



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



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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### ☐ CHANGES

BUSINESS NAME	Pfizer		
ADDRESS	1 SE PFIZER WAY, LEES SUMMIT, MO 64081		
OWNER/OPERATOR NAME	PFIZER INC:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	150 E 42ND ST FL 38TH NEW YORK, NY 10017 Primary: <NO PRIMARY PHONE> Cell: <NO CELL PHONE>		

## EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

## LOSS REDUCTION TYPE

<input 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 checked="" type="checkbox"/> Other Alarm Test
CLASS:	Map#: 195Q	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #

## LOSS REDUCTION NARRATIVE

### ☐ NO CORRECTIONS NOTED

### ☐ ALL CORRECTIONS COMPLETED

Last Inspection      1st Inspection      2nd Inspection      3rd Inspection      4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Brian Austerman	Passed	Thursday, January 05, 2012
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
January 05, 2012	Brian Austerman	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	