

LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

□ CHANGES

BUSINESS NAME	SHEAR MADNESS					
ADDRESS	950 NW BLUE PKWY, Unit:B, LEES SUMMIT, MO 64086					
OWNER/OPERATOR NAME	RL PHILLIPS:	TELEPH	IONE	(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

🗵 Occupancy 🗖	Semi-Annual	🗋 Annual	Life Safety	🔲 Sprii	nkler	Hazardous Material Permit
Complaint	Explosive Storage	UST	Post-Incider	nt 🛛 Ope	n Burning 🔲	Other
CLASS: B	Map#: 195A	PFA#:	KNOX BOX:	KNOX LO	DCATION:	PERMIT #
		LOSS R		RATIVE		
□ NO VIOLATIONS NOTED						
Last Inspection	1st Inspection	2nd	Inspection	3rd Inspectio	n 4	4th Inspection
INSPECTION	INSPI	ECTOR	OUTO	COME	DATE	
Occupancy Inspec	tion - Fire Joe I	Dir	Pass	sed	Thursday, Ma	ay 23, 2013
Corrective Action Required: 1 all pending issues have been resolved						
Alarm Test	Joe I	Dir	Pass	sed	Monday, May	20, 2013
Sprinkler - Hydrost	atic Test Joe I	Dir	Not	Required	Thursday, Ma	ay 16, 2013
Sprinkler - Flow Te	st Joe I	Dir	Pass	sed	Monday, May	20, 2013

Occupancy Inspection - Fire	Joe Dir	Temporary C of O Monda	ay, 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	NSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE			
May 23, 2013	Joe Dir	□ Yes ⊠No				