

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:	TELEPHONE	(330) 836-2722
ADDRESS	1765 MERRIMAN RD AKRON, OH 44313 Primary: (330) 836-2722 Cell: (330) 289-5383		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

Occupancy 🔲 Semi	-Annual	Annual	Life Safe	ety 🗖	Sprinkler	Hazardous Ma Permit	aterial
Complaint Explo	sive Storage	🔲 UST	Post-Inc	ident 🗌	Open Burning	Other	
	1ap#: 95F	PFA#:	KNOX BOX:	ĸ	NOX LOCATION:	PERMIT #	
		LOSS RI		IARRATIVE			
□ NO VIOLATIONS NOTED □ ALL VIOLATIONS RESOLVED							
Last Inspection 1	st Inspection	2nd	Inspection	3rd Ir	nspection	4th Inspection	
INSPECTION		CTOR		UTCOME	DATE		
Alarm Test	Joe D	Dir	F	assed	Friday, Aı	ugust 03, 2012	
Sprinkler - Hydrostatic T	Test Joe D			assed		uly 27, 2012	
Sprinkler - Flow Test	JOEL	זונ	F	asseo	Fhoay, Al	ugust 03, 2012	
Occupancy Inspection - Fire Joe Dir Temporary C of O Tuesday, August 07, 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 ma	andoor 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?	I FOLLOW-UP	RESPONSIBLE SIGNATURE			
June 21, 2013	Config	□ Yes	🗆 No				