

Sprinkler - Flow Test

Joe Dir



Wednesday, November 02, 2011

## LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

	NOTIF	FICATIONS/C	ONTACT INFORMAT	TION SECTION		PAGE 1
☐ CHANGES						
BUSINESS NAME	MEN'S WEARH	DUSE				
ADDRESS	1704 NW CH	IPMAN RD, LE	EES SUMMIT, MO 64	081		
OWNER/OPERATOR NAME	LAKEVIEW (	CONSTRUCT	ON:	TELEPI	HONE	(262) 857-3336
ADDRESS	PLEASANT I Primary: (262	PORATE DR S PRAIRIE, WI 2) 857-3336 ELL PHONE>		657		
		EMERGENC'	Y CONTACT INFORM	MATION		
NAME			т	ELEPHONE		
1.						
2.						
3.						
4.						
		LOSS	REDUCTION TYPE			
	mi Annual	□ Appuel	☐ Life Cofety	Corioklar		Hazardous Material
	mi-Annual	☐ Annual	Life Safety	Sprinkler	. 🗀	Permit
<u> </u>	olosive Storage	1	Post-Incident	Open Burn		1
CLASS:	Map#: 194D	PFA#:	KNOX BOX:	KNOX LOCATIO	in:	PERMIT # PRCOM20114124
		LOSS RI	EDUCTION NARRAT	IVE		
□ NO CORRECTIONS NOTED □ ALL CORRECTIONS COMPLETED						
Last Inspection	1st Inspection 11/	4/11 2nd I		Brd Inspection		4th Inspection
·	·		·	·		·
INSPECTION	INIQD	ECTOR	OUTCOME	DATE		
Occupancy Inspection				ry C of O Frida	v. Nove	mber 04. 2011
Corrective Action Requi 1 (1) install exi (2) install add (3) install add NE exit.	red: t signage and e ditional exit sign ditional exit sign	mergency ligh lage for the sa lage for the ba	ting as per plans les floor area by the N ick work area with dire	NE exit with directional arrow to	ctional a	rrow
Sprinkler - Hydrostation	<b>Test</b> Joe	Dir	Not Requ	ired Wedi 2011	nesday,	November 02,

Not Required

DATE OF REPORT		PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 04, 2011	Joe Dir	⊠Yes □ No	