BIG MONITORING REPORT

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 Billy Breland	Executive Management Officer, OAS Director, Facility Services, OMF
Karen Bess	Director of Nursing, LCIW
Connie Moore	Assistant Warden, LCIW
Jarrell Bush	Safety Coordinator, EHCC
John McGovern Kim Eiland	Classification Director, EHCC 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 _3257	on 7/22/09 CFACILITY Total Capacity from rec	REPORT; ent FM inspections
Count on Day of Audit	3469		
	Male	Female	Total
Number DOC s	686_	42	728
Number of Local s	2390_	262	2652
Number of Out of State s	0	0	0
Number of Federal s	81	8	89
Total s	3157	312	3469

PART I. ADMINISTRATION - BJG 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 BJG files are maintained by each of the Wardens' at their respective units. The files chosen for review were those maintained at the Conchetta facility.

BIGI It is recommended, however, that one file be maintained that represents the agency's policies and procedures and with a sampling of compliance practice documention 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: - BJG II-001 - II-009 Fire Marshal Report

Date of Current Report / Capacity (CONDUCTED AFTER THE 7/27/09 inspection)

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

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.

FMI) 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.

FMS) 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 small 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

FACILITY 1) OPP	<u>DATE</u> 7/16/09	CAPACITY 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.

 $\frac{\text{HD1}}{\text{OPP}}$ - 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

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.

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.

Kitchen: Communication dated 8/27/09 indicates that all deficiencies sited 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 - BJG 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 of the facility's PREA policy.

P&P¹Policy is in the developmental stage as this is a new BJG 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 currency pending. PHYI 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 phsyical 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 provided 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 conveted 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 vebal indication is that they have meet these medical standards since the July BJG 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 overcrowed 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.

BIG 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 contigent 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)



STATE OF LC SIANA

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.

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NFPA 101	Shal	Shall Remove 2nd Door From Pod Areas								-27-2009	
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Date: 8-27-09



Office of the Criminal Sheriff Parish of Orbans * 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 HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARI		DATE 7/15/09
INST	ITUTION women's freility	MAX. CAPACITY 403
ADDI	RESS So. White 1.2620	Tulane Dr
NO.	MENNO. WOMEN_432	NO. JUVENILESTOTAL 4 2.7
IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1.	Building: floors, walls and ceilings: Clean, good repair	CENTRAL Cook up DED Floor #4 com water pressure
2.	Insect and rodent protection: Tight-fitting doors [] Windows; good repair, insect proof [] Approved control methods []	#5 wwhot + cold water pressure #5, 01, 11, 12 - NO Hot water
3.	Handwashing lavatories: Hot and cold water as required	DORM-4 - lights in fromt (out)
5.	Approved bathing facilities	DORM 2 - Vents (Dusty)
ъ.	Sale drinking water: each cell	
7.	Lighting as required	DOTEM I - VENT (Dusty) - Shower weeds painting
8.	Forced ventilation[]	- Insuled retters ()
9.	Gas heaters vented []	·
10.	Approved plumbing[]	LOCK DOWN
11.	Approved waste disposal []	45 (CIGHTBALANCE
12.	Mattresses and pillows: Good condition and clean[]	# 6 con water menul
13.	Isolation cell for Communicable diseases as required[]	7 can pressure (tal [et]
14.	Food source[]	•
	Floor space: Min. 48 sq. ft. or approved/Court Order[]	
16.	Visitor waiting room: Sanitary facilities available[]	
——— Declar	ration 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.

IA DEPARTMENT OF HEALTH AND I OFFICE OF PUBLIC HEALTH LOUI PITALS

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARISH Onleans INSTITUTION CONC HETTER ADDRESS FEND TIMBERS	
NO. MENNO. WOMEN	NO. JUVENILESTOTAL
IF ITEM IS UNSATISFACTORY MARK WITH A	V [X] COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair	- LEAK NEAR DOOR
Approved control methods 3. Handwashing lavatories:	i j
Hot and cold water as required	19/713 0000 (0000)
4. Toilet facilities as required	POD ALEA.
5. Approved bathing facilities	- VENTS ARE NOT CLEAN
Safe drinking water; each cell, cell block or dormitory	- #2 NO HOT WATER
7. Lighting as required	- Molid (Build-up) ShowEr
8. Forced ventilation	[]
9. Gas heaters vented	1 12-2 - Lights Not adequate (Congrida
10. Approved plumbing	
11. Approved waste disposal	1) - wilet #5 - Nat working
12. Mattresses and pillows: Good condition and clean	- Shower Hour not CLEAN. - MOIDON SEILING OFFITE Shower.
Isolation cell for Communicable diseases as required	- 1-tailed pot workline
· 14. Food source	[] 2-1
15. Floor space: Min. 48 sq. ft. or approved/Court Order	(1) To 1/2 t/10 & Hot or colouater (2)(3),(4) No Hotorcolo water - Lighting not adequate inside shower - Shower floor (warn)
16. Visitor waiting room: Sanitary facilities available	Shower floor (worn)
Declaration of Inspection:	

recreate or work within the facility, have been inspect	serts that all places where inmates are held, sleep, eat, ted at this time.	,
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LO' ANA DEPARTMENT OF HEALTH AND SPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

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NO. MEN 176 NO. WOMEN NO. WOMEN	NO. JUVENILESTOTAL
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FACILITY OFFICIAL LT. M. Killy

SANITARIAN

1 K. Magua 51691

LOUIS A DEPARTMENT OF HEALTH AND FOR OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

'ITALS

NO. MEN ZSL NO. WOMEN NO. JUVENILES TOTAL IF ITEM IS UNSATISFACTORY MARK WITH AN [X] 1. Building: floors, walls and cellings: 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. Sate drinking water; each cell, cell block or dormitory. 7. Lighting as required. 8. Forced ventilation. 9. Gas heaters vented. 10. Approved waste disposal. 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 walting room: Sanitary facilities available. 17. Showe it floor (John Lord) with the colouration of the colouratio	INSTITUTION	Onleans V_Conchetta DEDE TULBUE AVE	· · · · · · · · · · · · · · · · · · ·	DATE
1. Building:		***	NO. JUVENILES	TOTAL
Clean, good repair. 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 weiting room: 17. Visitor weiting room: 18. Visitor weiting room: 19. To itet for the first water and putter. 19. Shower flow but on the force of putter. 10. Light was but on color uniter. 11. Visitor weiting room: 12. Light was but on color uniter. 13. Isolation cell for communicable diseases. 14. Food source. 15. Floor space: Min. 48 sq. ft. or approved/Court Order. 16. Visitor weiting room:	IF ITEM IS U	INSATISFACTORY MARK WITH AN [X]		COMMENTS:
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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.	Signature	of this report by the responsible official as	serts that all places wh	ere inmates are held, sleep, eat,

LC IANA DEPARTMENT OF HEALTH AN OFFICE OF PUBLIC HEALTH **`SPITALS**

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

	TITUTION CONChetta	DATE
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IF IT	TEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1.	Building: floors, walls and ceilings: Clean, good repair	3-T 3-T
2.	Insect and rodent protection: Tight-fitting doors [] Windows; good repair, insect proof [] Approved control methods []	#8 Twilet (PRESSURE) #34 To:let PRESSURE
3.	Handwashing lavatories: Hot and cold water as required	· CRACLED IN FRONTOF ShowER
4.	Toilet facilities as required	· Shower AREMS WALLS NEED PAINTIN
5.	Approved bathing facilities[]	3-1 -1 -1 -1
6.	Safe drinking water; each cell, cell block or dormitory	3-1-Light outip Shower - Partwalls Shower MREA
7.	Lighting as required[}	
8.	Forced ventilation	_
9.	Gas heaters vented[]	3-2 - Shower NEEDS (MINTING
	Approved plumbing []	(5) - bow Hot + Colo water
11.	Approved waste disposal[]	Park iter + COID WATER
12.	Mattresses and pillows: Good condition and clean	1 1923 0102.
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	
 Decla	ration of Inspection:	

Signature of this report by the responsible official asserts that all places where inmates a	re held	sleen	eat
recreate or work within the facility, have been inspected at this time.	7	0.00p,	COL

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARI	SH_Orleans	DATE 7 / 15 /09
INST	ITUTION WOMEN'S Freility	MAX. CAPACITY 403
ADD	RESS So. Whate 12620	Tulane Dr
NO.	MENNO. WOMEN_432	NO. JUVENILES TOTAL 427
IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
	Building: floors, walls and ceilings: Clean, good repair	15 wellot + cold water pressure 15 wellot + cold water pressure 15, 01, 11, 12 - NO 16+ water
	Handwashing lavatories:	DOTM-4- Lights in front (out)
	Approved bathing facilities	DORM 2 - verts (pusty)
	Safe drinking water: each cett	, <i>)</i>
7.	Lighting as required	DORM I - VENT(Dusty) - Shower weeds pointing
8.	Forced ventilation []	- Should Necess (The last
9.	Gas heaters vented []	·
10.	Approved plumbing []	bock Down
11.	Approved waste disposal	#5 (CIShtBAlANCE
12.	Mattresses and pillows: Good condition and clean[]	# 6 con water presul
13.	Isolation cell for Communicable diseases as required[]	7 can pressure (tailet)
14.	Food source []	•
15.	Floor space: Min. 48 sq. ft. or approved/Court Order	
16.	Visitor waiting room: Sanitary facilities available	·
	ration of Inspection: gnature of this report by the responsible official asse	erts that all places where inmates are held, sleep, eat,

recreate or work within the facility, have been inspected at this time.

STATE OF L. JISIANA

This inspection is intended for your catery and the safety of the crizers of Louisians. Your cooperation is greatly appreciated OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT



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LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARI	SH_OPLEANS ITUTION_South White FACILity	DATE MAX.	7/15/07 CAPACITY 288
	RESS 850 South White		
NO.	MENNO. WOMEN	NO. JUVENILES	TOTAL <u>290</u>
IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	СОММ	ENTS:
1.	Building: floors, walls and cellings: Clean, good repair	1	
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[1	
4.	Toilet facilities as required[1	
5.	Approved bathing facilities]	
6.	Safe drinking water; each cell, cell block or dormitory[1	
7.	Lighting as required	1	
8.	Forced ventilation[}	
9.	Gas heaters vented[1	
10.	Approved plumbing[1	
11.	Approved waste disposal[}	
12.	Mattresses and pillows: Good condition and clean[]	
13.	Isolation cell for Communicable diseases as required[]	:
14.	Food source[1	
15.	Floor space: Min. 48 sq. ft. or approved/Court Order	1	
16.	Visitor waiting room: Sanitary facilities available	1	

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. PILLM-

_ SANITARIAN _

क्टिमा

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARISH OFFEANS		DATE 7/15/09	
INSTITUTION South White Fracility		MAX. CAPACITY 288	
ADDRESS \$30 South White			
NO. MENNO. WÔMEN	NO. JUVENILES	TOTAL <u>290</u>	<u>></u>
IF ITEM IS UNSATISFACTORY MARK WITH AN [X]		COMMENTS:	
1. Building: floors, walls and ceilings: Clean, good repair)		
Insect and rodent protection: Tight-fitting doors[Windows; good repair, insect proof[Approved control methods[j		
Handwashing lavatories: Hot and cold water as required[]			
4. Toilet facilities as required []		,	
5. Approved bathing facilities[) [
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 ass recreate or work within the facility, have been inspect	serts that all places w ted at this time.	where inmates are held, sleep, ea	ıt,



Office of the Criminal Sheriff Parish of Orleans: Mak of Lemisona Marlin N. Gusman Sheriff

Interoffice Memorandum

To: Connie Geter, EMO LA DPS & C

from: Chief Gary Bordelon

Subject: Board of Health Declaration of Inspection

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

STATE OF LOUISIANA

THEASE PRINT



This propertion is intended for your safety and the safety of the citizens of Louisians. Your cooperation is greatly appreciated.

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

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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/sfm/

DAIR.	7-2-2009	Number of pages including fax	17
To:	Billy Bre	pland	
Fax Number:	(228) 345	2-7455	
From:	Jany M.	elaccal	
Re:	O. P.P.	THATSON	
The state of the s			
Comments:			
	Pully Spoke W/ Juny	Melausen	
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"Smoke Detectors Save Lives. Is Yours Working?"

Office of the Criminal Sheriff

Period of Orleans * State of Louisiana

Marlin N. Gusman

Date: 8-27-09

Interoffice Memorandum

Sheriff

To: Connie Geter, EMO LA DPS & C

From: Chief Gary Bordelon

Subject: Board of Health Declaration of Inspection

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

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARISH Orleans	DATE 7/16709
INSTITUTION Old Parish Priga	MAX. CAPACITY
ADDRESS 531 & Brown	
NO. MENNO. WOMEN	NO. JUVENILESTOTAL
IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
Building: floors, walls and ceilings: Clean, good repair[A2-Right -28 Cishtwotoduquatein Stower
Insect and rodent protection: Tight-fitting doors	Shower leaking.
Handwashing lavatories: Hot and cold water as required	" Stower pot clear) - walls, floor " \$ 1 (No lights
4. Toilet facilities as required	16 the 2-1 mila bother Chessen
5. Approved bathing facilities[110 \$ 3 (whit out) will
Safe drinking water; each cell, cell block or dormitory[Hy (High Rossel (Wa to mensure.
7. Lighting as required	1203/3/
8. Forced ventilation [1/A3 (right) - 2-
9. Gas heaters vented[#12-13-45hting
10. Approved plumbing[
11. Approved waste disposal [#3 Law water Fressure
12. Mattresses and pillows: Good condition and clean[C4-(2eft) -22
13. Isolation cell for Communicable diseases as required	
14. Food source	o water Shower-Too Hot.
15. Floor space: Min. 48 sq. ft. or approved/Court Order[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,

__ SANITARIAN_\$

recreate or work within the facility, Have been inspected at this time.

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

7/10/04

	SH OTCLEANS	71101001
PARI		DATE
	ITUTION O D PARIS L TRISON	MAX. CAPACITY
ADD	RESS 531 South Biter	
NO.	MENNO. WOMEN	NO. JUVENILESTOTAL
IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1.	Building: floors, walls and ceilings: Clean, good repair	41- Low water pressure
2.	Insect and rodent protection: Tight-fitting doors [] Windows; good repair, insect proof [] Approved control methods []	*Shower Not clean *Nissing Hook Files
3.	Handwashing lavatories: Hot and cold water as required	BU (LEFT) - 24
4.	Toilet facilities as required	ELAW WHETE PRESSITE
5.	Approved bathing facilities	* To: LET (INO PETERBLE)
6.	Safe drinking water; each cell, cell block or dormitory []	By (Right) - 24 · ATEN (WHIS) NEED PHINTING
7.	Lighting as required []	· CON WATER PRESSURE
8.	Forced ventilation[]	41, 3, 3, 4
9.	Gas heaters vented []	
10.	Approved plumbing []	B3 (LEFT) -27
11.	Approved waste disposal[]	· Lighting Not ADEQUATE · Law WATER PRESSURE
12.	Mattresses and pillows: Good condition and clean	· Law wifter pressure
13.	Isolation cell for Communicable diseases as required	B3 (Right) - 21
14.	Food source[]	(1) Toiletindisreffice -Shower Not Cleffic
15.	Floor space: Min. 48 sq. ft. or approved/Court Order[]	Baleft) . 22
16.	Visitor waiting room: Sanitary facilities available	- Shower NEEDS PHINTING - CIGHTING NOT ALL WITH (TREES)
Doolo	eration of Inspection:	

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 T. M. HAM— SANITARIAN K. Maga / TOGET

LC .ANA DEPARTMENT OF HEALTH ANL SPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARISH <u>Olema</u>	DATE 7/16/09
INSTITUTION Old Paistr Prison	MAX. CAPACITY
ADDRESS 531 & Bread	
NO. MENNO. WOMEN	NO. JUVENILES TOTAL TOTAL
IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair	"INTERIOR ShowER Not clean "HOOR + (IES (WORN)
Insect and rodent protection: Tight-fitting doors [Windows; good repair, insect proof [Approved control methods [Toilet Broken (1)
Handwashing lavatories: Hot and cold water as required[1 Shower APER NOT cleap
4. Toilet facilities as required[1 c Lishting not adequate in
5. Approved bathing facilities	th, 2, 3, 4 + 7 (No whit)
Safe drinking water; each cell, cell block or dormitory[B1(Right)-22
7. Lighting as required[3 SLOWER HEEDS PAINTING
8. Forced ventilation[A1-(TCK/ht) -21.
9. Gas heaters vented	· Lighting wat aday water, 2,4,5+6
10. Approved plumbing [AI (reft) - 27
11. Approved waste disposal[Cighton 5- 2, 3,547
12. Mattresses and pillows: Good condition and clean[6 cell #1: reak our fait
13. Isolation cell for Communicable diseases as required	o \$6 - tollet not working.
14. Food source[1 (a Late)
15. Floor space: Min. 48 sq. ft. or approved/Court Order[· uchts " adiquete, 1,2,3+6
16. Visitor waiting room: Sanitary facilities available[# 4 (mather works) o po cerculating no 72

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 PLT. M. FILTM SANITARIAN MY ST. Show 106PM

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

ADDRESS 531 & Broad	MAX. CAPACITY
NO. MENNO. WOMEN	NO. JUVĖNILESTOTAL
IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1. Building: floors, walls and ceilings: Clean, good repair	Cishtwotoduquetein Stower
Insect and rodent protection: Tight-fitting doors	A3-(LEFT) - 28
3. Handwashing lavatories: Hot and cold water as required	" Sto wer Not clam) - walls stoon
4. Toilet facilities as required[]	" # 1 (No lights Gressure
5. Approved bathing facilities	1. \$3 (wint out)
Safe drinking water; each cell, cell block or dormitory	#4 (High fame (white pressure)
7. Lighting as required[]	3,3/2
8. Forced ventilation	A3 (Tight) - 2-
9. Gas heaters vented[]	
10. Approved plumbing[]	Al 23-lighting
11. Approved waste disposal []	#3 Law water Fressie
12. Mattresses and pillows: Good condition and clean[]	Cy-(reft) -22
13. Isolation cell for Communicable diseases as required[]	· From area not dean
4. Food source	· water Shown-Too Hot.
5. Floor space: Min. 48 sq. ft. or approved/Court Order	Shown water Too Hot
6. Visitor waiting room: Sanitary facilities available	
eclaration of Inspection:	

SANITARIAN K. Magam

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PAR	ISH	DATE
	FITUTION Ded Parsh Prisar	MAX. CAPACITY
ADD	RESS 531 & Bread	
NO.	MENNO. WOMEN	NO. JUVENILESTOTAL
IF 17	FEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1.	Building: floors, walls and ceilings: Clean, good repair	· cel Block- ight not odequate
2.	Insect and rodent protection: Tight-fitting doors	13- Tight - 28
3.	Handwashing lavatories: Hot and cold water as required[]	1 2 3 An 1 1 W went won wint
4.	Toilet facilities as required []	
5.	Approved bathing facilities	C2-Ceft - 27
6.	Safe drinking water; each cell, cell block or dormitory []	: cell- ights / cew water pressul cell 2 - ights / cew water pressul
7.	Lighting as required	cella-wents
8.	Forced ventilation []	cell 3- NO Hot water, A/C
9.	Gas heaters vented []	celly-cight
10.	Approved plumbing []	cells 5, 6,7 is hits
11.	Approved waste disposal []	ca-right - 29
12.	Mattresses and pillows: Good condition and clean	wht 1237
13.	Isolation cell for Communicable diseases as required	c1-(reft) -27
14.	Food source[]	1 DEC NOB ~ 10 1-11
15.	Floor space: Min. 48 sq. ft. or approved/Court Order[]	- 1- right - 28
16.	Visitor waiting room: Sanitary facilities available[]	13 y certing leaking, water present (Low) 135-lighting - Tuitet pressure (Low)

Declaration of Inspection:

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

FACILITY OFFICIAL T. M. FUHM - SANITARIAN K. Magan J. M. POERIO

·LHS-46 (A 5/90)

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PAR	ISH	DATE 7/16/09
INST	ITUTION old Parish Prison	MAX. CAPACITY
ADD	RESS 531& Broad	
NO.	MENNO. WOMEN	NO. JUVENILESTOTAL
IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1.	Building: floors, walls and ceilings: Clean, good repair	1 Stower drains (Slow)
2.	Insect and rodent protection: Tight-fitting doors { Windows; good repair, insect proof [Approved control methods [1 PI(right) - 27 1 #1 - Tailet Not working
3.	Handwashing lavatories: Hot and cold water as required[#2- water pressure low (Hattcal)
4.	Toilet facilities as required	1 Dis (reft) - weidows missing (Porola
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	4
10.	Approved plumbing[1 Han tillswarn
11.	Approved waste disposal	1 Slower draw Corler missing
12.	Mattresses and pillows: Good condition and clean[1 · 3 sigles (classed)
13.	Isolation cell for Communicable diseases as required[well + ceiting hours only
14.	Food source[1 - 2,3,4 - lesoweter presunt.
15.	Floor space: Min. 48 sq. ft. or approved/Court Order[Dy-No Violatians -47
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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.

SANITARIAN



STATE OF LC SIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT This inspection is intended for your cafety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated

PLEASE PRINT

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STATE OF LC , SIANA

OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT
This inspection is intended for your safety and the safety of the crizens of Louisiana. Your cooperation is greatly appreciated

	PLEASE PRINT
	Acceptable for Occupancy
	At Time of Inspection Inmate Count 839
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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

Public Safety Services



H. BUTCH BROWNING

Shouth Grown 74 [

BOBBY JINDAL 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

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

LOU NA DEPARTMENT OF HEALTH AND I OFFICE OF PUBLIC HEALTH

PITALS

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARIS	SH Onleans	1.		DATE 7/15/09
	TUTION Hause of Liter	tion		MAX. CAPACITY
ADDF	RESS 2735 (Sending O	<u> </u>		Hoor 3
NO. N	MENNO. WOMEN		NO. JUVENILES	TOTAL
IF IT	EM IS UNSATISFACTORY MARK WITH	AN [X]	<i>C</i> .	COMMENTS:
1.	Building: floors, walls and ceilings: Clean, good repair	[]	#3- Huntil	Es warn to let Broken by
2.	Insect and rodent protection: Tight-fitting doors	[]	# 2 - 10 Hot W	-Stowarnied Pariting. vater (1) sink. ter propure / Hot + cold)
3.	Handwashing lavatories: Hot and cold water as required		HU Hish wat	enprensere
4.	Toilet facilities as required	[}	Lightic	is not adequate mining
5.	Approved bathing facilities	[]	1 = +1	- DIRAIN COVERSHOWLER
6.	Safe drinking water; each cell, cell block or dormitory		42-Tailet 11	Ongaras
7.	Lighting as required	[]	Hot + Col	Dwater (Notworking)
8.	Forced ventilation	[]	サリートのはする	1 Cold water
9.	Gas heaters vented	[}	(i) toilet	rotworking
10.	Approved plumbing		(clu-Sauth)	١
11.	Approved waste disposal			la de la companya de
12.	Mattresses and pillows: Good condition and clean	[]	#3-Law Het	less cover mining vater pressure has low hat and old water
13.	Isolation cell for Communicable diseases as required		•	
14.	Food source	[]	#4- Both fix	trese water pressure will
15.	Floor space: Min. 48 sq. ft. or approved/Court Order	[]	- Flesor	riles arlin des réfair.
16.	Visitor waiting room: Sanitary facilities available			
	eration of Inspection:	le official assi	erts that all places wh	nere inmates are held steen, eat

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 T- WI.

_ SANITARIAN <u>K. Hayun</u>

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IA DEPARTMENT OF HEALTH AND I OFFICE OF PUBLIC HEALTH LOUIS PITALS

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

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	NO. JUVENILESTOTAL
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Order[] Visitor waiting room:	#3-Toilet Leolis, Pantwalls, Toilet Zuns #4-Paint walls, Itish water fressure Tailet IN DISPERAIR.
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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

_ SANITARIAN.

FACILITY OFFICIAL

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

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over mining (Shower)	o Hack Drain o	Floor space: Min. 48 sq. ft. or approved. Court Order	.8t
"" (")	Clu-South	Food source	14.
tot water (1) fixture.	· cell 4:- 40 1	Isolation cell for Communicable diseases as required.	13.
- wood Caristing (1) Lity	4, 8, 6, 2000 a	Mattresses and pillows: Good condition and clean	15.
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	Atus Satt	Gas heaters vented	6`
Derson weed pourter	1 cell3- wa	Forced ventilation.	.8
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- (wind with mir may) -	Aran-212	Handwashing lavatories: Hot and cold water as required	3.
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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, Nave been inspected at this time.

ANA DEPARTMENT OF HEALTH AND OFFICE OF PUBLIC HEALTH LOI

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

SPITALS

PARIS		DATE 7/15/09
	TUTION House of Retention	MAX. CAPACITY
	MENNO. WOMEN	NO. JUVENILESTOTAL
IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
1.	Building: floors, walls and ceilings: Clean, good repair	Hosporth (order)
2.	Insect and rodent protection: Tight-fitting doors [] Windows; good repair, insect proof [] Approved control methods []	· cell #1 - Floor tiles worn · cell #2 - to Air flow - Al heazed weine comen from veri
3.	Handwashing lavatories: Hot and cold water as required	· cell #3 (Hoortles worn
4.	Toilet facilities as required []	1
5.	Approved bathing facilities[]	Clu-Porth - Congcion windows (mess
6.	Safe drinking water; each cell, cell block or dormitory	· Shower clair cover missing · Shower chair (clos (se))
7.	Lighting as required []	" cell# 1 - No colo water
8.	Forced ventilation []	- High water pressure
9.	Gas heaters vented []	HOD-South
10.	Approved plumbing []	· Shower decime cover missing
11.	Approved waste disposal[]	1 ° ±3 - cell Needs painting
12.	Mattresses and pillows: Good condition and clean	- No water at handsike
13.	Isolation cell for Communicable diseases as required[]	ofty - Low water pressure
14.	Food source	- toilet leals (Bore)
15.	Floor space: Min. 48 sq. ft. or approved/Court Order[]	- cell reeds painting <u>Clu-South</u> - + Hoon drain cown (Shower
16.	Visitor waiting room: Sanitary facilities available []	Ha No colowater, Paint cell; Ha Tailet in dessepain Hu-Paint cell And writer Hat (100)
Decla	ration of Inspection:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Signature of this report by	y the responsible official	I asserts that all	places where i	inmates are held,	sleep, eat,
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FACILITY OFFICIAL LT. M. Hith SANITARIAN K. Mayum

LOU' 'NA DEPARTMENT OF HEALTH AND 'SPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARIS		DATE 7/15/09
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		NO. JUVENILESTOTAL
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2.	Insect and rodent protection: Tight-fitting doors [] Windows; good repair, insect proof [] Approved control methods []	"Shower area weeks painting "Lighting not adaparte cell ones "No cold water # 9 + 10
3.	Handwashing lavatories: Hot and cold water as required[]	· Shower peeds painting
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6.	Safe drinking water; each cell, cell block or dormitory	^ω
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11.	Approved waste disposal []	"#10 Low water preside
12.	Mattresses and pillows: Good condition and clean	clu-south
13.	Isolation cell for Communicable diseases as required[]	1. Paint Shower area
14.	Food source []	3- No HOT WOLLA
15.	Floor space: Min. 48 sq. ft. or approved/Court Order[]	#3-No Hot water #5-No Hot water / cellwalls (Puit) #6-cells weed painting #10,9,
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 K. Hagam

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LOU NA DEPARTMENT OF HEALTH AND SPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

	SH_Orleans ITUTION_Hause of Detenti RESS_2735 Perdid 0 St	DATE 7/15/09 MAX. CAPACITY
•	MENNO. WOMEN	NO. JUVENILESTOTAL
IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
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6.	Safe drinking water; each cell, cell block or dormitory	#1-Shower rees painting #3-Tailet Not working #89- No Hot working #10-Tailet Not working.
7.	Lighting as required	His - Tailet not working.
8.	Forced ventilation [8
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10.	Approved plumbing []	
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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	T. M. Tillm-	SANITARIAN K. Migan	1.1	0691
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INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

Good condition and clean [] o No Hot water # 5, 6 and 7] 13. Isolation cell for Communicable diseases as required [] 14. Food source [] Clu-North - Externel windows missing	ADDI	RESS 2735 PETEDIDO St.	DATE
floors, walls and ceilings: Clean, good repair Insect and rodent protection: Tight-flitting doors: Windows; good repair, insect proof Approved control methods I Approved control methods I Toilet facilities as required I Toilet facilities as required I Approved bathing facilities I Safe drinking water; each cell, cell block or dormitory I Lighting as required I Approved ventilation I Gas heaters vented I Approved waste disposal I Approved waste disposal I Mattresses and pillows: Good condition and clean I I I I Solation cell for Communicable diseases as required. I Food source I I Food source I I Food source I I I I I Food source I I I I I Food source I I I I I I I I I I I I I I I I I I I	IF IT	EM IS UNSATISFACTORY MARK WITH AN [X]	. COMMENTS:
16. Visitor waiting room: Sanitary facilities available []	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Building: floors, walls and cellings: Clean, good repair	HOD South "Lighting is not adequate "cell & - Puilet not whiling "cell & - Tailet stopped of HOD-North "Shower drain cover missing elu-south "HI-SINK in cles negron elu-worth "O-Excessive heat "Cell #8-5ink classed (9th Hoor) HOD-North "Showers needs painting "Well areas are not lin good vandit "No Hot water #5, 6 and of "Hishwater Presure #2, Toilet nums.

Declaration of Inspection:

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FACILITY OFFICIAL LT. Confiched Fither SANITARIANK, Magnet 1946

STATE OF LC_,SIANA

This inspection is intended for your safety and the safety of the clusers of Louisiens. Your cooperation is greatly appreciated OFFICE OF STATE FIRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT



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	ldenufied by both touch and sight. Personal with drect contact of keys shall be trained for	
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	23.7.5 All keys necessary for unlocking doors installed in a means of egress	101 ATTU
10-27-2009	Shall Remove All Electrical Cord Being Use For Fans Throughout Building	NFPA 70
10-57-2009	Shall Replace All Missing Ceiling Tiles	101 ATT
10.27.2009	Shall Remove All Storage From Stairwells	NFPA 101
6007-17-01	Shall Repair Smoke Barrier Door Level 1 Stairwell	NFPA 101
10-57-2009	No Cooking In Medical Units. (Fry Daddy In Medical Unit)	NFPA 96
10.27.2009	Shall Provide Service & Maintance To Fire Alarm System	NFPA 72
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	SAEM MARKE	

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

L45-46 (7 3/60)

LOUISIANA DEPARTMENT OF HEALTH AND HIDSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

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NO.	MEN_109NO. WOMEN	NO. JUVENILES	TOTAL 28U
IF I	TEM IS UNSATISFACTORY MARK WITH AN [X]		COMMENTS:
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4.	Tollet facilities as required		
5 .	Approved bathing facilities(- No Hat	esta missing
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7.	Lighting as required[1 03 - Taile	Applied up. on - Hish Prise
8.	Forced ventilation	1 Floor	tiles warn
9.	Gas neaters vented	1 -4- Sipic	in des repair, toilet des ripies
10.	Approved plumbing	11 05- Henry	the work - no itel water
11.	Approved waste disposal	- noth	2021 WOFF "
	Mattressee and pillows: Good condition and clean	1 1- to Hotu	-ater (we note present)
13.	Isolation cell for Communicable	. Jo- po colowa	is repair (No water)
14.	Food source	1 10- to pot m	oten . 13 - Tail at desper
15.	Floor space: Min. 48 sq. ft. or approved/Court Order	1	: 1 0A .⇔
16.	Visitor waiting room: Sanitary facilities available	1 A4-17 - 10 Col A4-17 10 Col A4-13 (Toile	needpainting, Hoor warn Hot water) water 15ink tin des repair

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.

MARIAN (MIN AND MIN MARIAN)

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LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

INSPECTION REPORT DETENTION OR INCARCERATION FACILITY

PARISH_Onleans	
INSTITUTION TEMPLE MIAN V	DATE 1/19/09
ADDRESS 246 O PERDIDO	MAX. CAPACITY 3 14
NO. MEN_1 71NO. WOMEN	NO
NO. WOWEN	NO. JUVENILES TOTAL 280
IF ITEM IS UNSATISFACTORY MARK WITH AN [X]	COMMENTS:
:. Building: floors, walls and callings: Clean, good repair	31 - Floor Dilpint Co ver missing (Show)
2. Insect and rodent protection: Tight-fitting doors Windows; good repair, Insect proof Approved control methods	17,18, It and 2 o Toilet 18 - continuously rens.
Handwashing lavatories: Hot and cold water as required	Ba - lienter preneure - Showin
4. Tollet facilities as required	8- witer none constantly at rick.
5. Approved bathing facilities	on- sink cluised - water runs constantly
Sais drinking water; each call, cell block or dormhory	1 NO WOTEL (COID) - H 184, 15 (COU)
7. Lighting as required	16-Toilet ir desepten
8. Forced ventilation	18 - High water presure
9. Gas heaters vented	_ v
10. Approved plumbing	- Stower low water presure public paris
11. Approved waste disposal	·2- Howeter intifune
12. Mattresses and pillows: Good condition and clean	of Low water pressure
13. Isolation cell for Communicable diseases as required	1015- No Collowater 1011, 17, 18- 10 Hot water
14. Food source	017, 18 (High water pressure-
15. Floor space: Min. 48 sq. ft. or epproved/Court Order	By . 8, 19 - UN water pressure
16. Visitor waiting room: Sanitary facilities available	• 15, 17 - No Heir water. • 12, 13 14 Do 2010 water. • 17 - Tailet rems canotestly
	· Hoor tile worm in tailet aska
er acation of incomments.	•

Declaration of inspection:

Signature of this report, by the responsible official asserts that all places where in	matas ero boldi alaan
recreate or work within the facility, have been inspected at this time.	maios are neid, sieep, sat
inopocias at this time.	

FACILITY OFFICIAL CT. M. HUM.

SANITARIAN K. Kaypen

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Orleans Parish Criminal Sheriffs' Office

Parish of Orleans * State of Louisiana * New Orleans, Louisiana, 70119,

Marlin N. Dusman

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:

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)339-4942-Cell bordelon o@opcso.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 Louisians. Your cooperation is greatly appreciated

				District:		RLEAN9	E	Event Code: 494344-2				
173761	סכנשאורי פורי	36 S	1 1	1 1	87	80-40 MSP DATE 07/05/2008	RE TYPE	08/05	2009	10:00 AM		
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70119-00	00				_	19-0000	- Mone					
CODE SECTION	RE CUIREM	IGNUS (CODE VIOL	ATIONS						COI	RRECTION DATE		
(Comment)	RS40	:1574:	OWNER S	SHALL	RESU	BMIT 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	INSTAL	LED FOR	OPER	OITA	N ON GENER	AL ALA	JRM.				
SEQUENCE. COMPLIANCE MET T						HRU APPEAL	NUMBE	R SA				
	5107	4.23-23	DATED	10/6/	2008							
	NFPA	10:6.3	3.4° Mai	ntena	ince		ing. E	ach				
	fire	exting	uisher	shall	hav	e a tag or	label					
	secu	rely at	tached	that	indi	cates the	month	and				
	year the maintenance was performed and that											
	i den AT	tifies	the per	gon p	erfo	rming the	servic	e.				
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Signaturo	and Title of person	to whosh usdri	enew adnemen	th	epection	CHALVIN, hereby ce	rtily that this	on outle of	e se hoq			
	2//		HIBET	12	a Turke of	(In		ATTY C		10:30 AM		
i	li, Chapter 7 of Title	a 40 of the Lou of more than so	latana Revised	Startutes of	f 1950, R	e Marchal or his auth S. 40.1569 excepted, on of an order constit	shall be fine	d not more	than five I	ersilab berbrud		

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL.

DPSFM 7055 (Lotue Notes reproduction 11/99)



ST. E OF LOUISIANA

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

This inspection is intended for your selety end the safety of the citizens of Louisland. Your cooperation is greatly appreciated

Structure ld. 173761 Event Code: 494344-2 REQUIPMENTS (CODE VIOLATIONES CODE CORRECTION (...Continued) **BECTION** DATE 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 OF NFPA 110 FOR CLASS I GENERATORS. DOCUMENTATION PROVIDED BY PROFESSIONAL OF RECORD. NO OTHER APPARENT DEFICUEICIES NOTED AT TIME OF INSPECTION.

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL.

DPSFM 7055 (Lotus Notes reproduction 11/99)





ST E OF LOUISIANA

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

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

184471 38 1 1 1 87 07/05/2008 RE 08/05/2009 10:30 AI							District:	NEW O	RLEAN8	E	Vent Code	4943	54-2
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DPSFM 7056 (Lotus Notes reproduction 11/99)



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 Louisians. Your cooperation is greatly appreciated

Structure Id. 184471 Event Code: 494354-2 REQUIREMENTS (CODE VIOLATIONS) CODE CORRECTION (...Continued) **SECTION** DATE 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 DEFICENICES NOTED AT TIME OF INSPECTION.

SEE LAST PAGE OF ORDER FOR RIGHTS OF APPEAL.

DPSFM 7055 (Lotus Notes reproduction 11/99)

OFFICE OF INSPECTOR



ST. . E OF LOUISIANA

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

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DPSFM 7055 (Lotus Notes reproduction 11/99)

Retail Food Inspection Report Notice of Violations

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CRITICAL ITEMS: These items relate directly to the protection of the public from foodborne illness These items Category Code Reference Category Code Reference Category Code Reference Ready to eat potentially hazardous food prepared on premises and held for more than 24 Should be corrected by the next great to design. NEW ORI FAN 701120000 Date 7/15/2009 Time 10:48:58 AM Time 10:48:58 AM PART XXIII Category Code Reference Ready to eat potentially hazardous food prepared on premises and held for more than 24 Should be corrected by the next great to design.
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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:

Comments:

Connie it took awhile but I did it.

From the deak of Chief Gary Bordelon (504) 827-8516-Office (504) 827-6717-Fax (504)339-4942-Cell bordelon a@opcso.org New Orleans, Louisiana, 70119



STATE OF LC SIANA

OFFICE OF STATE'S IRE MARSHAL, CODE ENFORCEMENT, AND BUILDING SAFETY INSPECTION REPORT This Inspection is intended for your safety and the safety of the citizens of Louislana. Your cooperation is greatly appreciated

Service Opinios District PARTY THOU A 12 1 1 1 1 1 EVENT NUMBER May . 1500. ACT WHEE PATE 1200 Y See PROTOG TOO DATE 206 9-11-2009 AN 9-11-2009 10.00am NO R 14 ZNO TOKE CONTRACT (ACCUMY, COCK) ALCOHOL: NRO. DAY NOTTO HOLTSH NOM COMP Z **'** 11.00am 306067 ARCH 5000 B_rCOCK PET SLOCE PONDA CHEST SECTION CO ARVINER A VICTOR BU DO PODTADE אווים סיונול wi 🔯 \square^{\prime} B Ø 2006/2003 TOTAL ALABOM STRUCTURE OWNER STRUCTURE NAME ORLEANS PARISH SHERIFF OFFICE FEM A TEMPORARY JAIL DORMITORIES #45.3.4 W 1. 1. 1 2750 PERIDO ST SAME BTATE **NEW ORLEANS** LA LA 20. . . 20.2 70112 1 . . . TENANT . 7 R BLT - CODE BO : HICKENCOTY | MANDED OF PURCHE DUTTE NOW PLOCK IND SD. ROOTAGE. STATE DING 400 A LICENSING INFORMATION EXPRORUCE. LICENCE NO. CO DATE CONTO RECERT DATE. NO. OF CLERKIN DURING INSP. N/A 4 hereby contributes this is a true report as a result of my inspection. 1.0 PRIOR MAKES OF PERSON TO WHOSE RECUTIONARY IN WITH CONLANGED Jerry Melanson. 206 SECTION . CORRECTION DATE ! NFPA101 10-27-2009 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. NFPA 72 Shall Provide Service & Maintance To Fire Alarm System 10-27-2009 NFPA 13 Shall Provide Service & Maintance To Sprinkler System COMPLIED 23.7.2 Books, clothing, and other combustible personal property allowed in sleeping rooms **NFPA 101** 10-27-2009 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 COMBUSTBILE 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 Acceptable For Occupancy Total Inmates At Time of Inspection 650

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DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS





Public Safety Services
October 6, 2008

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

RE: Orleans Perish 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 elarm 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.

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

This office understands that autometic alarm notification of detention occupants by audible/visual elarms 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

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.

H. "Butch" Browning State Fire Marshal

H8B/DZ/tb

New Orleans District
Steve Gogreve
Robert Chauvin

N:PLAN REVIEW FILES\Correspondence\Orelans Pensh Criminal Shartifa Office.dec

Is Yours Working*??

Smoke Detectors Save Livesil

OFFICE OF THE STATE FIRE MARBHAL
8181 INDEPENDENCE BOULEVARD, BATON ROUGE, LA 70806
(228) 925-4911 1-800-256-5452