Department of Public Safety & Corrections State of Louisiana



JOHN BEL EDWARDS
GOVERNOR



JAMES M. LE BLANG SECRETARY

June 20, 2022

MEMORANDUM

TO:

The Honorable Willy J. Martin Jr.

heriff of St. James Parish

FROM:

James M. Le Blanc

Secretary

RE:

"Basic Jail Guidelines" Monitoring Report

Please see the attached monitoring report regarding the Basic Jail Guidelines (BJG) annual inspection that was conducted at St. James Parish Detention Center on April 26, 2022. DPS&C will continue with annual monitoring visits and continue to encourage St. James Parish Detention Center to provide education and substance abuse treatment opportunities to the offender population.

Thank you for your support of the BJG process.

JML/mw

Attachment

c: Mike Ranatza, Executive Director, Louisiana Sheriffs' Association Anthony Joseph, Captain, St. James Parish Detention Center Seth Smith, Chief of Operations Kirt Guerin, Warden, EHCC Aaron Hooper, BJG Team Leader



Triple Bunked

Total

BJG MONITORING REPORT

X_ Annual, Semi-Annua	al, Quarte	rly, Monthly,	or Recert wit	th Waiver
		2107222		Rev. 03/22/2022 mw
Facility Name:	St. Jar	nes Parish Jail		
BJG Team Leader & Monitors:	Aaron	Hooper, BJG Te	am Leader	
Facility Warden & Email Address:	Capt. A	anthony Joseph	Anthony.joseph@	estjamessheriff.com
Facility Staff:	Asst. V	Varden Latanya S	Sterling & Asst. W	Varden Keith Guerin
BJG Inspection Date:	April 26	5, 2022	-	
Previous BJG Inspection Date:	April 29	9, 2021		
Operational Capacity:	124			
Count on Day of Visit:	78			
V-A-003 Programs and Servic V-A-003-1 Educational Program V-C-001 Substance Abuse Program	es ming ograms			-
	# MALE	# FEMALE	TOTAL	
Number of DOC Offenders	19	1	20	
Number of Local Offenders	50	8	58	
Number of Out of State Offenders Number of Federal Offenders	0	0	0	-
Number of ICE Detainees	0	0	0	
TOTAL	69	9	78	
Number of DOC Offenders that are:	5			_
Single Bunked	5			
Double Bunked	10			
Triple Bunked	5			
Total	20			
Number of DOC Offenders that are	in Restricted	Housing:		
Single Bunked	0			
Double Bunked	0			

0

0

ASSAULTS: (Please list monthly since the previous BJG monitoring visit.)

Month/Year	Off/Off	Off/Off w/sig inj	Offender/Staff	Off/Staff w/sig inj
April 2021	0	0	0	0
May 2021	0	0	0	0
June2021	0	0	0	0
July 2021	0	0	0	0
August 2021	0	0	0	0
September2021	0	0	0	0
October 2021	0	0	0	0
November 2021	0	0	0	0
December 2021	0	0	0	0
January 2022	3	1	0	0
February 2022	1	0	0	0
March 2022	1	0	0	0

SEIZURE FINDINGS: (Please list monthly since the previous BJG monitoring visit.)

Month/Year	Illicit	Alcohol	Weapon	Cell Phone	Other
	Substance				
April 2021	0	0	0	0	33
May 2021	0	0	0	0	0
June2021	0	0	0	0	6
July 2021	0	0	0	0	13
August 2021	0	0	0	0	6
September2021	0	0	3	0	8
October 2021	0	0	0	0	6
November 2021	1	0	3	0	33
December 2021	0	0	00	0	4
January 2022	0	0	0	0	0
February 2022	0	0	0	0	24
March 2022	0	0	1	0	3

GENERAL APPERANCE, CLEANLINESS, AND COMMENTS OF THE FACILITY:

Living Area:

Overall the living areas were found to be clean and organized

- Dorms dorm areas were in order and spaced out. Offenders' property was stored in lockers next to the beds
- Cell Block cell block areas clean and odor free

Culinary/Dining:

The tools and sharp objects were controlled on an inventoried locked shadow board. Cabling is used when knives are checked out. Cooler and freezer were found in good order with temperature log checks documented. Sample trays were labeled and kept from the last 72 hours. Dry storage had items labeled and stored 6" off the ground.

Bathrooms:

Bathrooms are clean and in order, contained hand soap and paper towels

Yard Areas:

Documentation provided showed that recreation was occurring on a regular basis - three times per week, weather permitting.

Maintenance:

Maintenance is done by the parish maintenance workers. A work order is called in to the office when maintenance at the facility is needed

REVIEW AND COMMENT ON THE FOLLOWING BASIC JAIL GUIDELINES: (Compliant or Non-Compliant)

I-A-001 Safety/Sanitation/Inspections: Compliant - The facility is conducting weekly inspections. FM and DHH inspections are done on time. All deficient items on FM and DHH reports were corrected by this inspection.

I-C-001 Emergency Plan: Compliant - An emergency plan is in place. Employees are trained and knowledgeable of the plans. Emergency plan exit maps are posted around the facility.

II-A-007 Counts: Compliant

- How many formal counts are conducted each shift? There are three formal counts. One at morning shift change, one at noon and one evening shift change.
- How many counts are conducted each day? Four
- <u>Stick outs counts</u> are counts that are conducted in areas other than housing units, such as food services and other areas of normally authorized locations. When conducting and submitting the counts, employees are to actually see the offender before turning in theses counts.
 - How does the facility accomplish this? Stick out counts are called in to the main control on the offenders that or working on outside work crews. Work crews in the area bring offender in for noon count
 - Does this process insure accountability and safe/secure operation of the facility? Yes
- **II-A-008 Offender Population Management System:** Compliant All information is documented and maintained on each offender and is transferred with the offender if transferred out of the facility.
- **II-A-010** Admissions: Compliant Policy and procedure are in place and all admission forms are thorough and completed.

II-A-012 Classification System

Does this facility have any trustees that work outside the secure perimeter? **Yes** If yes,

- What is their classification process to determine who is eligible for trustee status? Review of arrest
 history, review of prior job and custody charges. The classification process is suggested by
 administration and signed off by Warden Scott or his designee
- Does their classification process meet DPS&C, Corrections Services' criteria? Yes

II-A-018 Offender Drug Testing (Please list monthly since the previous BJG monitoring visit.)

Month/Year	# DOC Tested	Total DOC Pop	% Tested	# Positive
April 2021	3	13	23%	0
May 2021	3	9	33%	0
June2021	3	6	50%	0
July 2021	3	6	50%	0
August 2021	3	6	50%	0
September2021	3	8	38%	0
October 2021	3	8	38%	0
November 2021	3	10	30%	0
December 2021	3	14	21%	0
January 2022	3	15	20%	0
February 2022	3	18	17%	0
March 2022	3	16	18%	0

- **II-A-019 Offender Transfers:** Compliant Policy and procedure are in place.
- II-A-020 Frequency of Cell Checks: Compliant Policy and procedure are in place.
- II-B-002-1 Use of Restraints for Pregnant Offenders: Compliant Policy and procedure are in place.
- II-C-001 Procedures for Searches: Compliant The facility conducts visual body searches on all offenders upon intake and when offenders return to the facility. Pat searches are conducted on all visitors. The facility keeps detailed shakedown logs. Procedures are in place and logs are maintained on all searches.
- **II-D-001 Key, Tool, and Utensil Control:** Compliant The facility's tools, key and utensil control were found to be in good order. Inventories and documentation are kept up daily.
- III-A-001 Rules and Discipline: Compliant
- Does the facility's offender orientation include the application process for applying for restoration of good time? **No**
- What is their restoration of good time application process for the offender population? N/A
- Does their restoration of good time application process meet DPS&C, Corrections Services' criteria?
 N/A
- IV-C-001 Access to Care/Clinical Services: (Does the facility charge a co-payment? If so, approved by DPS&C?) Compliant Offenders receive a facility handbook upon admissions that contains all necessary information on assessing health care and the co-pay requirements. There is a \$5 co-pay. The co-pays are approved by DPS&C.
- IV-C-006-1 Pregnancy Management: Compliant
- IV-C-008 Annual TB Testing: Compliant The facility conducted TB testing on all offenders at no cost to the offender. This is done upon intake and annually.
- Access to Sick Call: Compliant The facility has a computer system set up in the day areas for offender to send in their sick call forms. If the offender needs to make sick call and is not in the area of the computer system, they notify security staff and a form is given to medical staff. The requests are triaged and scheduled daily visits.

- **IV-C-013** Infirmary Care: Compliant The facility has a nurse daily on staff from 6am to 6pm. If there is an emergency after hours, a doctor and nurse are on call 24/7. Health care services is contracted through Correct Health and they provide a wide range of services. If medical staff determines the health issues to be emergency, offenders are transported to St. James Hospital.
- IV-C-013-1 Medical Releases: (Medical Parole, Medical Treatment Furlough, Compassionate Release)
 Compliant
- **IV-C-014** Suicide Prevention and Intervention: Compliant-Mental health staff evaluates each offender and determines the treatment. The staff receives annual suicide prevention training.
- IV-C-016 Notification: Compliant-Policies in place to notify family members if the offender is on ICU.
- IV-D-004 Confidentiality of Health Information: Compliant Access to offender medical information/files are controlled and restricted to those who have legal authority. Medical records are stored in a secured restricted area and are transported with the offender upon transfer to another local facility or to DPS&C.

IV-E-001 Alleged and Substantiated Sexual Assaults

- Is this facility required to be PREA compliant due to contract language? No
- Is this facility PREA compliant? No
 - > If yes, date compliance received:
- If this facility is required to be PREA compliant due to contract language, and has not done so, what is their plan of action for compliance? N/A
- V-A-003 Programs and Services: Non-Compliant the facility has no programs and services for the Offender population
- List all Certified Treatment Programs (Attach Form IS-B-8-b)
- List all other Offender Programs

V-A-003-1 Educational Programming: Non-Compliant - no educational programs

GED Program

Number of GED Slots	0
Number of Participants	0
YTD Number of Completions	0

- V-B-001 Releasing Offenders: Compliant Offenders are released with property and identification that was collected upon intake. Offenders are released with two forms of identification.
- V-B-010 Proposed Expansions: Compliant No expansions at this time.
- V-C-001 Substance Abuse Programs: Non-Compliant no substance abuse programs offered to the offender population.

V-C-002 Reentry Programs: (Are offenders releasing with two valid forms of identification?) Compliant-Offenders are releasing with two valid forms of identification.

V-C-004 Parole Board Procedures: Compliant

VI-B-002 Grievance Process

- Does grievance process include at least two levels of review? No, only sometimes two
- Who is the designee at each level of review? Asst. Warden and sometimes the Warden
- What is the specified time period for response at each level? 20 days

VII-A-002 Weapons Training: Compliant - Deputies are POST certified and receive appropriate training regarding the use handling and retention weapons.

VII-B-008 Monthly Reporting: Compliant

STAFF COMMENTS/MORALE/GENERAL OBSERVATIONS:

Staff overall morale was good and seem to be working together towards common goals. All employees conducted themselves professionally and respectfully

OFFENDER COMMENTS/MORALE/QUALITY OF LIFE:

No complaints were made by any offender during the walk through. I talked to the offenders working in the kitchen and in the trustee dorm. None of the offenders had any complaints about working in the kitchen or being at the facility

RECOMMENDATION:

This facility does not offer any educational or substance abuse programs to the offender population. Warden is having a difficult time finding volunteers to come give classes to the small amount of offenders. At this time, annual monitoring visits are recommended.

V-A-003 Programs and Services Non-Compliant
V-A-003-1 Educational Programming Non-Compliant
V-C-001 Substance Abuse Programs Non-Compliant



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number	Permit Name		
47-0001102-1	SAINT JAMES PARISH JAIL Jail Kitchen		
Name of Establishment SAINT JAMES PARISH JAIL	Owner Name SAINT JAMES PARISH COURTHOUSE		
Address		Date	Time
5800 HWY 44 CONVENT, LA 70723		10/27/2021	12:40 PM

LAC TITLE 51 PART XXIII

Comments:

VERBAL ACKNOWLEDGEMENT OF REPORT PROVIDED BY ANTHONY JOSEPH, WARDEN, COPY OF REPORT EMAILED TO anthony.joseph@stjamessherrif.com

NOTICE RS 40:31.38 (ACT 66)

RS 40:31.38 (ACT 66) authorizes the Louisiana Department of Health to charge a fee of \$150 to any permitted food establishment that fails to correct the necessary sanitary code violations to be in compliance at the time of its follow up inspection (1st reinspection). Re-inspections are required when there are five or more uncorrected non-critical violations and/or one or more uncorrected critical violations remaining at the conclusion of an inspection. The fee is only charged if the necessary violations are not corrected before the 2nd re-inspection and other subsequent re-inspections. Establishments can avoid this fee if the violations noted on the routine inspection report are corrected by, or during, the follow up inspection. If a fee is assessed, the \$150 fee is payable within 30 days' notice, and failure to pay shall result in revocation of the permit.

Sanitarian Name/Print Michael Bourgeois	Phone # (985)385-7018	Sanitarian Signature	R.S. # 1001	
The above mentioned violations v	were called to my attention and were ex	plained to me in detail. I hereby agree to		
Correct Critical Violations by		Correct Non-Critical Violations	by	
		Signature of Recipient		
Name/Title			ř	
ANTHONY JOSEPH WARDEN			•	



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Retail Food Notice of Violations

Routine/Renewal

Permit Number 47-0001102-1	Permit Name SAINT JAMES PARISH JAIL Jail Kitchen		
Name of Establishment SAINT JAMES PARISH JAIL	Owner Name SAINT JAMES PARISH COURTHOUSE		
Address 5800 HWY 44 CONVENT, LA 70723		Date 03/10/2022	Time 12:20 PM

LAC TITLE 51 PART XXIII

NON-CRITICAL ITEMS: These items should be corrected by the next regular inspection or according to the compliance schedule (see below) established by this office.				
Category	Code Reference	Description of Violations		
UTENSILS/EQUIPMENT/SINGLE SERVICE	2101	67 - 2101.1 - Non-food contact equipment is not maintained in good repair, REACH-IN COOLER GASKETS		
GARBAGE/REFUSE DISPOSAL	3303	98 - 3303.2 - Outside receptacles for garbage, etc. did not have tight fitting lids, doors, or covers.		

Comments:

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Sanitarian Name/Print Jamey Bailey	Phone # (985)536-3535	Sanitarian Signature	R.S.# 1334	
The above mentioned violations	were called to my attention and were ex	plained to me in detail. I hereby agree to		
Correct Critical Violations by		Correct Non-Critical Violations	by	
		Signature of Recipient		
Name/Title ANTHONY JOSEPH-WARDEN	1	D.		
THE TOTAL PROPERTY OF THE PARTY	•			



STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH

Detention or Incarceration Notice of Violations

Routine/Renewal

Permit Number 47-01-224	Permit Name St. James Parish Jail-224		
Name of Establishment Owner Name St. James Parish Jail-224			
Address 5800 Highway 44 Convent, LA 70723		Date 12/09/2021	Time 01:55 PM

LAC IIILE 31 PARI AVIII			
			
t emailed to anthony.jose	ph@stjamessheriff.com.		
For	Number in Attendance	License Anniversary	
	75	12/31/2021	
Phone #	Sanitarian Signature	R.S.#	
985-369-3565			
vere called to my attention and w	vere explained to me in detail. I hereby agree to		
	Correct Non-Critical Violations by	y	
	Signature of Recipient	_	
		•	
	•		
	· .	1	
	t emailed to anthony.jose For Phone # 985-369-3565	For Number in Attendance 75 Phone # Sanitarian Signature 985-369-3565 Pere called to my attention and were explained to me in detail. I hereby agree to Correct Non-Critical Violations by Signature of Recipient	

STATE OF LOUISIANA DEPARTMENT OF HEALTH OFFICE OF PUBLIC HEALTH							
INSTITUTION REPORT							
Agency License No. Anniversary Month							
N/A	DECEMBER						
Name of Establishment ST. JAMES PARISH JAIL-224	Malling Address						
Address 5800 HIGHWAY 44							
City, state, Zip Code CONVENT LA 70723							
Type of Facility JAILS 75							
Parish	Date Inspected						
St. James	12/09/2021						
The above establishment has been inspected by a representative of this section, and:							
License is Recommended;							
License is Not Recommended;							
License is Pending Reinspection;							
from the standpoint of sanitation	KOURTNEY SIGNATER						
LHS 48 (R 7/99) D 1014							



John Bel Edwards GOVERNOR

Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806 (225) 925-4911 (800) 256-5452 Fax (225) 925-4241

Inspection Report

Report # CB-21-012496-1

Deficient/Cautionary Codes cited.



H. "Buich" Browning FIRE MARSHAL

Location Information										
Inspection Type						li	Inspection Date		12/17/2021 4:31:28 PM	
Structure ID	20067 No. of Bu		No. of Buildi	ngs	1		Facility Code		J209	
Capacity	124	Year Built			1987		Construction	Туре	Type III	A / (211)
Building/Trade Name				Address						
SAINT JAMES DETENTION CENTER					5800 HI	GHWA	Y 44, CONVE	NT, LA 7	0723	
Owner Information										
Owner Type	Name				Contact Phone Contact Email					
Municipal Project	nicipal Project SAINT JAMES DETENTION CENTER			ITION		(225)	562-2210 ANTHO		NY.JOSEPH@STJAMESSH	
Address					······································					
POST OFFICE BOX	106, CONVE	NT, LA 7	0723	-						
		-	Te	nant	Informa	tion		*****************	-	_
Name			Sulte	ilte Number		Floor Numb	er	Square Footage		
			Oc.	cuns	ncy De	talle		***************************************		
Occupancy Type		Details		· · · · · · ·		******				
Institutional INSTITUTIONAL BUILDING TYPE: GROUP I-3 (DETENTION/CORRECTION); DETENTION/CORRECTION FACILITY TYPE: CONDITION 4										
	was a superior with the superior was a		Deficient	tand	Cautio	nary I	tems		·······	
Description	***************************************			·················	omenovija v salog	***************************************	Code Stat	us	(*************************************	Correction Date
LAC 55:V §3035 Installation, Inspection and Service, A. Portal 1. Portables shall be installed, inspected, serviced and maintain compliance with NFPA 10 of 1988.						DEFICIENT				1/17/2022
CURRENTLY, ONE EXTINGUISHER IN KITCHEN AND ONE EXTINGUISHER IN OUTSIDE STORAGE AREA NEEDS ANNUAL CERTIFICATION.							ACCOCCIOCO (***********************************			
Comments										
SEE INSPECTION REPORT FOR DEFICIENCIES CITED.										
Inspector Information										
Name: Devon Jack										
Person to whom requirements were explained										
Name: Latonya Ste	ame: Latonya Sterling Title: Warden					Signature:				

For questions regarding the contents of this report, please call:



Office of State Fire Marshal

8181 Independence Blvd. Baton Rouge, LA 70806 (225) 925-4911 (800) 256-5452 Fax (225) 925-4241

Inspection Report

Report # CB-21-012496-1

Deficient/Cautionary Codes cited.



H. "Butch" Browning FIRE MARSHAL

R. S. 40: 1621

Whoever falls to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III. Chapter 7, Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1569 excepted, shall be fined not more than five hundred dollars or imprisoned, for more than six months or both. Each day's violation of an order constitutes a separate offense and may be punished as such at the discretion of court.

L.R.S. 40:1577 APPEAL FROM ORDER

When an order is made by one of the deputies or representatives of the Fire Marshal, the owner or occupant of the building or premises may, within three days, appeal to the Fire Marshal. The Fire Marshal shall, within five days, review the order and advise the owner or occupant of his decision thereon. The owner or occupant may, within five days after the making of affirming of any such order of the Fire Marshal, file an application with the Board of Review.

RULES FOR APPEALING TO THE FIRE MARSHAL BOARD OF REVIEW

- Any application to the Board of Review shall contain the following basic information set off in organized fashion
 with captions indicating that the paragraph in question contains the following basic information.
 - 1. The name of the applicant.
 - 2. A brief description of the facts.
 - 3. A copy of the order of the Fire Marshal which is being appealed.
 - 4. A reference to the section of the law or code being reviewed.
 - A brief description of why the applicant feels the requirements of the Fire Marshal is not within the Fire Marshal's authority, or brief description of why the interpretation of the Fire Marshal is incorrect or what specific relief is required by the applicant.
 - A list of the individuals who will be appearing before the Board, and a brief description of the testimony
 or information they will be providing the Board.
 - A list of all the documents which will be introduced or provided to the Board along with a brief description of the documents, and if possible, a copy of said documents.
 - 8. A list of each exhibit except for documents, and a brief description of the exhibit.
- II. Whenever possible, a notice of the meeting, date and place, and the agenda will be recorded in the Louisiana Register, however, whenever that is not possible, a copy of the meeting notice including the date, time and place, and agenda of the meeting of the Board will be published in the official notices of the official state journal; furthermore, a press release containing the same information will be mailed to the official journals of the cities of Shreveport, Monroe, Lafayette, Lake Charles, Alexandria, New Orleans, and Baton Rouge and any city or town in which the meeting of the Board is to be held if it is not one of the aforementioned major cities; and the same information shall be mailed to each individual who has notified the Fire Marshal of his desire to receive a notice of such appeal.
- III. A copy of the determination of the Board as prepared by the Chairman will be mailed to each individual who requests a copy of that specific determination as well as to the applicant.
- IV. The time delays for filing an appeal shall be those specified in R.S.40:1577 and 40:1578 1 D.

Inspection, Testing, and Maintenance of Fire Sprinkler Systems



•							~ ?)	N
inspec System	tion Job No.: 627-21 No.: #1 WET SYSTEM- OUTSIDE CI	OSET		•	r License C No.: F - 63	Contractor No.: 4 0	12169 — F	IRE SY	STEM	s-
Information on this form covers the minimum requirements of NFPA 25-2014 for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps, water tanks, and other fire protection systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.										
Owner	ST.JAMES P	OLICE JU	JRY .	•	Pho	ne Na.:				
Owner's Address: P.O.BOX 106 CONVENT, LA. 70723										
	rty Being Evaluated:					DETENTION C				
_	rty Address:					ONVENT, LA. 7			- ·	
		All o						amed on this	date	
_										
Notes: 1) All questions are to be answered Yes, No, or Not Applicable. All No answers are to be explained in Part III of this form. 2) Inspection, Testing and Maintenance are to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 are followed.										
	- Owner's Section building occupied?		⊠ Yes	□ No	(continue	d) RY SYSTEMS				
	•		121 100			Does system hav	re edequate air			COL ANYA
	the occupancy classification and hazard of con sined the same since the last inspection?	wnis	Ø Yes	□ No	в. b.	pressure? Is the air supply i	n operation?	☐ Yes	□ No □ No	⊠ N/A ⊠ N/A
	all fire protection systems in service? The system remained in service without modific	ation	☑ Yes	□ No	C.	Are priming level manufacturer's in	is in accordance with the astructions?	☐ Yes	□ No	⊠ NA
sino	e the last inspection? the system free of actuation devices or elarms		⊠ Yes	□ No	ď.		ir maintenance device	☐ Yes	□ No	⊠ N/A
	ast inspection?		Yes	□ No	e .		drained during this	☐ Yes	□ No	⊠ N/A
					l.		g dovice operate			
					و ا	satisfactorily? Did the dov-nipe	valve trip properly during	☐ Yes	□ No	⊠ N/A
	r or Representative (print name)	Signatu	re and Date	!		testing?	• • • •	☐ Yes	□ No	⊠ N⁄A
	- Inspector's Section NERAL				8. SF	PECIAL SYSTEM: Did debuge or pro	S-action valve operate			
8.	Are all systems in service?	🛛 Yes	□ No	□ N/A	b.	property during to	esting? sctuation devices operate	☐ Yes	□ No	⊠ N/A
b.	is there a minimum 18° clearance between the bop of storage and the sprinkler				ł	property?	ctossus ecotoss operato	☐ Yes	□ №	⊠ N⁄A
C.	deflectors? Does the hand hose system appear to be	⊠ Yes	□ No	□ N/A	9 Si	PRINKLERS Are aprinklers fre	e from corresion.			
d.	in satisfactory condition? Does the exterior condition of the system	☐ Yes	□ No	⊠ N/A	ь.	damage, obstruct Are sprinklers to:	tion or paint? as then 50 years old?	⊠ Yes ⊠ Yes	□ No □ No	□ N/A □ N/A
	appear to be satisfactory?	⊠ Yes □ Yes		□ N/A 図 N/A	G.	Are adequate sp	are sprinklers available? or wrenches for all types	⊠ Yes	□ No	□ N/A
e. f.	Are hydraulic nameptates in place? Are visible hangers/bracings in good	_		_	ļ	available?	**	⊠ Yes	□ No	□ N/A
g.	condition? Are standpipe systems in good condition?	⊠ Yes □ Yes	No	□ N/A Ø N/A	e.	installed?	erature sprinklers	⊠ Yes	□ No	□ N/A
2. VA 8.	LVES Are all valves in the appropriate open or				10. i	Internal inspection	MS EVERY 5 YEARS on of valves appears to	_	_	_
b.	closed position? Are control valves in the open position	⊠ Yes	□ No	□ N/A	{	be in good condi 1. Wet-pipe at	ition? erm valves?	Yes	No	⊠ N/A ⊠ N/A
	locked, scaled or equipped with temper switches?	⊠ Yes	□ No	□ N/A	1	2. Dry-pipe va 3. Pre-action v		☐ Yes ☐ Yes	% %	⊠ NyA ⊠ NyA
C. d	Are valves identified? Are valves free from physical damage?	⊠ Yes ⊠ Yes	□ No	□ N/A □ N/A	}	4. Deluga valv 5. Strainers?	res?	Yes	No No	Ø N/A Ø N/A
a.	Are valves and drains free from leakage?	Ø Yes	□ No	□ N/A	D	6. Check valve		☐ Yes	□ No	Ø N⁄A
1.	Are gauges showing normal water or air pressures and free from damage?	⊠ Yes	□ No	□ N/A		: (II – Testing S e UARTERLY TEST				
3. W/	ATER SUPPLIES Was there a flow test made?	⊠ Yes	□ No	□ N/A	a b.		lest - Static Pressure test - Residual Pressure	65 57	psi psi	
b.	Does the supply pressure appear to be normal?	⊠ Yes	□ No	D N/A	6	Was water flow		X Yes	□ No	□ N/A
4. TA	NKS, PUMPS, FIRE DEPARTMENT CONN		۵	₩.	ł	pressure switch:	98?	⊠ Yes ⊠ Yes	No No	□ N/A □ N/A
a.	Do fire pumps or water storage equipment appear to be maintained and in good		~	5 44	f.	Did low air presi	ch operate property? sure switch operate	_		_
b.		☐ Yes	□ No	⊠ N/A	0_		gter levels tested?	☐ Yes ☐ Yes	□ №	AVA 🔯 NVA
	satisfactory condition, couplings free, caps place?	🖾 Yes	□ No	□ N/A	2. Si		T ng device operata			
C.	is fire department connection accessible and visible?	⊠ Yes	□ No	□ N/A	3. A	property? NNUAL TEST		☐ Yes	□ No	Ø N/A
5. AL a.	ARMS Did water motor(s) and gong(s) test				a.	sample test mad		☐ Yes	□ No	⊠ N/A
b .	satisfactory? Did electric starms lest satisfactory?	☐ Yes ☑ Yes	□ №	Ø N/A □ N/A	b.	Do control valve to their normal p	is operate fully and return losition?	⊠ Yes	□ No	□ N/A
6.	Did supervisory starms test satisfactory? ET SYSTEMS	⊠ Yes	□ No	□ N/A	C.	Did dry pipe values satisfactority?		☐ Yes	□ No	₩ NVA
8.		⊠ Yes	□ No	□ N/A	d		nive, dry trip test	☐ Yes	□ No	⊠ N/A
b.	Are the inspectors test valves accessible				۰	Did air maintena	ance device operate	☐ Yes	□ No	⊠ N/A
	and in good condition?	⊠ Yes	□ No	□ N/A			gulating valves pass flow			
					I	test?		☐ Yes	□ №	ES NVA

Austin Fire Systems, P. O. Box 411, Prairieville, LA 70769 (225) 926-7945 (225) 677-9850 (225) 677-5104 (fax)

Owner: ST.JAMES POLICE JURY				
Inspection Job No.: 627-21				AILETIN
System No.: #1 WET-OUTSIDE CLOSET				AUSTIN FIRE SYSTEMS
(continued from page 1) 4. THIRD YEAR DRY PIPE VALVE WET TRIP TESTS a. Initial sir pressure pasi b. Initial water pressure psi c. Trip air pressure psi d. Trip time sec	NG			Part V - Inspector's Information Inspector MICHAEL MAYEUX
e. Did inspector's test flow water? 5. FIFTH YEAR TEST	☐ Yes	□ No	NA E	Company: Austin Fire Systems
Were gauges checked with calibrated gauge? Were gauges replaced?	Yes	□ No	⊠ N/A	Company Address 13580 EADS ROAD (P. O. Box 411): Prairieville, LA
c. Was a high temperature sprinkler sample test made?	☐ Yes	□ No	⊠ N/A	i state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left operational condition upon completion of this inspection
Part IV - Maintenance Section (Not included in inappects 1. MONTHLY OR QUARTERLY ITEMS			⊠ N/A	except as noted in Part III above.
All air leaks repaired in dry system? Replaced any damaged or painted sprinklers?	☐ Yes	□ No	⊠ N/A ⊠ N/A	Signature of Inspector:
c. Flushed system if out of service for one year? 2. ANNUAL ITEMS	☐ Yes	□ No	19 NPA	License or Certification Number (if applicable) E-2868
All valve stems (ubricated? Sprinklers replaced in cooking equipment, paint booths, or ventilating systems showing)	☑ Yes	□ No	D N/A	Date of Inspection 12-2-21 SYSTEM TAG
signs of grease or paint buildup? c. Were valve low points in dry systems, pre- action systems, or deluge systems drained	☐ Yes	□ No	⊠ N/A	☐ Green ☐ Yellow ☐ Red
prior to caset of freezing weather?	☐ Yes	□ No	⊠ N/A	
 d. Interior of dry-pipe, pre-action, or deluge systems cleaned? 	☐ Yes	□ No	⊠ N/A	Equipment Layout - Label Inspector's Test and Risers and BFP's. Front of Store
 Anti-freeze systems tested for proper solution? 	☐ Yes	□ No	⊠ N/A	4" RASCO MODEL E WITH PS&TS
f. Air compressor checked for proper lubrication?	☐ Yes	□ No	⊠ N/A	I T. VALVE LOCATED INTO BOILER ROOM WHERE SPRINKLER VALVE IS LOCATED. MUST SILENCE & RESET FACP IN ADMIN. BUILDING BEFORE RESETING
Part IV — Comments (Any "No" enswers, test failures or o sprinkler system must be explained here. Also, note her any pu- have been the subject of a recall or a replacement program.) ANNUAL INSPECTION	aducts noticed	on the syste	m that	PANNEL IN THE JAIL. PRESSURE SWITCH WILL NOT SIGNAL PANNEL IF NAC DISABLE BUTTON IS PUSHED.

	www.who.combonies.			
	Kirona tarah mining termenang kanan			

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				(225) 024-7045 (225) 477-0850 (225) 477-5104 (fav)