

BJG MONITORING REPORT

07/15/09

The recertification (recertification, monthly, quarterly, semi-annual or annual) inspection of the Orleans Parish Prison (facility) was conducted on July 27, 2009 (date) by the following audit team members:

NAME	TITLE
Connie Geter	Executive Management Officer, OAS
Billy Breland	Director, Facility Services, OMF
Karen Bess	Director of Nursing, LCIW
Connie Moore	Assistant Warden, LCIW
Jarrell Bush	Safety Coordinator, EHCC
John McGovern	Classification Director, EHCC
Kim Eiland	Executive Management Officer, Under Secretary's Office

The team met with the following facility staff during the inspection:

NAME	TITLE
William Short	Chief Deputy
Gary Bordelon	Chief
Earl Weaver	Chief
Roy Austin	Colonel, Assistant Commander Intake and Processing I
Dr. Samuel Gore	Physician
	*Please see last page of report for additional OPP staff in attendance.

Date of Last BJG monitoring Inspection

6/25/03 *

Rate the facility's last inspection and include any concerns or issues.

The 2003 inspection was prior to Hurricane Katrina in 2005. The recertification inspection that would have been conducted during 2006 was interrupted due to the damages received. During the days and months following this disaster, Orleans Parish offenders were housed at various local facilities and State DPS&C facilities. A mutual agreement between the DPS&C administration and Sheriff Gusman allowed for the slow return of DOC offenders and allowed to resume housing offenders in accordance with the Basic Jail Guidelines with the recertification process extended.

Additional comments:

Operational Capacity

3377 on 7/22/09 CFACILITY REPORT;
3257 Total Capacity from recent FM inspections

Count on Day of Audit

3469

	Male	Female	Total
Number DOC s	<u>686</u>	<u>42</u>	<u>728</u>
Number of Local s	<u>2390</u>	<u>262</u>	<u>2652</u>
Number of Out of State s	<u>0</u>	<u>0</u>	<u>0</u>
Number of Federal s	<u>81</u>	<u>8</u>	<u>89</u>
Total s	<u>3157</u>	<u>312</u>	<u>3469</u>

PART I. ADMINISTRATION - BJC I-001 - I-016

Review and comment on the facility's staffing plan.

The attached organizational chart indicates a staffing pattern that would meet basic security staffing needs. However, additional staffing in the maintenance department may be needed in order to maintain at the levels that would provide support for daily upkeep, maintenance and housekeeping. Programming and Classification staffing levels were not reviewed, however, based on the general complaints voiced by offender during the inspection concerning lack of educational opportunities, conditions of confinement, a review of current staffing levels to meet the safety, programming, medical and mental health needs is recommended. See attached security organizational charts.

Review and comment on the condition of the files including: Quality of the files - was the documentation appropriate, etc.

The files were in good order. They were easily reviewed by the auditors with the documentation separated and tabbed. It should be noted a set of BJC files are maintained by each of the Wardens' at their respective units. The files chosen for review were those maintained at the Conchetta facility.

^{BJG1} It is recommended, however, that one file be maintained that represents the agency's policies and procedures and with a sampling of compliance practice documentation representing each of the respective units.

Include a narrative on each non-compliant guideline with plan of action to become compliant.

^{BJG2} A-002 - The organization chart should include the number of positions for specific functions that would provide services to the offender population, i.e. medical and education and include Mental Health and Classification. The maintenance area should also identify the number of maintenance staff employed by the Sheriff's Office. Identify staff the City provides for upkeep of the OPP and HOD.

Additional comments: Municipal s are held up to \$100,000 bond.

PART II. PHYSICAL PLAN : - BJJ II-001 - II-009 Fire Marshal Report
Date of Current Report / Capacity (CONDUCTED AFTER THE 7/27/09 inspection)

<u>FACILITY</u>	<u>DATE</u>	<u>CAPACITY</u>
1) OPP	8/14/09	788
2) HOD	9/11/09	817 (839 on date of FM inspection)
3) South White	9/11/09	248 (312 on date of FM inspection)
4) Templeman V*	9/11/09	318 (*no DOC's housed here) (253 on date of FM inspection)
5) Conchette	9/11/09	404 (402 on date of FM inspection)
6) Kitchen @ 2801 Perdido St., OPP	8/25/09	
<u>TOTAL</u>		3257 (+ 650 temporary housing)

NOTE: Dialogue and e-mail conversations between Billy Breland and Jerry Melancon of the Fire Marshal's Office as late as 1/25/10 continue efforts to clear up the above discrepancies with the Rated Capacity numbers. The Health Department has indicated their capacities will be in line with the final capacities set by the Fire Marshal's Office. (See attached e-mail dated 1/25/10)

- FEMA Temporary Jail Dorms: 9/11/09; No capacity listed, however 650 present at time of inspection, houses no DOC offenders here.
- OPP and HOD are owned by the City of New Orleans. Recent budget requests for \$1,000,000.00 to make needed improvements at OPP and HOD have been turned down. In order for the physical structures to be improved upon the City of New Orleans bears a significant role in funding for maintenance issues to improve upon the conditions of confinement of those offenders which the Sheriff's Office is responsible for.

Include fire marshal deficiencies & corrective action taken.

FM1) OPP - Was general inspection conducted for the purpose of occupancy "post Katrina". OPP was found acceptable for occupancy with citation given concerning the fire alarm panel with a correction date of 9/14/09. **A copy of the re-inspection report should be forwarded to DPS&C, Chief of Operations upon completion.**

FM2) HOD - Removal of electrical cords being used for fans throughout, missing ceiling tiles, seal penetrations in stairwell, replace glass in stairwell doors in pipe chase, identification of keys for egress by sight and touch (to include staff training), storage of personal belongings in closable metal lockers or approved fire-resistant containers.

FM3) SOUTH WHITE - Provide door on electrical panel, service and maintenance to cover unprotected areas, remove storage from 2nd floor corridor, missing ceiling tiles.

FM4) Conchetta - Remove second door from Pod areas, provide service and maintenance to fire alarm, remove all storage from stairwells, replace self closer on janitor closet door, replace worn and torn mattresses.

FM5) TEMPLEMAN - Shall provide service and maintenance to fire alarm system, repair smoke barrier door at level 1 stairwell, remove all storage from stairwells, replace missing ceiling tiles, remove all electrical cords being used for fans throughout the building, keys necessary for unlocking doors installed in a means of egress shall be identified by both touch and sight (staff

with direct contact of keys shall be trained for identification of keys).

It should be noted the re-inspection deadline from the Fire Marshal for the 9/11/09 inspection is set for 10/27/09. Mr. Jerry Melanson was contacted by Billy Breland on 9/21/09 and indicated he is working with the facility and anticipates corrective actions to be completed by mid October and will conduct re-inspections at that time.

Health Inspection Report Date of Current Report / Capacity

<u>FACILITY</u>	<u>DATE</u>	<u>CAPACITY</u>
1) OPP	7/16/09	Capacity not listed
2) HOD	7/15/09	Capacity not listed
3) South White	7/15/08	288
4) Templeman V	7/14/09	280 (NO DOC'S)
5) Conchetta	7/16/09	432 Capacity

6) Kitchen 2801 Perdido Street 7/5/08 and reinspected 8/5/09 as follows:

Code Section R.S. 40:1574. Owner shall resubmit fire alarm shutter doors for sequence of operation and compliance with NFPA 101 and NFPA 72 for proper operation. At time of inspection said shutters were installed for operation on general alarm sequence. Compliance met thru appeal number SA 51074.23-23 dated 10/6/08.

.10:6.3.4* Maintenance recordkeeping. Each fire extinguisher shall have a tag or label securely attached that indicated the month and year the maintenance was performed and that identifies the person performing the services. Time of inspection no extinguishers were tagged by a licensed contractor in accordance with State Law. Compliance Met. NFPA 110.7.13 Installation Acceptance 7.13.1 Upon completion of the installation of the EPSS, the EPS shall be tested to ensure conformity to the requirements of the standard with respect to both power output and function. OWNER SHALL PROVIDE DOCUMENTATION for compliance with NFPA 110 for class 1 Generators. Documentation provided by professional of record. No other apparent deficiencies noted at the time of inspection.

.10122.3.4.3.1 Occupant Notification. Occupant notification shall be accomplished automatically in accordance with 9.6.3.9.6.3.1. Occupant notification shall be provided to alert occupants of a fire or other emergency where required by other sections of this Code. In particular section 9.6.3.6.3 shall not apply. Staffing in all areas shall be notified by both audible and visual means in accordance with NFPA 72 and ambient noise shall be in compliance. See appeal 10/6/09.

NPFA 101.22.3.4.2 Emergency forces notification 22.3.4.3.2.1 Fire department notification shall be accomplished in accordance with 9.6.4, unless otherwise permitted by the following: At time of inspection alarm panel was not monitored as per this section. Compliance met. No other apparent deficiencies noted at time of inspection.

Include health inspection deficiencies & corrective action taken.

HD1 OPP - Citations include excessive water temperatures, low water pressure, leaking showers; toilets not working, floor and ceilings not clean.

HD2 HOD - Broken toilets, low water pressure, high temperature, lighting not adequate, drain covers missing, walls needing painting, showers need painting, dirty and worn floor tiles.

HD3 SOUTH WHITE: No citations

HD4 TEMPLEMAN V: Shower drain covers missing, peeling paint, inadequate lighting, worn mattresses, no hot water or cold water on several tiers, clogged sinks, toilets in disrepair, water pressure.

HD5 CONCHATTA: 1-1 No hot water, showers in need of paint, 1-2 Lights out in Pod area, vents not clean, #2 no hot water, mold build up in shower, 2-2 Lights not adequate (corridor), shower 1 not working, toilet #5 not working, shower floor not clean, mold on ceiling shower, etc.

HD6 Kitchen: Communication dated 8/27/09 indicates that all deficiencies cited in the Health Department's reports were being addressed by the OPP Maintenance Department, Bob Martin.

Review and comment on perimeter security and lighting after dark.

Additional lighting is recommended at HOD and or ensure all exterior lights are working. Lights were noted out at front of Conchetta also.

Include a narrative on each non-compliant guideline with plan of action to become compliant.

Additional comments: Plans for reconstruction of structures to replace OPP and HOD are currently pending. **PHY1** Please advise when final plans have been approved. See final recommendations.

PART III. INSTITUTIONAL OPERATIONS - BJC III-001-III-017

Does the facility provide a photo i.d. card for each DPS&C ?
Yes, on arm bands.

Review and comment on the facility's tool and key control.

Tool and key control practices were in order and in compliance with their own policies and procedures. It should be noted that the Fire Marshal indicated staff training was needed for sight and touch identification of emergency keys and should be included in policy and procedures and staff trained accordingly.

Review and comment on the facility's PREA policy.

P&P1 Policy is in the developmental stage as this is a new BJC guideline.

Review and comment on the facility's drug testing procedures.

P&P2 Policy is in place and is to begin next week.

Include a narrative on each non-compliant guideline with plan of action to become compliant.

Additional comments: C..evances received by the Department BJG Team leader(s) are routed returned through Eric Sivula, Investigations, to Chief Bordelon for appropriate actions in accordance with BJG III-015 with a request that the Department be advised of final dispositions.

PART IV. INSTITUTIONAL SERVICES - BJG IV-001 - IV-025

Review and comment on the facility's Medical/Mental Health Services, including chart review for health screening performed at intake.

Chart reviews are conducted. Health Screenings are conducted at Intake and offenders are referred to clinics when deemed medically necessary.

Review and comment on the facility's TB policy, including chart review for testing/medical evaluation at intake and annually.

OPP Policy and Procedure, Infection Control Program, J-B-01 (3.D) outlines Tuberculosis screening and assessment. Screening is conducted at intake and TB testing (Mantou method) scheduled on day 7 of incarceration as well as annual testing of all offenders. Charts indicated they are reviewed and so documentation. Dr. Gore explained the practical application of the computer database which is used.

Comment on the facility's sick call policy and practice.

Sick call is conducted 5 days per week.

Does the facility obtain blood DNA from the DOC s? Yes

Include a narrative on each non-compliant guideline with plan of action to become compliant. None

Additional comments:

PART V. PROGRAMS - BJG V-001 - V-010

GED Program

Number of GED Slots	12
Number of Participants	5
YTD Number of Completions Literacy Program	4
Number of Literacy Slots	0
Number of Participants	0
YTD Number of Completions	0

List all other programs and number of slots offered at the facility such as religious services, education, substance abuse, etc.

There is a GED program available. A full time Chaplain is available to the population. NA and AA programs are also available.

Any planned or proposed expansions? (Please note: All planned or proposed expansions must be submitted to the Secretary of the DPS&C and the Executive Director of the LSA for approval.) Plans for reconstruction of structures to replace

OPP and HOD are currently pending. PHY1 Please advise and update according to this requirement concerning expansions and submission to the Secretary of the DPS&C and the Executive Director of the LSA.

Additional comments:

Include a narrative on each non-compliant guideline with plan of action to become compliant. V-003 Reading material is limited. No outside books are allowed. Currently there is not a library. There are no books that can be checked out to offenders via library carts.

Additional comments:

PART VI. MAIL AND CORRESPONDENCE - BJG VI-001 - VI-002

Include a narrative on each non compliant guideline with plan of action to become compliant.

PART VII. RE-ENTRY - BJG VII-001 - VII-002

Include a narrative on any re-entry initiatives i.e., continued medical/health care, continued substance abuse, government issued identification, residential plans, etc.

^{P&P 3} Policy is in developmental stage as this is a new BJG guideline.

Additional comments:

COMMENTS ON QUALITY OF LIFE

The team evaluated the conditions of confinement at the facility during the inspection and found the overall quality of life to be:

Considering that less than four years ago, the entire jail was incapacitated after Hurricane Katrina through both physical structure losses, employee relocations, etc. the facility has overcome monumental obstacles. The September 2009 Fire Marshal's reports include numerous citations regarding the physical plants with a reinspection scheduled before the end of October.

The recent Health Department reports also include findings relating to plumbing, hot water, housekeeping and maintenance (floor tiles, molding, etc). The facility response is that these concerns are being addressed by the OPP maintenance department.

As stated under Section One of this report, OPP and HOD are owned by the City of New Orleans. Recent budget requests for \$1,000,000.00 to make needed improvements at OPP and HOD have been turned down. The City of New Orleans bears a significant role in helping to provide needed funding for maintenance issues to improve upon the conditions of confinement of those offenders which the Sheriff's Office is responsible for.

What was once a centrally located state of the art kitchen and warehouse, has been converted into the Intake processing center that processes an average of 250 arrestees a day along with approximately 240 discharges per day. They have a state of the art property room system that has virtually eliminated the loss of property. The property is "shrink wrapped" and sealed which has also managed to control odors.

Bids for a new kitchen were to go out in September.

The overall assessment of the quality of life would indicate there is room for improvement in the physical plants (maintenance and upkeep) of OPP while keeping in mind the long range plans for additional housing facilities within the next five years reflects the administration's goals to improve on the situation.

The facility's medical department recently went through a NCCHC accreditation visit. The verbal indication is that they have met these medical standards since the July BJC inspection and encouraged by these findings. Subsequent correspondence dated 3/16/10 indicates the facility's Medical Department has been NCCHC accredited.

Include comments regarding the quality of life based upon the checklist.

Based on the checklist, the facility continues to seek funding to improve upon the working conditions for the staff and offender population within the budgetary constraints that affect the department.

Additional comments:

4th Floor at OPP housed an impressive education area with a computer lab, reading/study materials and furnishings obtained through a "Laura Bush" grant. Ms. Jackie Moss made the grant application and has been employed in the Education Department of OPP for 17 years. This area promoted learning from the educational designed floor rugs to the layout of the educational materials.

RECOMMENDATION

Based on the team's inspection and review of the files indicate your recommendation. If you feel a return visit is necessary, please suggest a time table for the visit.

Considerations for recertification would include

- Capping the DOC offender population at 1,000 or less.
- Need to ensure that inspection reports prepared by the Health Department and Fire Marshall includes the capacities for each facility inspected.
- DOC offenders are not be housed in overcrowded facilities of the OPP Jail system.
- To the extent that is possible DOC offenders are to be segregated.
- Housekeeping and general maintenance at OPP and HOD which houses DOC offenders be improved upon.

BJG II-001:

FIRE MARSHAL INSPECTIONS / REPORTS:

Forward inspection and reinspection reports to BJG teamleaders as soon as inspected with documentation that appropriate actions have been taken and or resolutions between the Sheriff's Office and the City being mutually agreed upon in order to provide for the safekeeping of staff and offenders.

BJG II-003:

HEALTH DEPARTMENT INSPECTIONS/REPORTS:

Forward inspection reports and documentation that citations have been corrected to BJG teamleaders as soon as completed.

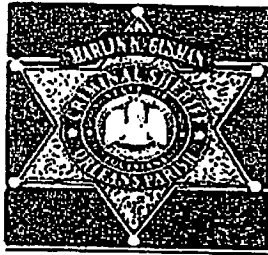
V-001 & 003: Expand availability of reading materials and educational opportunities.

SUMMARY:

Recommendation for recertification is contingent upon the ageement of the above conditions being acted upon. Plans of actions are required on all areas footnoted within the report. Annual monitoring visits are also recommended.

Additional staff in attendance during the entrance interview and available during the tours:

Warden Chuck Jones- OPP Jail Facility
Warden Andrew Jenkins- House of Detention
Warden Jarred Spinney- Conchetta Facility
Warden Anella Joseph- South White Street Facility (Females)
Warden (Captain) Eric Donnelly- Work Release Center
Major Jim Beach- Food Service Director
Colonel Jerry Ursin- Commander of Intake and Processing
Warden Bineta Pittman- Templeman V Jail Facility (No DOC offenders / Federal only)
Colonel Joseph Howard- Emergency Tent Facility (No DOC offenders)



Date: 8-27-09

Office of the Criminal Sheriff

Parish of Orleans + State of Louisiana

Marlin N. Gusman
Sheriff

Interoffice Memorandum

To: Connie Geter, EMO LA DPS & C

From: Chief Gary Bordelon

Subject: Board of Health Declaration of Inspection

Connie, our Maintenance Supervisor (Bob Martin) is addressing all Maintenance problems in the Board of Health Declaration of Inspection. Thanks

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/15/09
 INSTITUTION women's facility MAX. CAPACITY 408
 ADDRESS So. White 2620 Tulane Dr
 NO. MEN _____ NO. WOMEN 432 NO. JUVENILES _____ TOTAL 427

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>central work up</u>
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>2nd floor #4 low water pressure</u> <u>#5 no hot + cold water pressure</u> <u>#8, 9, 11, 12 - no hot water</u>
3. Handwashing lavatories: Hot and cold water as required..... []	<u>DORM - 4 - lights in front (out)</u>
4. Toilet facilities as required..... []	<u>DORM 2 - vents (Dusty)</u>
5. Approved bathing facilities..... []	<u>DORM I - vent (Dusty)</u> <u>- Shower needs painting</u>
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	<u>back down</u>
11. Approved waste disposal..... []	<u>#5 (light balance)</u>
12. Mattresses and pillows: Good condition and clean..... []	<u>#6 low water pressure</u> <u>7 low pressure (toilet)</u>
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL LT. M. Pittman SANITARIAN Amey K. Hargan DEPT
 1998

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/16/09
 INSTITUTION Cove Hotel MAX. CAPACITY 432
 ADDRESS 2620 Tulane Ave
 NO. MEN 256 NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>1-1</u> - Fountain is in disrepair <u>A2</u> - NO HOT WATER - LEAK NEAR DOOR - SHOWER AREA NEEDS PAINTING
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	
3. Handwashing lavatories: Hot and cold water as required..... []	<u>1-2</u> - Lights out (low) in POD AREA.
4. Toilet facilities as required..... []	- VENTS ARE NOT CLEAN
5. Approved bathing facilities..... []	- #2 NO HOT WATER
6. Safe drinking water; each cell, cell block or dormitory..... []	- Mold (Build-up) Shower
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	<u>2-2</u> - Lights not adequate (corridor)
10. Approved plumbing..... []	- Shower #1 - NOT WORKING
11. Approved waste disposal..... []	- Toilet #5 - NOT WORKING
12. Mattresses and pillows: Good condition and clean..... []	- Shower floor not clean.
13. Isolation cell for Communicable diseases as required..... []	- mold on ceiling outside Shower.
14. Food source..... []	- 1 Toilet not working
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	<u>2-1</u> (1) Toilet / no Hot or cold water (2)(3)(4) NO Hot or cold water
16. Visitor waiting room: Sanitary facilities available..... []	- Lighting not adequate inside shower - Shower floor (worn)

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FACILITY OFFICIAL L. M. PeltierSANITARIAN K. Nguyen

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITYPARISH OrleansDATE 8/16/09INSTITUTION ConchettaMAX. CAPACITY 432ADDRESS 2620 Tulane AveNO. MEN 176 NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>3rd Floor</u> <u>3-T</u>
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	• <u>Fluorides</u> IN DISREPAIR. • <u>#8 Toilet (Pressure)</u> • <u>#24 Toilet Pressure</u>
3. Handwashing lavatories: Hot and cold water as required..... []	• <u>CRACKED IN FRONT OF SHOWER</u> • <u>SHOWER AREAS WALLS NEED PAINTING</u>
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	<u>3-1</u> - <u>Light out of Shower</u> - <u>Paint walls Shower Area</u>
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	<u>3-2</u> - <u>Shower Needs Painting</u>
10. Approved plumbing..... []	(5) - <u>Low Hot + Cold Water Pressure.</u>
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

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FACILITY OFFICIAL Lt. M. PittmanSANITARIAN James M. [Signature] 2691

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/16/09
INSTITUTION Covington MAX. CAPACITY 432
ADDRESS 2620 Tulane Ave
NO. MEN 256 NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>1-1</u> - Fountain is in disrepair <u>A2</u> - NO HOT WATER - LEAK NEAR DOOR - SHOWER AREA NEEDS PAINTING
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	
3. Handwashing lavatories: Hot and cold water as required..... []	<u>1-2</u> - Lights out (low) in POD AREA.
4. Toilet facilities as required..... []	- VENTS ARE NOT CLEAN
5. Approved bathing facilities..... []	- #2 NO HOT WATER
6. Safe drinking water; each cell, cell block or dormitory..... []	- MOLD (Build-up) Shower
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	<u>2-2</u> - Lights not adequate (work area)
10. Approved plumbing..... []	- Shower #1 - not working
11. Approved waste disposal..... []	- toilet #5 - not working
12. Mattresses and pillows: Good condition and clean..... []	- Shower floor not clean.
13. Isolation cell for Communicable diseases as required..... []	- mold on ceiling above Shower
14. Food source..... []	- 1 Toilet not working
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	<u>2-1</u> (1) Toilet / no hot or cold water (2)(3)(4) no hot or cold water
16. Visitor waiting room: Sanitary facilities available..... []	- Lighting not adequate inside shower - Shower floor (worn)

Declaration of Inspection:

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FACILITY OFFICIAL

G. M. Butler

SANITARIAN

K. Nagan

06411
1985

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 8/16/09
 INSTITUTION Conchetta MAX. CAPACITY 432
 ADDRESS 3620 Tulane Ave
 NO. MEN 176 NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>3rd Floor</u>
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>3-T</u> • <u>Fluorotiles in DISREPAIR.</u> • <u>#8 Toilet (PRESSURE)</u> • <u>#24 Toilet PRESSURE</u>
3. Handwashing lavatories: Hot and cold water as required..... []	• <u>CRACKED in front of SHOWER</u> • <u>SHOWER AREA'S WALLS NEED PAINTING</u>
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	<u>3-1</u> - <u>Light out of SHOWER</u> - <u>Paint WALLS SHOWER AREA</u>
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	<u>3-2</u> - <u>SHOWER NEEDS PAINTING</u>
10. Approved plumbing..... []	(5) - <u>Low HOT + COLD WATER PRESSURE.</u>
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

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Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL

Lt. M. Pittman

SANITARIAN

James M. / K. Nguyen0691
1005

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/15/09
 INSTITUTION women's facility MAX. CAPACITY 403
 ADDRESS So. White 2620 Tulane Dr
 NO. MEN _____ NO. WOMEN 432 NO. JUVENILES _____ TOTAL 427

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>CEILING work up</u>
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>2nd floor #4 low water pressure</u> <u>#5 no hot + cold water pressure</u> <u>#8, 9, 11, 12 - no hot water</u>
3. Handwashing lavatories: Hot and cold water as required..... []	<u>DORM - 4 - lights in front (out)</u>
4. Toilet facilities as required..... []	<u>DORM 2 - vents (Dusty)</u>
5. Approved bathing facilities..... []	<u>DORM I - vent (dusty)</u> <u>- Shower needs painting</u>
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	<u>lock down</u>
11. Approved waste disposal..... []	<u>#5 (light, balance)</u>
12. Mattresses and pillows: Good condition and clean..... []	<u>#6 low water pressure</u> <u>7 low pressure (toilet)</u>
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL

L.T. M. Pittman

SANITARIAN

Am K. HogenDEPT
1998

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

[illegible]

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH ORLEANS DATE 7/15/07
 INSTITUTION South White Facility MAX. CAPACITY 288
 ADDRESS 930 South White
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL 290

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	
3. Handwashing lavatories: Hot and cold water as required..... []	
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL LT. M. Pittman SANITARIAN K. Hays 66211

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH ORLEANS DATE 7/15/07
 INSTITUTION South White Facility MAX. CAPACITY 288
 ADDRESS 850 South White
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL 290

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	
3. Handwashing lavatories: Hot and cold water as required..... []	
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

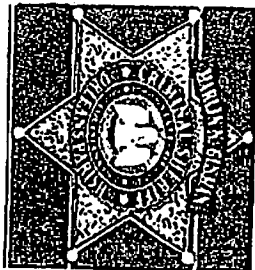
Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL

LT. M. Pittman

SANITARIAN

K. Nguyen



Date: 8-27-09

Office of the Criminal Sheriff
Parish of Orleans • State of Louisiana
Marlin N. Gusman
Sheriff

Interoffice Memorandum

To: Connie Geter, EMO LA DPS & C
From: Chief Gary Bordelon
Subject: Board of Health Declaration of Inspection

Connie, our Maintenance Supervisor (Bob Martin) is addressing all Maintenance problems in the Board of Health Declaration of Inspection. Thanks

PLEASE PRINT

[illegible]



Fax Transmission

Office of the Louisiana State Fire Marshal

New Orleans District Office

122 Industrial Avenue

Jefferson, LA 70121

Phone: (504) 219-4600

Toll Free (888) 634-7689

Fax: (504) 219-4601

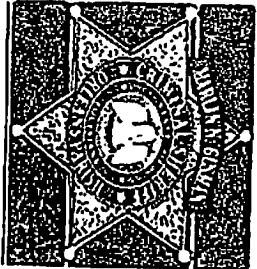
Visit our website: "www.dps.state.la.us/cfm/"

Date:	9-2-2009	Number of pages including fax	7
To:	Billy Breland		
Fax Number:	(225) 342-7455		
From:	Jerry Melanson		
Re:	O. P. P.		

Comments:

10:02 - Billy Spoke w/ Jerry Melanson

"Smoke Detectors Save Lives. Is Yours Working?"



Date: 8-27-09

Office of the Criminal Sheriff
Parish of Orleans : State of Louisiana
Marlin N. Gusman
Sheriff

Interoffice Memorandum

To: Connie Geter, EMO LA DPS & C

From: Chief Gary Bordelon

Subject: Board of Health Declaration of Inspection

Connie, our Maintenance Supervisor (Bob Martin) is addressing all Maintenance problems in the Board of Health Declaration of Inspection. Thanks

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/16/09
 INSTITUTION Old Parish Prison MAX. CAPACITY _____
 ADDRESS 531 2, Broad
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>A2 - Right - 28</u> • Light not adequate in shower • " " " (1, 2, 5) green • Shower leaking
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>A3 - (LEFT) - 28</u> • Shower (not clean) - walls, floor • #1 (no lights) • #2 low water pressure • #3 (light out) • #4 (high pressure) water • #6 lighting / low water pressure.
3. Handwashing lavatories: Hot and cold water as required..... []	
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	
6. Safe drinking water; each cell, cell block or dormitory..... []	
7. Lighting as required..... []	
8. Forced ventilation..... []	<u>A3 (Right) - 27</u>
9. Gas heaters vented..... []	<u>#1, 2, 3 - lighting</u>
10. Approved plumbing..... []	<u>#3 low water pressure</u>
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	<u>C4 - (left) - 22</u>
13. Isolation cell for Communicable diseases as required..... []	• Floor, walls ceiling & not clean • Shower area not clean • water Shower - Too Hot.
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	<u>C4 (Right) - 22</u> Shower - water Too Hot
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL

L. M. Pittman

SANITARIAN

K. Nguyen / J. N.

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

7/16/09

PARISH Orleans DATE _____
 INSTITUTION Old Parish Prison MAX. CAPACITY _____
 ADDRESS 531 South Broad
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>A-4 (Left) - 22</u> • Floor worn near shower • #1 - low water pressure
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>A-4 (Right) - 22</u> • Shower not clean • Missing floor tiles
3. Handwashing lavatories: Hot and cold water as required..... []	<u>B4 (Left) - 24</u>
4. Toilet facilities as required..... []	• Low water pressure • Toilet (inoperable)
5. Approved bathing facilities..... []	<u>B4 (Right) - 24</u>
6. Safe drinking water; each cell, cell block or dormitory..... []	• Area (walls) need painting
7. Lighting as required..... []	• Low water pressure
8. Forced ventilation..... []	#1, 2, 3, 4
9. Gas heaters vented..... []	
10. Approved plumbing..... []	<u>B3 (Left) - 24</u>
11. Approved waste disposal..... []	• Lighting not adequate • Low water pressure • Some mattresses (worn)
12. Mattresses and pillows: Good condition and clean..... []	<u>B3 (Right) - 21</u>
13. Isolation cell for Communicable diseases as required..... []	(1) Toilet in disrepair - Shower not clean - Floor tiles worn
14. Food source..... []	<u>B2 (Left) - 22</u>
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	B2 Toilet not working - Shower needs painting • Lighting not adequate (room)
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

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FACILITY OFFICIAL

L. M. Patten

SANITARIAN

K. Hagan

0601

LC ANA DEPARTMENT OF HEALTH AND SPITALS
OFFICE OF PUBLIC HEALTH

INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/16/09
INSTITUTION Old Parish Prison MAX. CAPACITY _____
ADDRESS 531 E. Broad
NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>B2 - Right - 22</u> • INTERIOR Shower not clean • floor tiles (worn) • walls need painting • Toilet Broken (1)
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>(B1) - Left - 26</u> • Shower Area not clean • Lighting not adequate in #1, 2, 3, 4 + 7 (no light)
3. Handwashing lavatories: Hot and cold water as required..... []	<u>B1 (Right) - 22</u> • Shower needs painting
4. Toilet facilities as required..... []	<u>A1 - (Right) - 26</u> • Lighting not adequate, 2, 4, 5 + 6
5. Approved bathing facilities..... []	<u>A1 (Left) - 27</u> • Lighting - 2, 3, 5 + 7
6. Safe drinking water; each cell, cell block or dormitory..... []	• Day room floor area worn under table • cell #1 - leak over toilet • #4 - mattress worn • #6 - toilet not working
7. Lighting as required..... []	<u>(A2 - Left) - 27</u> • lights not adequate Day room • lights " adequate, 1, 2, 3 + 6 • #7 Broken light bulbs • #4 (mattress worn) • no circulating air
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

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FACILITY OFFICIAL

L.T. M. Pittman

SANITARIAN

Jim X B/K. Shyne 0691

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITYPARISH OrleansDATE 7/16/09INSTITUTION Old Parish Prison

MAX. CAPACITY _____

ADDRESS 531 S. Broad

NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	A2 - Right - 28 • Light not adequate in showers • Shower leaking
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	A3 - (LEFT) - 28
3. Handwashing lavatories: Hot and cold water as required..... []	• Shower (not clean) - walls, floor • #1 (no lights) • #2 low water pressure • #3 (light out) • #4 (high pressure) water • #6 lighting / low water pressure.
4. Toilet facilities as required..... []	A3 (Right) - 27
5. Approved bathing facilities..... []	#1, 2, 3 - lighting #3 low water pressure
6. Safe drinking water; each cell, cell block or dormitory..... []	C4 - (left) - 22
7. Lighting as required..... []	• Floor, walls ceiling & not clean • Shower area not clean • water Shower - Too Hot.
8. Forced ventilation..... []	C4 (right) - 22
9. Gas heaters vented..... []	Shower - water Too Hot
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

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FACILITY OFFICIAL L. M. PottmanSANITARIAN K. Nagan0661
1 6 6 5

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH _____ DATE 7/16/09
 INSTITUTION Old Parish Prison MAX. CAPACITY _____
 ADDRESS 531 S. Broad
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>C3 - left - 23</u> • cell block - light not adequate • #4, 5, 7 - lights not working.
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>C3 - right - 28</u> A/C not working 1, 2, 3, 4, 7 lighting not working
3. Handwashing lavatories: Hot and cold water as required..... []	
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	<u>C2 - left - 27</u> • Dry Room - lights
6. Safe drinking water; each cell, cell block or dormitory..... []	• cell 1 - lights / low water pressure
7. Lighting as required..... []	cell 2 - lights
8. Forced ventilation..... []	cell 3 - NO Hot water, A/C
9. Gas heaters vented..... []	cell 4 - light
10. Approved plumbing..... []	cells 5, 6, 7 lights
11. Approved waste disposal..... []	<u>C2 - right - 29</u> lights 1, 2, 3, 7
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	<u>C1 - (left) - 27</u> lights - 1, 2, 3, 4, 6, 7
14. Food source..... []	#6 - low water pressure
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	<u>C1 - right - 28</u> #3 water leaking #4 ceiling leaking, water pressure (low) #5 - lighting - Toilet pressure (low)
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

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FACILITY OFFICIAL L.T. M. Pittman SANITARIAN R. Magan A. H. CELEST

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH _____

DATE 7/16/09INSTITUTION Old Parish Prison

MAX. CAPACITY _____

ADDRESS 531 E. Broad

NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>D1-left</u> - 28 • Shower area not clean / walls • Shower drains (Slow)
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>D1-right</u> - 27 #1 - Toilet not working #2 - water pressure low (Hot + cold)
3. Handwashing lavatories: Hot and cold water as required..... []	
4. Toilet facilities as required..... []	<u>D2-left</u> - windows missing (Poroka)
5. Approved bathing facilities..... []	<u>(right)</u> - Shower vent (mold)
6. Safe drinking water; each cell, cell block or dormitory..... []	2, 3, 5 - low water pressure
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	<u>D3</u> (left) - 51
10. Approved plumbing..... []	• Floor tiles worn
11. Approved waste disposal..... []	• Shower drain cover missing
12. Mattresses and pillows: Good condition and clean..... []	• Shower drains (Slowly)
13. Isolation cell for Communicable diseases as required..... []	• 3 sinks (clogged)
14. Food source..... []	• wall + ceiling shower area (need painting)
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	• 2, 3, 4 - low water pressure.
16. Visitor waiting room: Sanitary facilities available..... []	<u>D4</u> - NO Violations - 17

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility have been inspected at this time.

FACILITY OFFICIAL

L. M. Patten

SANITARIAN

K. Hagan
A. D. D.06911
1024



STATE OF LOUISIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated

PLEASE PRINT

OFFICE OF NEW ORLEANS DISTRICT				COMMENT				EVENT NUMBER			
STATION NUMBER 8178	OCCUPANCY 14	DATE NO	DATE 36-Orleans	SLDOS 1	EXOS 10	DISPERCTION 10	SADOS 206	RECORD. REP. DATE	FILE TYPE AN	ACT/INSP DATE 9-11-2009	RECORD DATE 09 00AM
CODE TYPE 3211	FACILITY CODE J17	PROJECT ID	PROJ TYPE	SMOKE DET	PARTL	CORRP	NO	NRO	NONE	CAPACITY 817	ENSTOR 10.00am
EXOS/RECORDS	YEAR BUI / CODE ED 1967	SO. FOOTAGE		AUTO SPRK						BLDG POWER	
				FIRE ALARM						ONE	SUBST
STRUCTURE NAME						STRUCTURE OWNER					
HOUSE OF DETENTION/ CENTRAL LOCK-UP						ORLEANS PARISH SHERIFF OFFICE					
ADDRESS 2735 PERDIDO ST.						ADDRESS 2800 GRAVIER ST.					
CITY NEW ORLEANS				STATE LA		CITY NEW ORLEANS				STATE LA	
ZIP 70119				PHONE 504-827-8585		ZIP 70119				PHONE 504-281-7456	
TENANT											
STREET NO. / FLOOR NUMBER		YEAR BUI / CODE ED		CAPACITY		NUMBER OF FLOORS		SO. FOOTAGE			
LICENSING INFORMATION											
STATUS		TYPE OF LIC		NUMBER OF		EXP DATE		ENDOR		REPORT DATE	
		N/A									
I hereby certify that this is a true report as a result of my inspection.				SADOS 206		PARTY NAME OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED COLONEL JERRY HOFFMAN					
Signature of Inspector Jerry J Melanson											
CODE SECTION	REQUIREMENTS (LIST DEFICIENCIES) Total Number of Pages										CORRECTION DATE
NFPA 70	Shall Remove All Electrical Cord Being Use For Fans Throughout Building										10-27-2009
NFPA 101	Shall Replace All Missing Ceiling Tiles. 2 nd Floor										10-27-2009
NFPA 101	Shall Seal All Penetrations In Stairwell. 9 th Floor										10-27-2009
NFPA 101	Shall Replace Glass In Stairwell Doors In Pipe Chase										10-27-2009
NFPA 101	23.7.5 All keys necessary for unlocking doors installed in a means of egress shall be Identified by both touch and sight. Personal with direct contact of keys shall be trained for Identification of keys. AT TIME OF INSPECTION STAFF WAS UNABLE TO IDENTIFY KEYS BY TOUCH										10-27-2009
NFPA 101	23.7.2 Books, clothing, and other combustible personal property allowed in sleeping rooms Shall be stored in closable metal lockers or an approved fire- resistant containers AT TIME OF INSPECTION INMATE PERSONAL PROPERTY WAS NOT BEING STORED PROPERLY AS PER THIS SECTION. IN ADDITION COMBUSTIBLE PAPER PRODUCTS SHALL BE STORED PROPERLY. NOTED A CASE OF TISSUE PAPER OR MORE IN DORM AREAS. ALL PERSONAL PROPERTY AND COMBUSTIBLES MATERIALS SHALL BE STORED PROPERLY OR REMOVED FROM CELL AREAS.										10-27-2009
Lrs 40-1583	Shall Remove Pad Lock On 1 st Fl. Lobby exit Door										10-27-2009

SIGNATURE OF INSPECTOR		SIGNATURE AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED	

Person who signs this report shall be held liable for the false information or misrepresentation under any provision of Part I, Chapter 7 of Title 40 of the Louisiana Revised Statutes of 1950.

Person who signs this report shall be held liable for the false information or misrepresentation under any provision of Part I, Chapter 7 of Title 40 of the Louisiana Revised Statutes of 1950.

Person who signs this report shall be held liable for the false information or misrepresentation under any provision of Part I, Chapter 7 of Title 40 of the Louisiana Revised Statutes of 1950.

**STATE OF LOUISIANA****OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT**

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

PLEASE PRINT

	Acceptable for Occupancy	
	At Time of Inspection Inmate Count 839	

Inspector	DATE	REMARKS OF REASON WHY REQUIREMENTS WERE EXCEEDED
<i>Sam</i>		<i>Carl</i>

By signing this report, the State Fire Marshal is certifying that the inspection was conducted in accordance with the provisions of Part II, Chapter 7 of the Louisiana Revised Statutes of 1990, and that the findings are true and correct. A fine of not more than \$500 or imprisonment for not more than six months or both, shall be imposed for any person who knowingly furnishes false information in this report or who obstructs or interferes with the inspection.



DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
Public Safety Services



BOBBY JINDAL
GOVERNOR

September 15, 2009

Marlin N. Gusman, Sheriff
Office of the Criminal Sheriff
2800 Gravier Street
New Orleans, LA 70119

RE: New Orleans Jail Permanent Increase
225 South Broad Street

Dear Sheriff Gusman:

This office is in receipt of your letter requesting permanent capacity increase at the referenced facility and, after review of the information provided, makes the following observations and determination.

You state in your letter that the present inmate capacity at 225 South Broad Street is 167 inmates. The breakdown is as follows:

98 inmates on the 1st floor
69 inmates on the 2nd floor

167 Total inmates

You are requesting to increase the total capacity from 167 inmates to 182 inmates as follows:

101 inmates on the 1st floor
81 inmates on the 2nd floor

182 Total inmates

NFPA 101 Life Safety Code 2006 Edition Section 23.1.7 states:

"The occupant load, in number of persons for whom means of egress and other provisions are required, either shall be determined on the basis of the occupant load factors of Table 7.3.1.2 that are characteristic of the use of the space or shall be determined as the maximum probable population of the space under consideration, whichever is greater."

"Is Yours Working"??

Smoke Detectors Save Lives!!

OFFICE OF THE STATE FIRE MARSHAL

8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806
(225) 925-4911 1-800-256-5452

09/24/09
Chief Short
Chief Weaver
Capt. Donnelly
Bob Martin
Serge Hoffman
FYI
Sheriff Gusman
Connie - FYI

H. BUTCH BROWNING
STATE FIRE MARSHAL

Sheriff Marlin N. Gusman
September 15, 2009
Page 2

The Code intends that the occupant load factors be used only for sizing the means of egress, not for limiting the number of persons within a space. If a means of egress can accommodate an occupant load larger than that calculated using the occupant load factor characteristic of the use of the space, the Code does not prohibit such a load.

After a review of the information submitted, this office will grant your request for a permanent inmate capacity increase from 167 inmates to 182 inmates.

Please be advised that you need to contact the Department of Health concerning the capacity increase.

If you have any questions or need additional clarification, please feel free to contact this office.

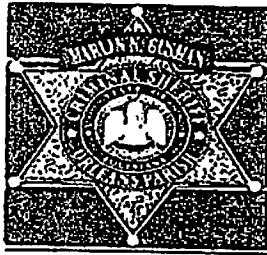
Sincerely,



H. Butch Browning
State Fire Marshal

HBB/SHG/sdc

cc: Dan Wallis
Felicia Cooper
Steve Gogreve
Billy Breland
New Orleans District Office
Department of Health



Date: 8-27-09

Office of the Criminal Sheriff

*Parish of Orleans * State of Louisiana*

Marlin N. Gusman
Sheriff

Interoffice Memorandum

To: Connie Geter, EMO LA DPS & C

From: Chief Gary Bordelon

Subject: Board of Health Declaration of Inspection

Connie, our Maintenance Supervisor (Bob Martin) is addressing all Maintenance problems in the Board of Health Declaration of Inspection. Thanks

INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/15/09
 INSTITUTION House of Detention MAX. CAPACITY _____
 ADDRESS 2735 Perdido St. Floor 3
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	(HOD-NORTH) - Shower needs painting #2 - Floor tiles worn, toilet Broken #3 - Lighting not adequate.
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	(CLU-NORTH) - Shower needs painting. #2 - No Hot water (1) sink. Low water pressure (Hot + cold) #4 High water pressure Tiles in disrepair Lighting is not adequate
3. Handwashing lavatories: Hot and cold water as required..... []	
4. Toilet facilities as required..... []	
5. Approved bathing facilities..... []	(HOD-South) - DRAIN COVER ^{missing} Shower
6. Safe drinking water; each cell, cell block or dormitory..... []	#2 - Toilet in Disrepair Hot + cold water (not working)
7. Lighting as required..... []	#4 - No Hot or cold water (1) toilet not working
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	(CLU-South)
11. Approved waste disposal..... []	#1 - Shower floor cover missing
12. Mattresses and pillows: Good condition and clean..... []	#2 - Low Hot water pressure (1) fixture has low hot and cold water
13. Isolation cell for Communicable diseases as required..... []	#4 - Both fixture water pressure needs adjusting - Floor tiles are in disrepair.
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL

LT. W. Pittman

SANITARIAN

K. Hagan

OCEAN
1122

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/15/09
 INSTITUTION House of Detention MAX. CAPACITY _____
 ADDRESS 2135 Perdido St.
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	(4th Floor) HOD-NORTH • Shower drain cover missing • Cell (1) Needs painting • Cell (2) Toilet leaks. Floor tiles worn walls need painting
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	• cell 3 - Paint cells - Floor tiles worn
3. Handwashing lavatories: Hot and cold water as required..... []	(Cln-North) - Paint Shower, drain cover MISSING
4. Toilet facilities as required..... []	cell (1) - Paint walls, Toilet Broken cell (2) - lighting not adequate, Toilet Bowl running cell (3) - Tight toilet looking, Paint walls.
5. Approved bathing facilities..... []	(HOD South) #2 High water, Floor dirty (w/)
6. Safe drinking water; each cell, cell block or dormitory..... []	#3 High water pressure, Leaking ceiling Floor dirty, Paint walls.
7. Lighting as required..... []	(Cln-North)
8. Forced ventilation..... []	#1 - Shower Needs painting
9. Gas heaters vented..... []	#2 - Paint walls, Floor tiles, Toilet runs
10. Approved plumbing..... []	#3 - Toilet Leaks, Paint walls, Toilet runs
11. Approved waste disposal..... []	#4 - Paint walls, High water pressure Toilet in DISREPAIR.
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time

FACILITY OFFICIAL LT. M. P. P. SANITARIAN [Signature] DBA
 1 2 4 5

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans INSTITUTION House of Detention ADDRESS 2735 Perdido St.
DATE 7/15/09 MAX. CAPACITY _____

NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]
COMMENTS:

1. Building: floors, walls and ceilings: ☐
2. Insect and rodent protection: Tight-fitting doors ☐ Windows; good repair, insect proof ☐ Approved control methods ☐
3. Handwashing lavatories: Hot and cold water as required ☐ Toilet facilities as required ☐
4. Approved bathing facilities ☐
5. Safe drinking water; each cell, cell block or dormitory ☐
6. Lighting as required ☐
7. Forced ventilation ☐
8. Gas heaters vented ☐
9. Approved plumbing ☐
10. Approved waste disposal ☐
11. Mattresses and pillows: Good condition and clean ☐
12. Isolation cell for Communicable diseases as required ☐
13. Food source ☐
14. Floor space: Min. 48 sq. ft. or approved/Court Order ☐
15. Visitor waiting room: Sanitary facilities available ☐

6th floor
HOD - North
• Lighting not adequate in shower + cell area
• Air conditioner (unit) - not working
• Low water (left fountain)
CLU - North - (wind down many)
• Shower drain clogged with hair
• Cell #1 - no cold water, 1 toilet, 1 toilet
• Cell #2 - high water pressure
• Cell #3 - lighting not adequate
• Cell #4 - lighting not adequate
• Cell #5 - wall area needs painting
HOD South
• Walls + ceiling shower area (Paint)
• Shower drain clogged with hair
• Cell #2, 3, 4 - need painting
• Cell #3 - no hot or cold water (1) fixture
• Cell #4 - no hot water (1) fixture
CLU - South
• Shower drain clogged with hair
• Cell #1, 2 in drain region, cell #2
• No cold water

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL LT. Col. J. J. King SANITARIAN J. J. King
1 2 2 2

INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/15/09
 INSTITUTION House of Detention MAX. CAPACITY _____
 ADDRESS 2135 Pendo St.
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	(7th Floor) - windows missing (corridor) <u>HOD North</u>
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	• cell #1 - Floor tiles worn • cell #2 - no air flow - All bedged urine coming from deni - 1 sink clogged (right)
3. Handwashing lavatories: Hot and cold water as required..... []	• cell #3 (Floor tiles worn)
4. Toilet facilities as required..... []	<u>Clu - North</u> - Corridor windows (mess)
5. Approved bathing facilities..... []	• Shower drain cover missing • Shower drain (clogged)
6. Safe drinking water; each cell, cell block or dormitory..... []	• cell #1 - no cold water - High water pressure
7. Lighting as required..... []	<u>HOD - South</u>
8. Forced ventilation..... []	• Shower drain cover missing
9. Gas heaters vented..... []	• #3 - cell needs painting - Toilet not working - No water at hand sinks. - Toilet leaks at base
10. Approved plumbing..... []	• #4 - low water pressure - toilet leaks (Base) - cell needs painting
11. Approved waste disposal..... []	<u>Clu - South</u> -
12. Mattresses and pillows: Good condition and clean..... []	• Floor drain cover (Shower)
13. Isolation cell for Communicable diseases as required..... []	#2 no cold water, paint cell,
14. Food source..... []	#3 Toilet in disrepair
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	#4 - paint cell • sink clogged, no water Hot/cold
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL LT. M. Pittman SANITARIAN K. Slagun 9/15/09
 1000

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

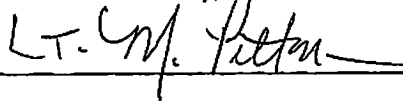
PARISH Orleans DATE 7/15/09
 INSTITUTION House of Detention MAX. CAPACITY _____
 ADDRESS 2735 Perdido St.
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	(8th Floor) <u>HO North -</u>
2. Insect and rodent protection: Tight-fitting doors [] Windows; good repair, insect proof..... [] Approved control methods..... []	<ul style="list-style-type: none"> • Shower area needs painting • Lighting not adequate cell areas • No cold water #9 + 10
3. Handwashing lavatories: Hot and cold water as required..... []	<u>CL North - External windows</u>
4. Toilet facilities as required..... []	<ul style="list-style-type: none"> • Shower needs painting • Floor drain cover missing (Shower)
5. Approved bathing facilities..... []	• #6 Mattress (worn)
6. Safe drinking water; each cell, cell block or dormitory..... []	<u>HO - South</u>
7. Lighting as required..... []	• Shower tiles in disrepair
8. Forced ventilation..... []	• #4 No Hot water.
9. Gas heaters vented..... []	• #7 Toilet in disrepair
10. Approved plumbing..... []	• #10 Low water pressure
11. Approved waste disposal..... []	<u>CL - South</u>
12. Mattresses and pillows: Good condition and clean..... []	#1 - Paint shower area
13. Isolation cell for Communicable diseases as required..... []	#3 - No Hot water
14. Food source..... []	#5 - No Hot water / cell walls (paint)
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	#6 - cells need painting #10, 9, 8
16. Visitor waiting room: Sanitary facilities available..... []	

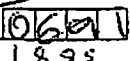
Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL



SANITARIAN

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/15/09
 INSTITUTION House of Detention MAX. CAPACITY _____
 ADDRESS 2735 Perdido St.
 NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>(9th Floor)</u> <u>HOD - South</u>
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	
3. Handwashing lavatories: Hot and cold water as required..... []	<u>Clu - South</u>
4. Toilet facilities as required..... []	#1 - Shower needs painting
5. Approved bathing facilities..... []	#3 - Toilet not working
6. Safe drinking water; each cell, cell block or dormitory..... []	#8, 9 - No Hot water
7. Lighting as required..... []	#10 - Toilet not working.
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL Lt. M. PeltanSANITARIAN K. Morgan

0621

LOI ANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH

INSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/15/09
INSTITUTION House of Detention MAX. CAPACITY _____
ADDRESS 2735 Perdido St. Floor 10
NO. MEN _____ NO. WOMEN _____ NO. JUVENILES _____ TOTAL _____

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>HOD South</u> • Lighting is not adequate • cell 6 - Toilet not working • cell 8 - Toilet stopped up
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	<u>HOD-North</u> • Shower drain cover missing
3. Handwashing lavatories: Hot and cold water as required..... []	<u>CU-South</u> #1 - Sink in disrepair
4. Toilet facilities as required..... []	<u>CU-North</u>
5. Approved bathing facilities..... []	#10 - Excessive heat • cell #8 - sink clogged (9th Floor)
6. Safe drinking water; each cell, cell block or dormitory..... []	<u>HOD-North</u> • Shower needs painting • lighting is not adequate • wall areas are not in good condit • No Hot water # 5, 6 and 7 • High water pressure # 2, Toilet runs.
7. Lighting as required..... []	<u>CU-NORTH</u> - External windows missing
8. Forced ventilation..... []	• Drain cover missing (Shower) • Floor tiles worn - # 5 & 8 • Toilet in disrepair # 8
9. Gas heaters vented..... []	
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of Inspection:

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FACILITY OFFICIAL

LT. Michael Pettit

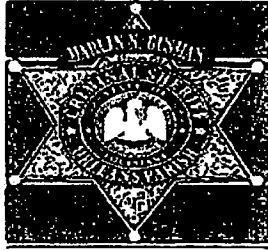
SANITARIAN

K. Nguyen

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PLEASE PRINT

[illegible]



Date: 8-27-09

Office of the Criminal Sheriff

Parish of Orleans + State of Louisiana

Marlin N. Gusman
Sheriff

Interoffice Memorandum

To: Connie Geter, EMO LA DPS & C

From: Chief Gary Bordelon

Subject: Board of Health Declaration of Inspection

Connie, our Maintenance Supervisor (Bob Martin) is addressing all Maintenance problems in the Board of Health Declaration of Inspection. Thanks

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARRISH Orleans DATE 7/14/09
 INSTITUTION Templeman V MAX. CAPACITY 316
 ADDRESS 2906 Perdido
 NO. MEN 109 NO. WOMEN _____ NO. JUVENILES _____ TOTAL 280

IF ITEM IS UNSATISFACTORY MARK WITH AN (X)	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	<u>A-1</u> • Shower drain cover is missing. • A1-7 - Peeling paint
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	• Lighting is not adequate A1-10, 12, 11, and 15
3. Handwashing lavatories: Hot and cold water as required..... []	<u>A2</u> - water cooler down - O is repair
4. Toilet facilities as required..... []	<u>A2-1</u> - Floor tiles missing - no hot water - water (leaking from toilet)
5. Approved bathing facilities..... []	<u>A2-2</u> - Mattress worn (Shower out)
6. Safe drinking water; each cell, cell block or dormitory..... []	<u>A3</u> - Toilet stopped up. 09 - High pressure floor tiles worn
7. Lighting as required..... []	• 4 - Sink in disrepair, toilet disrepair
8. Forced ventilation..... []	• 5 - Toilet tile worn - no hot water - mattresses worn.
9. Gas heaters vented..... []	<u>A3</u>
10. Approved plumbing..... []	• 1 - No Hot water (low water pressure)
11. Approved waste disposal..... []	• 4 - Sink in disrepair (no water)
12. Mattresses and pillows: Good condition and clean..... []	• 6 - No cold water, Hoses (disrepair)
13. Isolation cell for Communicable diseases as required..... []	• 7 - No cold water
14. Food source..... []	• 10 - No Hot water • 13 - Toilet disrepair
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	• 14 - No Hot water - <u>A4</u> - Shower needs painting, floor worn
16. Visitor waiting room: Sanitary facilities available..... []	<u>A4-1 & 2</u> - No Hot water <u>A4-12</u> - No cold water <u>A4-14</u> - Clogged Sink <u>A4-13</u> (Toilet in disrepair)

Declaration of Inspection:

Signature of this report by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL

L. M. Patton

SANITARIAN

W. A. Jones

CCBKT

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTHINSPECTION REPORT
DETENTION OR INCARCERATION FACILITY

PARISH Orleans DATE 7/14/09
 INSTITUTION Templemar V MAX. CAPACITY 314
 ADDRESS 2960 Perdido
 NO. MEN 171 NO. WOMEN _____ NO. JUVENILES _____ TOTAL 280

IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair..... []	B1 - Flooded paint cover missing (Shower) Low water pressure in following areas 17, 18, 11 and 12 • Toilet 18 - continuously runs.
2. Insect and rodent protection: Tight-fitting doors..... [] Windows; good repair, insect proof..... [] Approved control methods..... []	B2 - Low water pressure - Shower • 01 - Lighting not adequate • 08 - water runs constantly at sink. • 09 - sink closed - water runs constantly No water (Cold) - 19, 14, 15 (low) No water (Hot) - 11
3. Handwashing lavatories: Hot and cold water as required..... []	• 16 - Toilet in disrepair • 18 - High water pressure
4. Toilet facilities as required..... []	B3 (Lighting not adequate in common area - Shower low water pressure, leaking part • 2 - No water at fixture • 09 - low water pressure • 10 & 15 - No Cold water • 11, 17, 18 - No Hot water. • 17, 18 (High water pressure.
5. Approved bathing facilities..... []	B4 • 8, 19 - low water pressure • 15, 17 - No Hot water. • 12, 13, 14 No Cold water. • 17 - Toilet runs constantly
6. Safe drinking water; each cell, cell block or dormitory..... []	B5 • Floor tile worn in toilet area
7. Lighting as required..... []	
8. Forced ventilation..... []	
9. Gas heaters vented..... []	
10. Approved plumbing..... []	
11. Approved waste disposal..... []	
12. Mattresses and pillows: Good condition and clean..... []	
13. Isolation cell for Communicable diseases as required..... []	
14. Food source..... []	
15. Floor space: Min. 48 sq. ft. or approved Court Order..... []	
16. Visitor waiting room: Sanitary facilities available..... []	

Declaration of inspection:

Signature of this report, by the responsible official asserts that all places where inmates are held, sleep, eat, recreate or work within the facility, have been inspected at this time.

FACILITY OFFICIAL

C. M. Pittman

SANITARIAN

K. Hays

06611

Orleans Parish Criminal Sheriffs' Office
Parish of Orleans * State of Louisiana * New Orleans, Louisiana, 70119
Marlin N. Gusman



Sheriff

Fax

Cover Sheet



Name: Connie Geter (EMO)

Organization: Louisiana Department of Public Safety & Corrections

Fax: (225) 342-3349

Phone #: (225) 342-6654

From: Chief Gary Bordelon

Date: 10-08-09

Subject: Board of Health Report (OPP Kitchen)

Pages: 2

Comments: Connie it took awhile but I did it.

From the desk of
Chief Gary Bordelon
(504) 827-8516-Office
(504) 827-6717-Fax
(504) 338-4942-Cell
bordelon_g@opscs.org
New Orleans, Louisiana, 70119



ST. E OF LOUISIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

District: NEW ORLEANS

Event Code: 494344-2

STRUCTURE ID 173761	OCCUPANCY FACILITY CODE Z-9989999	PARISH 38	BLDGS 1	STORIES 1	# INSP 1	BADGE 87	SCHED INSP DATE 07/05/2008	INSP TYPE RE	ACT INSP DATE 08/05/2009	BEGIN TIME 10:00 AM	
COMMIT TYPE	PROJECT ID 332637-1	PROJECT TYPE ARCH	<input type="checkbox"/> DUE DUTY <input type="checkbox"/> PARTL <input type="checkbox"/> COMP <input type="checkbox"/> NONE <input type="checkbox"/> TO APPROV <input type="checkbox"/> PARTL <input type="checkbox"/> COMP <input type="checkbox"/> NONE <input type="checkbox"/> ALARM <input type="checkbox"/> PARTL <input type="checkbox"/> COMP <input type="checkbox"/> NONE			AUTO SPRINK FIRE ALARM HOOD		CAPACITY BLDG POWER <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/> ELECTRIC			
ANNIVERSARY DATE 1994	YEAR BUILT 1997	SQ FOOTAGE 0	TRADE				OWNER				
NAME ORLEANS PARISH LAW ENFORCEMENT KITCHEN				NAME							
ADDRESS 2801 PERDIDO ST				ADDRESS 2800 GRAVIER ST							
CITY NEW ORLEANS		STATE LA		CITY NEW ORLEANS		STATE LA					
ZIP 70119-0000		PHONE		ZIP 70119-0000		PHONE					
CODE SECTION	REQUIREMENTS (CODE VIOLATIONS)								CORRECTION DATE		
(Comment)	RS40:1574: OWNER SHALL RESUBMIT FIRE ALARM SHUTTER DOORS FOR SEQUENCE OF OPERATION AND COMPLIANCE WITH NFPA 101 AND NFPA 72 FOR PROPER OPERATION. AT TIME OF INSPECTION SAID SHUTTERS WERE INSTALLED FOR OPERATION ON GENERAL ALARM SEQUENCE. COMPLIANCE MET THRU APPEAL NUMBER SA 51074.23-23 DATED 10/6/2008										
	NFPA 10:6.3.4* Maintenance Recordkeeping. Each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed and that identifies the person performing the service. AT										
(Continued...)											
Signature and Title of person to whom requirements were explained				I, ROBERT CHAUVIN, hereby certify that this is a true report as a result of my inspection							
								TIME OUT 10:30 AM			
R S 40:1574: Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7 of 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 not 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 the court.											

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL.

DPSFM 7055 (Lotus Notes reproduction 11/98)



ST. E OF LOUISIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY
INSPECTION REPORT

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

Structure Id. 173761

Event Code: 494344-2

[illegible]

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL.

DPSFM 7055 (Lotus Notes reproduction 11/99)

INITIAL OF INSPECTEE
INITIAL OF INSPECTOR



STATE OF LOUISIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

District: NEW ORLEANS

Event Code: 494354-2

STRUCTURE ID 184471	OCCUPANCY FACILITY CODE Z-9999999	EXT 36	PARISH 1	BLOBS 1	STORES 1	STAMP 1	BADGE 87	SCHED INSP. DATE 07/05/2008	INSP TYPE RE	ACT INSP DATE 08/05/2009	BEGIN TIME 10:30 AM
PROJECT ID 340180-1		PROJECT TYPE FIRE		<input type="checkbox"/> FIRE DET <input type="checkbox"/> COMP <input type="checkbox"/> NONE <input type="checkbox"/> TO INSP <input type="checkbox"/> COMP <input type="checkbox"/> NONE <input type="checkbox"/> ALARM <input type="checkbox"/> PARTL <input type="checkbox"/> COMP <input type="checkbox"/> NONE		AUTO SPRINK FIRE ALARM HOOD		CAPACITY BLOOD POWER <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/> ELECTRIC			
ANNIVERSARY DATE 1997		YEAR BUILT 1998		SQ FOOTAGE 0							
TRADE						OWNER					
NAME ORLEANS PARISH PRISON						NAME					
ADDRESS 2801 PERDIDO ST						ADDRESS 2800 GRAVIER ST					
CITY NEW ORLEANS			STATE LA			CITY NEW ORLEANS			STATE LA		
ZIP 70140-0000			PHONE			ZIP 70119-0000			PHONE		
CODE SECTION (Comment)	REQUIREMENTS (CODE VIOLATIONS)									CORRECTION DATE	
	NFPA 101:22.3.4.3.1 Occupant Notification.										
	Occupant notification shall be accomplished										
	automatically in accordance with 9.6.3, 9.6.3.1										
	Occupant notification shall be provided to										
	alert										
	occupants of a fire or other emergency where										
	required by other sections of this Code. IN										
	PARTICULAR SECTION 9.6.3.6.3 SHALL NOT APPLY.										
	STAFFING IN ALL AREAS SHALL BE NOTIFIED BY BOTH										
	AUDIBLE AND VISUAL MEANS IN ACCORDANCE WITH										
	NFPA										
	72 AND AMBIENT NOISE SHALL BE IN COMPLIANCE.										
	SEE										
	APPEAL 10/06/2009.										
	NFPA 101:22.3.4.3.2 Emergency Forces										
	(Continued...)										
Signature and Title of person to whom requirements were explained						I, ROBERT CHAUVIN, hereby certify that this is a true report as a result of my inspection.					
						SIGNATURE OF INSPECTOR				TIME OUT 11:00 AM	
R.S. 40:1821 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7 of Title 40 of the Louisiana Revised Statutes of 1950, R.S. 40:1589 excepted, shall be fined not more than five hundred dollars or imprisoned, for not 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 the court.											

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL

DPSFM 7056 (Lotus Notes reproduction 11/99)



ST E OF LOUISIANA

**OFFICE OF STATE
INSPECTION REPORT**

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

Structure Id. 15471

Event Code: 494354-2

[illegible]

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL

DPSFM 7055 (Lotus Notes reproduction 11/99)

INITIAL OF INSPECTOR



STATE OF LOUISIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY
INSPECTION REPORT

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

District: NEW ORLEANS

Event Code: 484345-2

STRUCTURE ID 82398	OCCUPANCY 14	EFT NO	PARISH 36	BLOBS 1	STORIES 1	INSP. 1	SADDE 87	SCHED INSP DATE 07/05/2008	INSP TYPE RE	ACT INSP DATE 08/05/2009	BEGIN TIME 09:30 AM
CONST TYPE 3211	FACILITY CODE J-379	PROJECT ID 337930-1	PROJECT TYPE SPRK	<input type="checkbox"/> DIE DIFF <input type="checkbox"/> PARTL <input type="checkbox"/> COMP <input type="checkbox"/> NONE <input type="checkbox"/> TO SPRK <input type="checkbox"/> PARTL <input type="checkbox"/> COMP <input type="checkbox"/> NONE <input type="checkbox"/> F ALARM <input type="checkbox"/> PARTL <input type="checkbox"/> COMP <input type="checkbox"/> NONE				AUTO SPRK FIRE ALARM HOOO	CAPACITY GAS POWER <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/> ELECTRIC		
ANNIVERSARY DATE 1994		YEAR BUILT 1987	SG FOOTAGE 0								
TRADE						OWNER					
NAME ORLEANS PARISH LAW ENFORCEMENT						NAME					
ADDRESS 2801 PERDIDO ST						ADDRESS 2800 GRAVIER ST					
CITY NEW ORLEANS			STATE LA			CITY NEW ORLEANS			STATE LA		
ZIP 70119-0000		PHONE				ZIP 70119-0000		PHONE			
CODE SECTION	REQUIREMENTS (CODE VIOLATIONS)										CORRECTION DATE
(Comment)	NFPA 13:8.1* Basic Requirements. 8.1.1* The requirements for spacing, location, and position of sprinklers shall be based on the following principles: (1) Sprinklers shall be installed throughout the premises. IN PARTICULAR SHALL PROVIDE PROPER COVERAGE FOR MEN'S & LADIES RESTROOM PIPE CHASE APPEARS NOT TO BR PROPERLY COVERED. IN ADDITION PIPE CHASE BETWEEN ROOMS 133 & 134. COMPLIANCE MET.										
	NO OTHER APPARENT DEFICENICES NOTED AT TIME OF INSPECTION.										
Signature and Title of person to whom requirements were explained						I, ROBERT CHAUVIN, hereby certify that this is a true report as a result of my inspection.					
ARCHITECT						TIME OUT 10:00 AM					
R.S. 40:1501 Whoever fails to comply with any order issued by the Fire Marshal or his authorized representative under any provision of Part III, Chapter 7, of Title 40 of the Louisiana Revised Statutes of 1930, R.S. 40:1508 excepted, shall be fined not more than five hundred dollars or imprisoned, for not 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 the court.											

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL

DPSFM 7055 (Lotus Notes reproduction 11/89)

Retail Food Inspection Report Notice of Violations

Routine ☒ Reinspection ☐ Pre-opening ☐ Complaint ☐

Permit Number 36-0006369 E-Code 225 SITE21050 Type of Establishment 225 - SITE#210505

Name of Establishment ORLEANS PARISH SHERIFF'S KITCHEN Owner ORLEANS PARISH SHERIFF KITCHEN'S

Location 2801 PERDIDO ST City NEW ORLEANS Zip 701120000 Date 7/15/2009 Time 10:48:58 AM

LAC TITLE 51 PART XXIII

CRITICAL ITEMS: These items relate directly to the protection of the public from foodborne illness. These items MUST BE CORRECTED IMMEDIATELY (see compliance schedule below). Repeat violations may lead to enforcement actions or permit suspension.

Category	Code Reference	Description of Violations
1	1507	Ready to eat potentially hazardous food prepared on premises and held for more than 24 hours is not date marked. - Violation was corrected.
2	1507	Ready-to-eat potentially hazardous food prepared on premises, and held under refrigeration, was not disposed of after 7 days. - Violation was corrected.
General Comment: RED BEANS NEED		

NON - CRITICAL: These items relate to design, sanitation and maintenance of food service operations. 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
11	2513	A sanitizer test kit is not provided to accurately measure the concentration in mg/L or parts per million of sanitizing solution provided.

Comments:

Sanitarian Name/Print Kevin Hagan Phone # 568-7970 Sanitarian Signature *Kevin Hagan* R.S. # 1885

The above mentioned violations were called to my attention and were explained to me in detail. I hereby agree to correct the critical violations by: 12/15/2009; and non-critical violations by: 12/15/2009.

Name of Recipient (Print) MAJOR ROBERT BEACH Title MANAGER Signature of Recipient *Robert Beach*

Page 1 of 1

Orleans Parish Criminal Sheriffs' Office
*Parish of Orleans * State of Louisiana * New Orleans, Louisiana, 70119*

Marlin N. Gusman

Sheriff

Fax

Cover Sheet



Name: Connie Geter (EMO)

Organization: Louisiana Department of Public Safety & Corrections

Fax: (225) 342-3349

Phone #: (225) 342-6654

From: Chief Gary Bordelon

Date: 10-08-09

Subject: Board of Health Report (OPP Kitchen)

Pages: 2

Comments: Connie it took awhile but I did it.

From the desk of
Chief Gary Bordelon
(504) 827-8516-Office
(504) 827-6717-Fax
(504)338-4942-Cell
bordelon_g@opcsa.org
New Orleans, Louisiana, 70119



STATE OF LOUISIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT

This inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

PLEASE PRINT

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY		DEPARTMENT		EVENT NUMBER	
14	NO	8	1	1	206
5000	306067	ARCH	RECEIVED PER	COMP	RO
YEAR BUILT / CODE BOOK	2006/2003	SO FOOTAGE	AUTO ENCL	YES ALARM	
STRUCTURE NAME			STRUCTURE OWNER		
FEMA TEMPORARY JAIL DORMITORIES			ORLEANS PARISH SHERIFF OFFICE		
2750 PERIDO ST			SAME		
NEW ORLEANS			LA		
70112			LA		
TENANT					
Licensing Information					
I hereby certify that this is a true report as a result of my inspection.					
Jerry Melanson.					
206					
CORRECTION DATE					
NFPA 101					
23.7.4.3* Newly introduced mattresses within detention and correctional occupancies shall be Tested in accordance with the provisions of 10.3.2(3) and 10.3.4. REPLACE WORN & TORN MATTRESS.					
10-27-2009					
NFPA 72					
Shall Provide Service & Maintenance To Fire Alarm System					
10-27-2009					
NFPA 13					
Shall Provide Service & Maintenance To Sprinkler System					
COMPLIED					
NFPA 101					
23.7.2 Books, clothing, and other combustible personal property allowed in sleeping rooms Shall be stored in closable metal lockers or an approved fire-resistant containers AT TIME OF INSPECTION INMATE PERSONAL PROPERTY WAS NOT BEING STORED PROPERLY AS PER THIS SECTION. IN ADDITION COMBUSTIBLE PAPER PRODUCTS SHALL BE STORED PROPERLY. NOTED A CASE OF TISSUE PAPER OR MORE IN DORM AREAS. ALL PERSONAL PROPERTY AND COMBUSTIBLES MATERIALS SHALL BE STORED PROPERLY OR REMOVED FROM CELL AREAS					
10-27-2009					
Acceptable For Occupancy					
Total Inmates At Time of Inspection 650					

SIGNATURE AND TYPE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED	
JERRY MELANSON	
I hereby certify that this is a true report as a result of my inspection.	
206	
CORRECTION DATE	
NFPA 101	
23.7.4.3* Newly introduced mattresses within detention and correctional occupancies shall be Tested in accordance with the provisions of 10.3.2(3) and 10.3.4. REPLACE WORN & TORN MATTRESS.	
10-27-2009	
NFPA 72	
Shall Provide Service & Maintenance To Fire Alarm System	
10-27-2009	
NFPA 13	
Shall Provide Service & Maintenance To Sprinkler System	
COMPLIED	
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10-27-2009	
Acceptable For Occupancy	
Total Inmates At Time of Inspection 650	

BOBBY JINDAL
GOVERNOR

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Public Safety Services

October 6, 2008

H. BUTCH BROWNING
STATE FIRE MARSHAL

Mr. John E. Owens, AIA
Sizeler Thompson Brown Architects
Project Design Group
300 Lafayette Street
Suite 200
New Orleans, LA 70130

RE: Orleans Parish Criminal Sheriff's Office
Temporary Intake Processing Center
SA 51074.23 - 2-3

Dear Mr. Owens:

This office is in receipt of your September 18, 2008 responses to inspection citations for the referenced facility and, after review, makes the following observations and determination.

Your statements addressing items 1,2,3,5 and 6 appear to be appropriate.

Addressing comment #4, this office is concerned about the booking area alarm notification being employed. Primary alarm notification of an alarm is in the OPCSO Room 141, which does not have direct visual control over the booking area, could delay valuable initial response time.

Ambient noise levels typically associated with this area and the ability of the watch commander to receive an emergency notification from OPCSO Room 141 is also a concern.

This office understands that automatic alarm notification of detention occupants by audible/visual alarms could cause a panicked response.

This office, therefore, requires either primary or simultaneous alarm notification of the watch commander as required by NFPA 101-9.6.3.6.3, which allows private mode notification. Such notification would address your concerns for a panic response, our concerns for timely alarm notification and contribute significantly toward life safety.

Please enclose a copy of this letter with any future correspondence on this project. If you should have further questions or need additional clarifications, please feel free to contact this office.

Sincerely,

H. "Butch" Browning
State Fire Marshal

HBB/DZ/tb

c: New Orleans District
Steve Gogreve
Robert Chauvin
N:\PLAN REVIEW FILES\Correspondence\Orleans Parish Criminal Sheriff's Office.doc

Is Yours Working??
Smoke Detectors Save Lives!!
OFFICE OF THE STATE FIRE MARSHAL
8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806
(225) 325-4911 1-800-255-5452