



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES								
BUSINESS NAME	ARNOLD HALL							
ADDRESS	123 SE 3RD ST, LEES SUMMIT, MO 64063							
OWNER/OPERATOR NAME	CITY OF LEES SUMMIT:				TELEF	H()NH	<no primary<br="">PHONE></no>	
ADDRESS	PO BOX 1600 LEES SUMMIT, MO 640637600 Primary: <no phone="" primary=""> Cell: <no cell="" phone=""> Steve Aldridge @ 816-969-1205</no></no>							
		EMERGENC	Y CONT	ACT INFOR	MATION			
NAME 1.								
2.								
3.								
4.								
		LOSS	S REDUC	CTION TYP	E			
☐ Occupancy ☐ Sem	ni-Annual	☐ Annual	Life	Safety	Sprinkler		Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Pos	t-Incident	Open Bur	ning \square	Other	
	Map#: 195G	PFA#:	KNOX E	BOX:	KNOX LOCATION	ON:	PERMIT # PRCOM20122128	
		LOSS RI	EDUCTIO	ON NARRA	TIVE			
☐ NO VIOLATIONS NOTED ☐ ALL VIOLATIONS RESOLVED								
	1st Inspection 1/7	/13 2nd	Inspection		3rd Inspection		4th Inspection	
INSPECTION	INCO	FOTOD		OUTCOMI	E DATE			
Sprinkler - Hydrostatic	INSPECTOR Test Joe Dir						ay, January 07, 2013	
Corrective Action Requir 1 PRCOM2012 hours.Testing	ed: 2128 hydrosta i the flow alarm	tic test: systen	ed that the	st pressure a	at 210psi for requested the outside flow a to working order	uired tes	t period of 2	
DATE OF REPORT	INSPECTOR			PREVENTION REQUIRED?	FOLLOW-UP	RESPO	DNSIBLE SIGNATURE	
January 07, 2013	7 07, 2013 Joe Dir			⊠Yes	□ No			