UL LAFAYETTE BUILDING SAFETY INSPECTION FORM BSI-10-08

SECTION 1: GENERAL INFORMATION Building Name: Little House Building Name: Little House Building Name: Little House Building Name: Little House Inspection performed by: Dourn Benot Inspection performed by: Dourn Benot Price plan with evacuation route in place: Price Extingulates checked (cate on tag is inspection date-expiration is one year after): N NA NA NA SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS Areas clear of obstructions: N NA Areas feed of lost incutions: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions and holes: N NA Areas feed of lost incutions and holes: N NA NA Elevations working & Evacutrac in place: N NA NA Elevations working & Evacutrac in place: N NA NA SECTION 3: ELECTRICAL AND PLUMBING Electrical systems check OK: N NA NA NA SECTION 4: HAZMATIFLAMMABLES Proper atomatic N NA NA NA NA SECTION 5: HAZMATIFLAMMABLES Proper atomatic N NA NA NA NA SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS Fume hoods operating as designed: N NA NA NA AND TE: H'no' is checked for any of these in Sections 2-5 please describe here: The section 5: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5 Please describe: NO SIGNED By: NA NA SIgned By: NA SIGNED By: NA	NOTE: If a condition is discovered that requires immediate attention, dial 482-6440 NOTE: For questions regarding this form, call Joey Pons or Taz Wininger at 482-1	840			
Building Area/Floor:	SECTION 1: GENERAL INFORMATION				
Inspection performed by: Dawn Benot Date: 123 19. Ploor plan with evacuation route in place: Fire Extinguishers checked (date on tag is inspection date-expiration is one year after): N N NA	Building Name: Whitington House				
Date: 1 23 9 9 Floor plan with evacuation route in place: Fire Extinguishers checked (date on tag is inspection date-expiration is one year after): N N/A NA Fire Extinguishers checked (date on tag is inspection date-expiration is one year after): N N/A NA Fire Extinguishers checked (date on tag is inspection date-expiration is one year after): N N/A NA Fire Extinguishers checked (date on tag is inspection date-expiration is one year after): N N/A NA Fire Extinguishers checked (date on tag is inspection date-expiration is one year after): N N/A NA SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS Areas clear of obstructions: Areas under Stainways are free of combustible materials (nothing stored): N N/A NA Areas free of algan data flazards: Grounds areas free of obstructions and holes: Y N N/A SECTION 3: ELECTRICAL AND PLUMBING Electrical systems check OK: N N/A SECTION 3: ELECTRICAL AND PLUMBING Electrical systems check OK: N N/A SECTION 4: HAZMAT/FLAMMABLES Proper tabels: Y N N/A NA SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS Fume hoods operating as designed: Y N N/A SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS Fume hoods operating as designed: Y N N/A Section 5: Fume hoods operating as designed: Y N N/A NA NA NA NA SECTION 5: Fume hoods operating as designed: Y N N/A NA NA SECTION 6: Areas free of combustible materials (nothing stored): N N/A NA NA SECTION 6: Areas that for any of these in Sections 2-5 please describe here: **These North that fire any functions 2-5 please describe here: **These North that for any of these in Sections 2-5 please describe here: **These North that for any functions 2-5 please describe here: **These North that for any of these in Sections 2-5 please describe here: **These North that for any functions 2-5 please describe here: **These North that for any of these in Sections 1-5 Please describe: **These North that for any of these in Sections 1-5 Please describe:	Bulding Area/Floor: entire building				
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Please describe:	it you didn't already have then on	your v	adas	-	
	SECTION 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5				
Signed By: ↑ A · L	Please describe:				
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	Signed By: \(\alpha \)				

Reference: UL Lafayette Environmental Health and Safety Policy, section 3

UL LAFAYETTE BUILDING SAFETY INSPECTION FORM

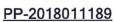
BSI-10-08

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

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

SECTION 1: GENERAL INFORMATION			
Building Name: Baker			
Building Name:			
Bulding Area/Floor:			
Inspection performed by: 5. Cruthirds			
Date:			
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	r): (Y)	N	N/A
Exit Signs working:	Y	N	N/A
Emergency Lighting working:	(A)	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:	(V)	N	N/A
Areas under Stairways are free of combustible materials (nothing stored):	(Y)	N	N/A
Areas free of slip and fall hazards:	(X)	N	N/A
Grounds areas free of obstructions and holes:	(X)	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:	8	N	N/A
SECTION 4: HAZMAT/FLAMMABLES			
Proper storage:	Υ	N	N/A
Proper Labels:	Y	N	N/A
MSDS available (or access to CAMEO Chemicals database on computer):	Υ	N	N/A
Waste properly contained:	Υ	N	N/A
SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS			
Fume hoods operating as designed:			
PPE available:	(Y)	N	N/A
Safety guard:	36333	N	N/A
First Aid available:	Y	N	N/A
Warning labels intact:	Y	N	N/A
Gpod Housekeeping:	Y	N	N/A
NOTE: If "no" is checked for any of these in Sections 2-5 please describe here:			
5,13			
			-
SECTION 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5			
Please describe:			
P.			
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Signed By:			
DSC: FH&S Director			

2-19





UL-Lafayette

WO Type: Service	e Call	j	Locatio	on ID: BKR-324(F	OYER	R - 324)	Reque	st #:	
Subtype:			Fa	cility: MAIN CAM	IPUS		Referen	ce #:	
WO Placed On: Area			Bui	lding: Baker Hall			Sta	atus:	
Primary Ph:			F	loor:			Reques	sted:	02/22/2019 10:33
Requestor: Stephe	en Cruthii	rds [Departi	ment: BAKER HA	LL		Est. S	Start:	
Requestor Ph:			Pr	ority: 1 - Routine			Est.	End:	
Repair Center: Facility Depar		ement	Compl	eted:			Est. Ho	ours:	
Acct No: 4101-8	31002-74	0240-	Pr	oject: -			Est. Co	osts:	0.00
Area #: BKR-3	24 - FOY	ER - 324					Modified	d Bv:	Stephanie Dugas
			Super	visor: Larry Guillo	ot				02/22/2019 10:36
				,			Total Ho	ours:	
Action Requested: Exit signature Comments: Svc. Interruption:	gn near 3	24 broken							
	017 - EX	IT SIGNS					Task Due Date:		
Failure Code:									
Failure Sub-Code:						С	ompletion date:		
Authorized By:							Finished Date:		
Contractor:							WO #: PP-	2018	8011189
Trade: Ele	ctrician								
PP-2018011189: 0200 EXIT SIGNS)17 -	Labor		Materials		Other	Contractor		Total Charges
	Total		0.00	(0.00	0.0	00 (0.00	0.00
WO Totals									
Labor	М	aterials		Other		Contractor	Tax	7	otal Charges
0.00		0.00		0.00		0.00	0.00		0.00
					Auth	norized By:			
Signature:					Ins	pected By:			
Tech Report:									

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 Wininger at 482-1840

	SECTION 1: GENERAL INFORMATION			
	Building Name: Visual Arts Annex			
	Bulding Area/Floor: 6tornd Floor			
	Inspection performed by: Dan Di Carpcio			
	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)	(<u>Y</u>)	(N)	N/A
	Exit Signs working:	(Y)	N	N/A
	Emergency Lighting working:		N	N/A
	Office Furniture and Fixtures In Good Working Condition:	(V)	N	N/A
	SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS			
	Areas clear of obstructions:	\bigcirc	N	N/A
	Areas under Stairways are free of combustible materials (nothing stored):	\approx	N	N/A
	Areas free of slip and fall hazards:	8	N	N/A
	Grounds areas free of obstructions and holes:	\bigcirc	N	N/A
	Elevators working & Evacutrac in place:	Y	N	(N/A)
	SECTION 3: ELECTRICAL AND PLUMBING			
	Electrical systems check OK:	V	1	N/A
	Plumbing systems check OK:	0	(N)	N/A
	SECTION 4: HAZMAT/FLAMMABLES			
	Proper storage:	(V)	N	N/A
	Proper Labels:		N	N/A
	MSDS available (or access to CAMEO Chemicals database on computer):	$\langle x \rangle$	N	N/A
	Waste properly contained:	\odot	N	N/A
	SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS	(a th		
	Fume hoods operating as designed:	(Y)		
	PPE available:		N	N/A
	Safety guard:		N	N/A
	First Aid available:	$\langle x \rangle$	N	N/A
	Warning labels intact:	(Σ)	N	N/A
	Good Housekeeping:	(Y)	N	N/A
- HA7	NOTE: If "no" is checked for any of these in Sections 2-5 please describe here:	<u></u>		
4 7	Rm 117 - Fire extinguisher by door ise	xpirea.		. 000
_	Rm 120-Fire extinguisher are expired	(x3.	-	Empled It?
	Rm 120 - Eye wash caps are broken			<u> </u>
	RM MINION 120 - Fuses are tripping we section 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5	ith eq	ripme	nt usage.
	Please describe:			
copo stego				
170		L		
	///			
	0:10			

Reference: UL Lafayette Environmental Health and Safety Policy, section 3

Dra EH&S Director.



UL-Lafayette

WO Type: Service Call Location ID: VAA-120(CLASSROOM - 120) Request #: Subtype: Facility: MAIN CAMPUS Reference #: WO Placed On: Area **Building: Visual Art Annex** Status: Primary Ph: Floor: Requested: 02/19/2019 10:54 Requestor: Dan DiCaprio Department: BUILDING MAINTENANCE Est. Start: Requestor Ph: 25328 Priority: 1 - Routine Est. End: Repair Center: Facility Management Est. Hours: Completed: Department Acct No: 1000-6801-740240-70 Project: -Est. Costs: 0.00 Area #: VAA-120 - CLASSROOM - 120 Modified By: Stephanie Dugas Time: 02/19/2019 10:56 Supervisor: Larry Guillot **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:		