

2-19

UL LAFAYETTE BUILDING SAFETY INSPECTION FORM

BSI-10-08

NOTE: If a condition is discovered that requires immediate attention, dial 482-6440

NOTE: For questions regarding this form, call Joey Pons or Taz Winger at 482-1840

SECTION 1: GENERAL INFORMATION

Building Name: Whittington House

Building Area/Floor: entire building

Inspection performed by: Dawn Benoit

Date: 1/23/19

Floor plan with evacuation route in place:	<input checked="" type="radio"/>	N	N/A
Fire Extinguishers checked (date on tag is inspection date-expiration is one year after):	<input checked="" type="radio"/>	N	N/A
Exit Signs working:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
Emergency Lighting working:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
Office Furniture and Fixtures in Good Working Condition:	<input checked="" type="radio"/>	N	N/A

Feb 2019

SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS

Areas clear of obstructions:	<input checked="" type="radio"/>	N	N/A
Areas under Stairways are free of combustible materials (nothing stored):	<input checked="" type="radio"/>	N	N/A
Areas free of slip and fall hazards:	<input checked="" type="radio"/>	N	N/A
Grounds areas free of obstructions and holes:	<input checked="" type="radio"/>	N	N/A
Elevators working & EvacuTrac in place:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A

SECTION 3: ELECTRICAL AND PLUMBING

Electrical systems check OK:	<input checked="" type="radio"/>	N	N/A
Plumbing systems check OK:	<input checked="" type="radio"/>	N	N/A

SECTION 4: HAZMAT/FLAMMABLES

Proper storage:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
Proper Labels:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
MSDS available (or access to CAMEO Chemicals database on computer):	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
Waste properly contained:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A

SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS

Fume hoods operating as designed:			
PPE available:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
Safety guard:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
First Aid available:	<input checked="" type="radio"/>	N	<input checked="" type="radio"/> N/A
Warning labels intact:	<input type="radio"/>	N	<input checked="" type="radio"/> N/A
Good Housekeeping:	<input checked="" type="radio"/>	N	N/A

NOTE: If "no" is checked for any of these in Sections 2-5 please describe here:

C-17X

*Please note that fire extinguishers expire in Feb 2019, if you didn't already have them on your radar

SECTION 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5

Please describe: _____

Signed By: D. Benoit EH&S Director: _____

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SECTION 1: GENERAL INFORMATION

Building Name: Baker

Building Area/Floor: _____

Inspection performed by: S. Cruthirds

Date: _____

Floor plan with evacuation route in place:	<input checked="" type="radio"/> Y	N	N/A
Fire Extinguishers checked (date on tag is inspection date-expiration is one year after):	<input checked="" type="radio"/> Y	N	N/A
Exit Signs working:	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> N	N/A
Emergency Lighting working:	<input checked="" type="radio"/> Y	N	N/A
Office Furniture and Fixtures In Good Working Condition:	<input checked="" type="radio"/> Y	N	N/A

SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS

Areas clear of obstructions:	<input checked="" type="radio"/> Y	N	N/A
Areas under Stairways are free of combustible materials (nothing stored):	<input checked="" type="radio"/> Y	N	N/A
Areas free of slip and fall hazards:	<input checked="" type="radio"/> Y	N	N/A
Grounds areas free of obstructions and holes:	<input checked="" type="radio"/> Y	N	N/A
Elevators working & Evacutrac in place:	<input checked="" type="radio"/> Y	N	N/A

SECTION 3: ELECTRICAL AND PLUMBING

Electrical systems check OK:	<input checked="" type="radio"/> Y	N	N/A
Plumbing systems check OK:	<input checked="" type="radio"/> Y	N	N/A

SECTION 4: HAZMAT/FLAMMABLES

Proper storage:	Y	N	N/A
Proper Labels:	Y	N	N/A
MSDS available (or access to CAMEO Chemicals database on computer):	Y	N	N/A
Waste properly contained:	Y	N	N/A

SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS

Fume hoods operating as designed:	<input checked="" type="radio"/> Y	N	N/A
PPE available:	<input checked="" type="radio"/> Y	N	N/A
Safety guard:	<input checked="" type="radio"/> Y	N	N/A
First Aid available:	<input checked="" type="radio"/> Y	N	N/A
Warning labels intact:	<input checked="" type="radio"/> Y	N	N/A
Good Housekeeping:	<input checked="" type="radio"/> Y	N	N/A

NOTE: If "no" is checked for any of these in Sections 2-5 please describe here:

Exit sign by 544 broken

6/10-2
5/10/08

SECTION 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5

Please describe: _____

Signed By: _____
DSC: _____ EH&S Director: _____



UL-Lafayette

WO Type: Service Call
 Subtype:
 WO Placed On: Area
 Primary Ph:
 Requestor: Stephen Cruthirds
 Requestor Ph:
 Repair Center: Facility Management
 Department
 Acct No: 4101-81002-740240-
 90
 Area #: BKR-324 - FOYER - 324

Location ID: BKR-324(FOYER - 324)
 Facility: MAIN CAMPUS
 Building: Baker Hall
 Floor:
 Department: BAKER HALL
 Priority: 1 - Routine
 Completed:
 Project: -
 Supervisor: Larry Guillot

Request #:
 Reference #:
 Status:
 Requested: 02/22/2019 10:33
 Est. Start:
 Est. End:
 Est. Hours:
 Est. Costs: 0.00
 Modified By: Stephanie Dugas
 Time: 02/22/2019 10:36
 Total Hours:

Action Requested: Exit sign near 324 broken

Comments:

Svc. Interruption:

Task: 020017 - EXIT SIGNS

Task Due Date:

Failure Code:

Failure Sub-Code:

Completion date:

Authorized By:

Finished Date:

Contractor:

WO #: PP-2018011189

Trade: Electrician

PP-2018011189: 020017 - EXIT SIGNS	Labor	Materials	Other	Contractor	Total Charges
Total	0.00	0.00	0.00	0.00	0.00

WO Totals

Labor	Materials	Other	Contractor	Tax	Total Charges
0.00	0.00	0.00	0.00	0.00	0.00

Authorized By: _____

Signature: _____

Inspected By: _____

Tech Report:

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BSI-10-08

NOTE: If a condition is discovered that requires immediate attention, dial 482-6440

NOTE: For questions regarding this form, call Joey Pons or Taz Winger at 482-1840

SECTION 1: GENERAL INFORMATION

Building Name: Visual Arts Annex

Building Area/Floor: Ground Floor

Inspection performed by: Dan DiCaprio

Date: 2/7/19

Floor plan with evacuation route in place:

(Y)

N

N/A

Fire Extinguishers checked (date on tag is inspection date-expiration is one year after):

Y

(N)

N/A

Exit Signs working:

(Y)

N

N/A

Emergency Lighting working:

(Y)

N

N/A

Office Furniture and Fixtures In Good Working Condition:

(Y)

N

N/A

SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS

Areas clear of obstructions:

(Y)

N

N/A

Areas under Stairways are free of combustible materials (nothing stored):

(Y)

N

N/A

Areas free of slip and fall hazards:

(Y)

N

N/A

Grounds areas free of obstructions and holes:

(Y)

N

N/A

Elevators working & EvacuTrac in place:

Y

N

(N/A)

SECTION 3: ELECTRICAL AND PLUMBING

Electrical systems check OK:

Y

(N)

N/A

Plumbing systems check OK:

(Y)

N

N/A

SECTION 4: HAZMAT/FLAMMABLES

Proper storage:

(Y)

N

N/A

Proper Labels:

(Y)

N

N/A

MSDS available (or access to CAMEO Chemicals database on computer):

(Y)

N

N/A

Waste properly contained:

(Y)

N

N/A

SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS

Fume hoods operating as designed:

(Y)

N

N/A

PPE available:

(Y)

N

N/A

Safety guard:

(Y)

N

N/A

First Aid available:

(Y)

N

N/A

Warning labels intact:

(Y)

N

N/A

Good Housekeeping:

(Y)

N

N/A

NOTE: If "no" is checked for any of these in Sections 2-5 please describe here:

Rm 117 - Fire extinguisher by door is expired.

Rm 120 - Fire extinguisher are expired x3.

Rm 120 - Eye wash caps are broken.

Rm ~~117~~ 120 - Fuses are tripping with equipment usage.

SECTION 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5

Please describe: _____

Signed By: Dan DiCaprio EH&S Director: _____

C-117
c/o 5/18/02

Expired 1/2



UL-Lafayette

WO Type: Service Call
 Subtype:
 WO Placed On: Area
 Primary Ph:
 Requestor: Dan DiCaprio
 Requestor Ph: 25328
 Repair Center: Facility Management
 Department
 Acct No: 1000-6801-740240-70
 Area #: VAA-120 - CLASSROOM - 120

Location ID: VAA-120(CLASSROOM - 120)
 Facility: MAIN CAMPUS
 Building: Visual Art Annex
 Floor:
 Department: BUILDING MAINTENANCE
 Priority: 1 - Routine
 Completed:
 Project: -
 Supervisor: Larry Guillot

Request #:
 Reference #:
 Status:
 Requested: 02/19/2019 10:54
 Est. Start:
 Est. End:
 Est. Hours:
 Est. Costs: 0.00
 Modified By: Stephanie Dugas
 Time: 02/19/2019 10:56
 Total Hours:

Action Requested: Fuses are tripping with equipment usage

Comments:

Svc. Interruption:

Task: 020001 - ELECTRICAL - MISCELLANEOUS

Task Due Date:

Failure Code:

Failure Sub-Code:

Completion date:

Authorized By:

Finished Date:

Contractor:

WO #: PP-2018011030

Trade: Electrician

PP-2018011030: 020001 - ELECTRICAL - MISCELLANEOUS	Labor	Materials	Other	Contractor	Total Charges
Total	0.00	0.00	0.00	0.00	0.00

WO Totals

Labor	Materials	Other	Contractor	Tax	Total Charges
0.00	0.00	0.00	0.00	0.00	0.00

Authorized By: _____

Signature: _____

Inspected By: _____

Tech Report: