



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES								
BUSINESS NAME	CVS Pharmacy							
ADDRESS	621 SW 3RD ST, LEES SUMMIT, MO 64063							
OWNER/OPERATOR NAME	TRI-C CONSTRUCTION COMPANY:					TELEPHONI	Ε ((330) 836-2722
ADDRESS	1765 MERRII AKRON, OH Primary: (330 Cell: (330) 28							
		EMERGENC	Y CONTA	CT INFORM	ATION			
NAME 1.		TE	TELEPHONE					
2.								
3.								
4.								
		LOSS	S REDUC	TION TYPE				
Occupancy Sen		☐ Annual		-	☐ Sprii			Hazardous Material Permit
<u> </u>	losive Storage	UST		Incident		n Burning	Ц	Other
CLASS:	Map#: 195F	PFA#:	KNOX BO	DX:	KNOX LO	OCATION:		PERMIT #
		LOSS R	EDUCTIO	N NARRATI	VΕ			
☐ NO VIOLATIONS N	IOTED		Г		ΔΤΙΩΝΙ	RESOLV	ΕD	
		2nd	nd Inspection 3rd Inspecti					4th Inspection
INSPECTION	INSP	ECTOR		OUTCOME		DATE		
Alarm Test	Joe l	Dir	Passed		Friday, Au		ugus	st 03, 2012
Sprinkler - Hydrostatio	Test Joe	Dir		Passed		Friday, Ju	ıly 2	27, 2012
, ,						•		
Sprinkler - Flow Test		Joe Dir		Passed		Friday, Augu		st 03, 2012
Occupancy Inspection	Occupancy Inspection - Fire Joe		r Tempor		ary C of O Tuesday, A		Αυ	gust 07, 2012
Corrective Action Requir post the number background	ed: eric address on	the 3rd stree	t side, rea	dable from th	ne roadw	ay, contras	sting	color with the

replace the east mandoor exit/combo light											
Occupancy Inspection - Fire	e Joe Dir	Passed	Thurso	day, August 09, 2012							
Corrective Action Required: 1 post the numeric address on the 3rd street side, readable from the roadway, contrasting color with the background											
replace the east mandoor exit/combo light											
DATE OF REPORT	INSPECTOR	PREVENTION REQUIRED?	N FOLLOW-UP	RESPONSIBLE SIGNATURE							
June 21, 2013	Config	☐ Yes	□ No								