



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES

BUSINESS NAME	SHEAR MADNESS		
ADDRESS	950 NW BLUE PKWY, Unit:B, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	RL PHILLIPS:	TELEPHONE	(816) 322-6461
ADDRESS	PO BOX 74		
	RAYMORE, MO 64083		
	Primary: (816) 322-6461		
	Cell: (816) 564-8953 Mike Hoover @ 816-719-1157		

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#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20130263

LOSS REDUCTION NARRATIVE

☐ NO VIOLATIONS NOTED

☐ ALL VIOLATIONS RESOLVED

Last Inspection

1st Inspection

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Passed	Monday, May 20, 2013
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Thursday, May 16, 2013
Sprinkler - Flow Test	Joe Dir	Passed	Monday, May 20, 2013
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Monday, May 20, 2013
Corrective Action Required:			
1 label the sprinkler system control valve location for the suite below the drop ceiling grid			
mount the fire extinguisher on a wall on a normal path of travel close to an exit. top of extinguisher should			

be no higher than 60" off of finished floor.
Corrective Action Required:
2

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
May 20, 2013	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	