



# LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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### ☐ CHANGES

BUSINESS NAME	PRO-MOTION		
ADDRESS	1198 NE DOUGLAS ST, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	PRO-MOTION:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	1198 NE DOUGLAS ST LEE'S SUMMIT, MO 64086 Primary: <NO PRIMARY PHONE> Cell: (816) 695-1314 ( Zak Hill )		

## EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

## LOSS REDUCTION TYPE

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: B	Map#: 195B	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20120429

## LOSS REDUCTION NARRATIVE

### ☐ NO CORRECTIONS NOTED

### ☐ ALL CORRECTIONS COMPLETED

Last Inspection      1st Inspection 3/19/12      2nd Inspection      3rd Inspection      4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Occupancy Inspection - Fire</b>	Joe Dir	Temporary C of O	Monday, March 19, 2012
Corrective Action Required: 1      Emergency lights above the restroom and the rear door need to be repaired to illuminate on DC/battery power			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
March 19, 2012	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	