



JOHN BEL EDWARDS  
GOVERNOR

**Office of Louisiana State Fire Marshal**  
Code Enforcement and Building Safety  
Department of Public Safety and Corrections  
Public Safety Services



H. BUTCH BROWNING  
STATE FIRE MARSHAL

**IMPAIRMENT NOTIFICATION**

Dear Building Owner/Manager:

The below listed firm has found impairments to the life safety system or equipment in the building listed below. Per Revised Statute (R.S. 40:1664.1 et seq.), the firm is required to immediately notify the Office of the State Fire Marshal Code Enforcement and Building Safety in writing of any impairment which may jeopardize the life safety of the building's occupants. The impairments are listed below. An inspector from this office or the local fire prevention bureau will be sent out to verify the impairments and to order corrections to be made if they have not been corrected.

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Type of System/Equipment (include manufacturer and model number):** \_\_\_\_\_

**NFPA Code/Standard used for Inspection:** \_\_\_\_\_

Check One:

RED TAGGED

YELLOW TAGGED (Beyond 60 Days)

**Date of Impairment:** \_\_\_\_\_ **Impairment(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**Firm License Number:** \_\_\_\_\_ **Firm Telephone Number:** \_\_\_\_\_

**Technician's Name:** \_\_\_\_\_ **Technician's License Number:** \_\_\_\_\_

(Print)

**Technician's Signature:** \_\_\_\_\_

(Signature)

**Building Owner or Representative Name:** \_\_\_\_\_

(Print)

**Building Owner or Representative Signature:** \_\_\_\_\_

(Signature)

**\*\*\*\*NOTE To Technician: Please attach a copy of your firm's service report to this notification.\*\*\*\***

*Is Yours Working? Smoke Detectors Save Lives!*  
LOUISIANA STATE FIRE MARSHAL, LICENSING SECTION  
8181 INDEPENDENCE BLVD., BATON ROUGE, LA 70806  
(225) 925-4911 FAX (225) 925-3699 1-800-256-5452

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