOD PARK BLVD. #110

City, State, Zip: HARAHAN, LA. 70123

Phone# 504-736-0104

Customer: LOUISIANA STATE UNIVERSITY  
Contact: JIM HENRY  
Address: NICHOLSON HALL RM 326  
BATON ROUGE, LA.  
Phone: 225-578-6815  
Email or Fax: jimhenry@lsu.edu

## Special Hazards Inspection Report

Date of Service: 06/16/23  
Time: 1:00 ☐ AM ☒ PM  
SR#: 54876112  
Task#:   
Inspector: David Bochicchio

SYSTEM TYPE						<input type="checkbox"/> CO2	<input checked="" type="checkbox"/> FM200	<input type="checkbox"/> Sapphire	<input type="checkbox"/> Inergen	<input type="checkbox"/> Halon	<input type="checkbox"/> Other: (Indicate)	<input checked="" type="checkbox"/> Inspection	<input type="checkbox"/> Renovations	<input type="checkbox"/> Recharge						
Manufacturer		Model		Voltage		Serial #		Ceiling Type		Normal Ambient Temp.		Nozzle Qty.		Nozzle Type		Design Concentration %		Area of Hazard (LxW)		
NOTIFIER		RP 1002		120				TILE		67 F		2		360						
Room Integrity Tested		Room Integrity Visually Inspected		Date Last Tested:		Number of Exits		Subfloor		Deck to Deck		Main & Reserve		Volume of Hazard (LxWxH)		Altitude				
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	6/1/2006		1.00		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A						
1. Pre-Inspection										YES		NO		N/A						
Job Site Contact Name:		JIM HENRY										Notified		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fire Marshall/AHJ Name:												Notified		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Monitoring Company Name:												Notified		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Proper Signage		YES												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. General (To be answered by Customer)										YES		NO		N/A		Additional Comments:				
Have there been any changes in the occupancy classification, machinery or operations since the last inspection?										<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>						
Have there been any changes or repairs to the fire protection systems since the last inspection?										<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>						
If a fire has occurred since the last inspection, have all damaged system components been replaced?										<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>						
Are Class B Flammables stored in the hazard area?										<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>						
Have you requested updated MSDS sheets for Class B Flammables and are they readily available?										<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>						
3. Control Panel Status (pre-test)				YES		NO		N/A												
Panel Monitored				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Power Light Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Panel Indicator On Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Indicator Lights Operational				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Trouble Light Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Silence Switch Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Active Zones Indicated				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Inactive Zones Indicated				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Battery Back-up Present				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
5. Control Panel Status				YES		NO		N/A												
Are Sequence of Operations Available and On-Site				<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>												
Are As-Built's Available and On-Site				<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>												
Input Alarm Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Output Alarm Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Supervisory Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Time Delay Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Battery Back-up Voltage Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Charge Circuit Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Battery Load Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Record Battery Voltage & Amp Hours				12V 7Ah 2019																
Time Delay In Seconds				30																
7. Manual Release Stations				YES		NO		N/A												
Break Rods Intact				<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>												
Abort Switches Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Manual Release Overrides Abort Tested				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Type Of Release				N																
Qty. Of Release(s)				1		Qty. Of Abort Switches		1												
Qty. Of Release(s) Tested Normal				1																
List addl. special layout info: (Time Delay, Cross-Zone etc.) below:																				
10. Releasing Controls				YES		NO		N/A												
Solenoids Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Release Devices Operable				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Pneumatic Actuators Tested Normal				<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>												
Manual Cylinder Actuators Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
Initiator Circuits Tested Normal				<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>												
*Expiration Dates of Solenoids or Initiators																				
Qty. Of Releasing Control(s)																				
Type Of Releasing Control																				
4. Piping/distribution System															YES		NO		N/A	
Hazard Area Clean / Orderly															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
As-built Drawings On Site															<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Piping Secure & Clear of Debris															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Hoses Inspected															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Date Of Last Hose Test:															4/15/2017					
6. Detection															Photo		Ion		Thermal	
Qty. Of Detectors															3		3		0	
Qty. Of Detectors Tested At Last Inspection															3		3		0	
Qty. Detectors Tested Normal This Inspection															0		0		0	
Qty. Detectors Sensitivity Tested this Inspection															0		0		0	
Date Of Last Sensitivity Test															UNKNOWN					
Detectors Cleaned															<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A	
Date Of Last Detector Cleaning															UNKNOWN					
Other: (Air Sampling, Fus. Links, Pneumatic etc.)																				
8. Notification Devices															YES		NO		N/A	
Notification Devices Tested Normal															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Notification Devices Operate. As Designed															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Instructional Signs Installed at Each Device															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Quantity Of Notification Devices															18					
9. Auxiliary Controls															YES		NO		N/A	
Dampers Installed & Operable															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Equipment Power Shutdown Installed															<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
HVAC Shutdown Installed															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Pressure Switches Installed															<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Alarms Reported To Monitoring Co.															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Function Of Pressure Switch:															NA					
Type Of Equipment Shutdown																				
Type Of HVAC Shutdown																				
Type Of Damper																				
11. Post Inspection															YES		NO		N/A	
System Reset For Normal Operation															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
System Tagged															<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
System Tagged (Red/Green/Other)															YELLOW					



Address: 520 ELMWOOD PARK BLVD #110  
 City, State, Zip: HARAHAH, LA. 70123  
 Phone# 504-736-0104

# Special Hazards Inspection Report

Customer: LSU NICHOLSON HALL 326  
 Inspector: David Bochicchio

Date of Service: 6/16/23  
 SR#: 54876112  
 Task#: 0

## 12. Cylinder Inspection

#	Cylinder type	Cylinder Mfr.	Serial Number	Last Test Date	Stamped Wt. (A)	Total Wt. (B)	Cylinder Fill / Capacity (A-B)	Cylinder Pressure	Condition	Liquid Level Indicator	Temperature	Last 5 Yr. External Inspection Date	Rack #
1	LARGE	KIDDE		12/15/2022				360	NEW	18"	65 F	2021	
2	MEDIUM	KIDDE		12/16/2022				360	NEW	18"	66 F	2021	
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

Cylinder Inspection Comments: NONE

13. List Changes in Occupancy, Hazard, or Fire Protection System in Section 2: NONE

14. Deficiencies and Recommendations: 2 - SIMPLEX 2081-9272 7 Ah BATTERIES ARE EXPIRED AND REQUIRE REPLACEMENT.

15. Deficiencies and Recommendations were discussed with Customer / Customer Representative: ☐ Yes ☐ No ☒ N/A

If No, explain:

**IMPORTANT NOTICE TO CUSTOMER:** Customer acknowledges and agrees that, in the absence of a Service Agreement between parties, services hereunder are performed pursuant to the terms and conditions on the reverse side of this Inspection Report. Customer further agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until services can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

### Acceptance of customer or customer's representative

Signature: \_\_\_\_\_ Date: 6/16/2023

Print Name: JIM HENRY

Inspector Signature: \_\_\_\_\_ Date: 6/16/2023

Inspector Name (Print): David Bochicchio

## TERMS AND CONDITIONS

**1. Limitation of Liability; Limitations of Remedy.** It is understood and agreed by Customer that Company is not an insurer and that insurance coverage shall be obtained by Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of Customer's property and the property of others located on the premises. Customer agrees to look exclusively to Customer's insurer to recover for injuries or damage in the event of any loss or injury, and Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences therefrom that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM LOSS OF USE OR LOST PROFITS.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

**2. Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER.

**3. Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable attorneys' fees, arising from any and all third-party claims for personal injury, death, property damage or economic loss, resulting from any act or omission of Customer or Company, including without limitation damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said Hazardous Conditions, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

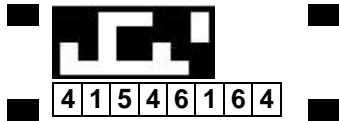
**4. Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by the Occupational Safety and Health Administration ("OSHA");
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk; or
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building where work is required to be performed under this agreement.

All of the above are hereinafter referred to as "Hazardous Conditions." Company shall have the right to rely on the representations listed above. If Hazardous Conditions are encountered by Company during the course of Company's work, the discovery of such materials shall constitute an event beyond Company's reasonable control, and Company shall have no obligation to further perform services in the area where the Hazardous Conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency. Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials encountered during performance of the services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

**5. Equipment Disconnections.** This represents Company's notice to you that the systems/equipment/devices listed on the face of this agreement as temporarily or permanently disconnected are no longer in service and, thus, cannot detect, perform and/or report occurrences or transmit signals. During any period of impairment, in the event of any occurrence which the fire protection system was designed to detect or avert, Customer agrees to defend, indemnify and hold Company harmless from any and all claims arising out of or related to or resulting from that occurrence, including any claims arising out of the impaired condition of the system and/or the cause of such impairment.

**6. General.** Unless otherwise specified, work shall be done between the hours of 8:00 AM and 5:00 PM, exclusive of Saturdays, Sundays and Company holidays. All work is subject to review and rebilling in accordance with the terms and conditions of Customer's agreement/contract with Company, if one is in effect. Company shall not be responsible for failure to render services due to causes beyond its reasonable control, including but not limited to material shortages, work stoppages, fires, civil disobedience or unrest, severe weather, fire or any other cause beyond the control of Company. Customer is aware that the Limitation of Liability and other provisions set forth in any existing agreement/contract, if one is in effect, or set forth above, apply to services performed and materials supplied. The terms of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions in any purchase order or other document submitted by Customer.



## COVER SHEET

<b>SimplexGrinnell Office</b>	SimplexGrinnell - 269 New Orleans
<b>Address</b>	5800 Jefferson Highway
<b>Office Phone</b>	(504) 736 0104
<b>Office License</b>	
<b>Date</b>	6-13-23
<b>License Number</b>	F-767

## Sprinkler Gas Systems Inspection Report

### Customer Address

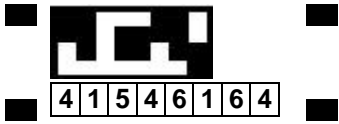
<b>Customer Name</b>	LSU - Digital Media Center
<b>Account Name</b>	Louisiana State University
<b>Address</b>	340 E PARKER BLVD
<b>City, State, Zip Code</b>	BATON ROUGE,LA70803
<b>Building Name</b>	

### Site Address

<b>Site Name</b>	LSU - Digital Media Center
<b>Account Name</b>	Louisiana State University
<b>Address</b>	340 E PARKER BLVD
<b>City, State, Zip Code</b>	BATON ROUGE,LA70803
<b>Site Contact</b>	
<b>Phone Number</b>	--
<b>Fax Number</b>	

### Report Destinations

<b>Primary Email</b>	jhenry@lsu.edu
<b>Other Email</b>	

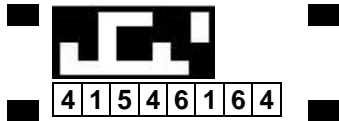


## TABLE OF CONTENTS

**Company Name:** LSU - Digital Media Center

**Building Name:**

<a href="#">COVER SHEET</a> .....	1
<a href="#">DEFICIENCY REPORT</a> .....	3
<a href="#">PROPOSED RECOMMENDATIONS REPORT</a> .....	4
<a href="#">COMMENTS REPORT</a> .....	5
<a href="#">INSPECTION SUMMARY</a> .....	6
<a href="#">TERMS AND CONDITIONS</a> .....	



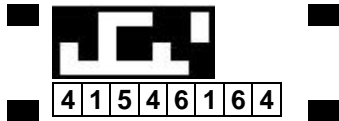
## DEFICIENCY REPORT

**Company Name** LSU - Digital Media Center  
**Account Name** Louisiana State University  
**Address** 340 E PARKER BLVD  
**City,State&Zip** BATON ROUGE,LA70803  
**Attention** \_\_\_\_\_  
**Building Name** \_\_\_\_\_

**SimplexGrinnell Office** SimplexGrinnell - 269 New Orleans  
**Address** 5800 Jefferson Highway  
**Office Phone** (504) 736 0104  
**Office License** \_\_\_\_\_  
**Date** 6-13-23

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

**No deficiencies in this inspection**



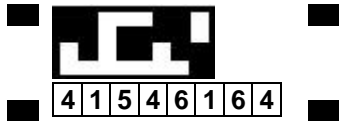
## PROPOSED RECOMMENDATIONS REPORT

**Company Name** LSU - Digital Media Center  
**Account Name** Louisiana State University  
**Address** 340 E PARKER BLVD  
**City,State&Zip** BATON ROUGE,LA70803  
**Attention** \_\_\_\_\_  
**Building Name** \_\_\_\_\_

**SimplexGrinnell Office** SimplexGrinnell - 269 New Orleans  
**Address** 5800 Jefferson Highway  
**Office Phone** (504) 736 0104  
**Office License** \_\_\_\_\_  
**Date** 6-13-23

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

**No recommendations in this inspection**



## COMMENTS REPORT

**Company Name** LSU - Digital Media Center  
**Account Name** Louisiana State University  
**Address** 340 E PARKER BLVD  
**City,State&Zip** BATON ROUGE,LA70803  
**Attention** \_\_\_\_\_  
**Building Name** \_\_\_\_\_

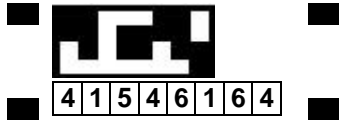
**SimplexGrinnell Office** SimplexGrinnell - 269 New Orleans  
**Address** 5800 Jefferson Highway  
**Office Phone** (504) 736 0104  
**Office License** \_\_\_\_\_  
**Date** 6-13-23

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

**No comments in this inspection**

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Rev. 5/1/2010



## INSPECTION SUMMARY

### Building Information

**Company Name** LSU - Digital Media Center

**Account Name** Louisiana State University

**Address** 340 E PARKER BLVD

**City,State&Zip** BATON ROUGE,LA70803

**Attention**

**Building Name**

**SimplexGrinnell**

**Office**

**Address**

**Office Phone**

**Office License**

**Date**

SimplexGrinnell - 269 New Orleans

5800 Jefferson Highway

(504) 736 0104

6-13-23

### Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Clean Agent Cylinder	1	1	0	0	0
<b>Totals</b>	1	1	0	0	0

**Inspector Signature**

**Inspector Name**

BOCHICCHIO,  
DAVID

**Date**

6-13-23

**Signature of owner or owners representative**

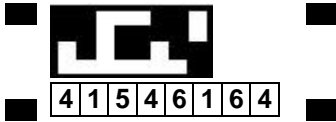
**Printed name of owner or representative**

DB for Jim Henry

**Date**

6-13-23





## TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy.** It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.

It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.

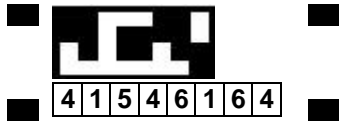
2. **Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.
3. **Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:

- "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
- risk of infectious disease,
- need for air monitoring, respiratory protection, or other medical risk
- asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any building

All of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.

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## COVER SHEET

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<b>Address</b>	5800 Jefferson Highway
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<b>Office License</b>	
<b>Date</b>	6-13-23
<b>License Number</b>	F-767

## Sprinkler Gas Systems Inspection Report

### Customer Address

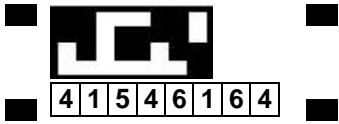
<b>Customer Name</b>	LSU - Digital Media Center
<b>Account Name</b>	Louisiana State University
<b>Address</b>	340 E PARKER BLVD
<b>City, State, Zip Code</b>	BATON ROUGE,LA70803
<b>Building Name</b>	

### Site Address

<b>Site Name</b>	LSU - Digital Media Center
<b>Account Name</b>	Louisiana State University
<b>Address</b>	340 E PARKER BLVD
<b>City, State, Zip Code</b>	BATON ROUGE,LA70803
<b>Site Contact</b>	
<b>Phone Number</b>	--
<b>Fax Number</b>	

### Report Destinations

<b>Primary Email</b>	jhenry@lsu.edu
<b>Other Email</b>	

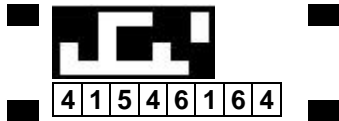


## TABLE OF CONTENTS

**Company Name:** LSU - Digital Media Center

**Building Name:**

<a href="#">COVER SHEET</a> .....	1
<a href="#">DEFICIENCY REPORT</a> .....	3
<a href="#">PROPOSED RECOMMENDATIONS REPORT</a> .....	4
<a href="#">COMMENTS REPORT</a> .....	5
<a href="#">INSPECTION SUMMARY</a> .....	6
<a href="#">TERMS AND CONDITIONS</a> .....	



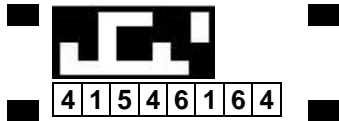
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**SimplexGrinnell Office** SimplexGrinnell - 269 New Orleans  
**Address** 5800 Jefferson Highway  
**Office Phone** (504) 736 0104  
**Office License** \_\_\_\_\_  
**Date** 6-13-23

The Deficiency Report consolidates each discrepancy listed within the various testing sections of your Inspection. Discrepancies are grouped by device type. The description of the problem will be provided in the Deficiency Statement

**No deficiencies in this inspection**



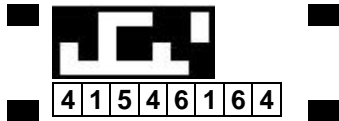
## PROPOSED RECOMMENDATIONS REPORT

**Company Name** LSU - Digital Media Center  
**Account Name** Louisiana State University  
**Address** 340 E PARKER BLVD  
**City,State&Zip** BATON ROUGE,LA70803  
**Attention** \_\_\_\_\_  
**Building Name** \_\_\_\_\_

**SimplexGrinnell Office** SimplexGrinnell - 269 New Orleans  
**Address** 5800 Jefferson Highway  
**Office Phone** (504) 736 0104  
**Office License** \_\_\_\_\_  
**Date** 6-13-23

The Proposed Recommendations Report consolidates each recommendation listed within the various testing sections of your Inspection. Recommendations are grouped by device type

**No recommendations in this inspection**



## COMMENTS REPORT

**Company Name** LSU - Digital Media Center  
**Account Name** Louisiana State University  
**Address** 340 E PARKER BLVD  
**City,State&Zip** BATON ROUGE,LA70803  
**Attention** \_\_\_\_\_  
**Building Name** \_\_\_\_\_

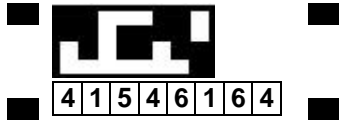
**SimplexGrinnell Office** SimplexGrinnell - 269 New Orleans  
**Address** 5800 Jefferson Highway  
**Office Phone** (504) 736 0104  
**Office License** \_\_\_\_\_  
**Date** 6-13-23

The Comments Report consolidates each comment listed within the various testing sections of your Inspection. Comments are grouped by device type.

**No comments in this inspection**

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Rev. 5/1/2010



## INSPECTION SUMMARY

### Building Information

**Company Name** LSU - Digital Media Center

**Account Name** Louisiana State University

**Address** 340 E PARKER BLVD

**City,State&Zip** BATON ROUGE,LA70803

**Attention**

**Building Name**

**SimplexGrinnell**

**Office**

**Address**

**Office Phone**

**Office License**

**Date**

SimplexGrinnell - 269 New Orleans

5800 Jefferson Highway

(504) 736 0104

6-13-23

### Inspection Summary

Inspection Items	Total Inspected Items	Passed	Failed	Not Inspected	Passed After Repair
Clean Agent Cylinder	1	1	0	0	0
<b>Totals</b>	1	1	0	0	0

**Inspector Signature**

**Inspector Name**

BOCHICCHIO,  
DAVID

**Date**

6-13-23

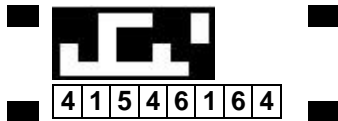
**Signature of owner or owners representative**

**Printed name of owner or representative**

DB for Jim Henry

**Date**

6-13-23



## TERMS AND CONDITIONS

1. **Limitation of Liability; Limitations Of Remedy.** It is understood and agreed by the Customer that Company is not an insurer and that insurance coverage, if any, shall be obtained by the Customer and that amounts payable to Company hereunder are based upon the value of the services and the scope of liability set forth in this agreement and are unrelated to the value of the Customer's property and the property of others located on the premises. Customer agrees to look exclusively to the Customer's insurer to recover for injuries or damage in the event of any loss or injury and that Customer releases and waives all right of recovery against Company arising by way of subrogation. Company makes no guaranty or Warranty, including any implied warranty of merchantability or fitness for a particular purpose that equipment or services supplied by Company will detect or avert occurrences or the consequences there from that the equipment or service was designed to detect or avert.  
It is impractical and extremely difficult to fix the actual damages, if any, which may proximately result from failure on the part of Company to perform any of its obligations under this agreement. Accordingly, Customer agrees that, Company shall be exempt from liability for any loss, damage or injury arising directly or indirectly from occurrences, or the consequences therefrom, which the equipment or service was designed to detect or avert. Should Company be found liable for any loss, damage or injury arising from a failure of the equipment or service in any respect, Company's liability shall be limited to an amount equal to the agreement price (as increased by the price for any additional work) or where the time and material payment term is selected, Customer's time and material payments to Company. Where this agreement covers multiple sites, liability shall be limited to the amount of the payments allocable to the site where the incident occurred. Such sum shall be complete and exclusive. If Customer desires Company to assume greater liability, the parties shall amend this agreement by attaching a rider setting forth the amount of additional liability and the additional amount payable by the Customer for the assumption by Company of such greater liability, provided however that such rider shall in no way be interpreted to hold Company as an insurer. **IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY DAMAGE, LOSS, INJURY, OR ANY OTHER CLAIM ARISING FROM ANY SERVICING, ALTERATIONS, MODIFICATIONS, CHANGES, OR MOVEMENTS OF THE COVERED SYSTEM(S) OR ANY OF ITS COMPONENT PARTS BY THE CUSTOMER OR ANY THIRD PARTY. COMPANY SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING BUT NOT LIMITED TO DAMAGES ARISING FROM THE USE, LOSS OF THE USE, PERFORMANCE, OR FAILURE OF THE COVERED SYSTEM(S) TO PERFORM.** The limitations of liability set forth in this agreement shall inure to the benefit of all parents, subsidiaries and affiliates of Company, whether direct or indirect, Company's employees, agents, officers and directors.
2. **Limited Warranty.** COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. COMPANY MAKES NO WARRANTY OR REPRESENTATION, AND UNDERTAKES NO OBLIGATION TO ENSURE BY THE SERVICES PERFORMED UNDER THIS AGREEMENT, THAT COMPANY'S PRODUCTS OR THE SYSTEMS OR EQUIPMENT OF THE CUSTOMER WILL CORRECTLY HANDLE THE PROCESSING OF CALENDAR DATES BEFORE OR AFTER DECEMBER 31, 1999.
3. **Indemnity.** Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer pre-notifies Company of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this agreement, including but not limited to the Services under this agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.
4. **Hazardous Materials.** Customer represents that, except to the extent that Company has been given written notice of the following hazards prior to the execution of this agreement, to the best of Customer's knowledge there is no:
  - "permit confined space," as defined by OSHA, or space in which work must be performed that, because of its construction, location, contents or work activity therein, accumulation of a hazardous gas, vapour, dust or fume or the creation of an ox
  - risk of infectious disease,
  - need for air monitoring, respiratory protection, or other medical risk
  - asbestos, asbestos-containing material, formaldehyde or other potentially toxic or otherwise hazardous material contained in or on the surface of the floors, walls, ceilings, insulation or other structural components of the area of any buildingAll of the above are hereinafter referred to as "Hazardous Conditions". Company shall have the right to rely on the representations listed above. If hazardous conditions are encountered by Company during the course of Company's work, the discovery of such conditions shall constitute an event beyond Company's control and Company shall have no obligation to further perform in the area where the hazardous conditions exist until the area has been made safe by Customer as certified in writing by an independent testing agency, and Customer shall pay disruption expenses and re-mobilization expenses as determined by Company. This agreement does not provide for the cost of capture, containment or disposal of any hazardous waste materials, or hazardous materials, encountered in any of the Covered System(s) and/or during performance of the Services. Said materials shall at all times remain the responsibility and property of Customer. Company shall not be responsible for the testing, removal or disposal of such hazardous materials.
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# Service Report

#BTR0175547

5/8/2024

1405 Jefferson Hwy  
Baton Rouge, LA 70817  
Phone: 225-753-8512  
batonrouge@sssprinkler.com

Billing Address		Site Address	
Customer:	LSUOFF001 - L S U OFFICE OF FINANCE & ADMI	Customer:	L S U OFFICE OF FINANCE & ADMI
Address:	223 FACILITY SERVICES BLDG BATON ROUGE LA 70803-0001	Address:	110 FREY FREIGHT DOCK BATON ROUGE LA 70803-0001
Phone:	225-578-5592	Phone:	225-578-5592
Customer PO:	0000250608	Call Type:	BTR-SUPP

Notes
5-8-24: It will be Robert and James
Semi-annual Vortex suppression inspection
Tech: Robert Pratt, Date: 5/8/24 2:02 PM - Job prep and travel. Arrived on site place FACP on test. Disable cylinders, water tank and vortex valves to systems. Performed semi annual inspection with Facility Automation. Tested all devices along with the Vortex suppression system and sound of nac circuit. All equipment connected to the suppression function properly and reset all equipment back to working order. Vortex 1500 suppression system is place back in working order and is Green tag.

## CREDIT CARD PAYMENT:

**FEE OF \$3.00 OR 3% OF TOTAL INVOICE, WHICHEVER IS GREATER, TO BE ADDED TO INVOICE TOTAL**

**FEE DOES NOT APPLY IN FL, OK, & TX**

A listing of all current licenses and permits can be viewed here: [Licenses and Permits](#)

By signing below you have agreed on the Terms and Conditions as list here: [Terms and Conditions](#)

Customer Signature		Signed By	Daniel Duncan	Date	5/8/2024
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