



LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS

PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

LIFE SAFETY SYSTEM IMPAIRMENT NOTIFICATION FORM

Dear Building Owner/Manager:

The below listed firm has found impairments to the life safety system and/or equipment in the building listed below. Per the relevant Louisiana Administrative Code, the firm is required to notify the Office of State Fire Marshal of any impairment(s) to a system that may jeopardize the life safety of the building's occupants. The impairment(s) is/are listed below. An inspector from the Office of State Fire Marshal or a local fire prevention bureau will be dispatched to verify the impairment(s) and to order that correction(s) be made if they have not been corrected. Please note that this form will be submitted to the Office of State Fire Marshal.

NAME OF BUSINESS WHERE IMPAIRED SYSTEM IS LOCATED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: LA ZIP: \_\_\_\_\_ PARISH: \_\_\_\_\_ PHONE: \_\_\_\_\_

SYSTEM TYPE: ☐ CONVEYANCE DEVICE ☐ ENGINEERED ☐ FIRE ALARM ☐ FIRE EXTINGUISHER  
☐ FIRE SPRINKLER ☐ PRE-ENGINEERED ☐ SPECIAL LOCKING

SYSTEM MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_

CODE / STANDARD(S) USED FOR INSPECTION: \_\_\_\_\_

IMPAIRMENT(S): \_\_\_\_\_

SYSTEM PREVIOUSLY TAGGED? ☐ YES IF YES, COLOR OF TAG ☐ RED ☐ YELLOW TAG DATE: \_\_\_\_\_

NOTE: When a red tag is affixed to a system, the Office of State Fire Marshal must be notified within two (2) business days.

NOTE: While it is not required that a red tag be placed on the system when the expiration period of a 60-day yellow impairment tag has passed, the system is considered to be in a 'red tag condition' and the Office of State Fire Marshal must be notified within two (2) business days of the 60-day expiration of a yellow impairment tag.

FIRM NAME: \_\_\_\_\_ LICENSE NO: F- \_\_\_\_\_ PHONE: \_\_\_\_\_

TECHNICIAN: \_\_\_\_\_ LICENSE NO: E- \_\_\_\_\_ PHONE: \_\_\_\_\_

TECHNICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING OWNER/REPRESENTATIVE (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF OWNER/REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

WHEN COMPLETED, SCAN FORM AND ATTACH TO EMAIL TO [OSFM.REDTAGS@LA.GOV](mailto:OSFM.REDTAGS@LA.GOV)

NOTE TO TECHNICIAN: Please attach copy of inspection/service report to this notification.