

☐ **CHANGES**

<b>BUSINESS NAME</b>	DICKY'S BARBEQUE PIT		
<b>ADDRESS</b>	1736 NW CHIPMAN RD, LEES SUMMIT, MO 64081		
<b>OWNER/OPERATOR NAME</b>	<NO CONTACT NAME AVAILABLE>	<b>TELEPHONE</b>	<NO PRIMARY PHONE>
	<NO CONTACT INFORMATION AVAILABLE>		
<b>ADDRESS</b>	Primary: <NO PRIMARY PHONE> Cell: <NO CELL PHONE>		
	Gavin @ 913-221-5090		

**EMERGENCY CONTACT INFORMATION**

NAME	TELEPHONE
1. _____	
2. _____	
3. _____	
4. _____	

**LOSS REDUCTION TYPE**

<input checked="" 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 type="checkbox"/> Other
CLASS: A-2	Map#: 194D	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # prcom30130391

**LOSS REDUCTION NARRATIVE**

☐ **NO VIOLATIONS NOTED**

☐ **ALL VIOLATIONS RESOLVED**

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

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Alarm Test</b>	Joe Dir	Passed	Monday, August 26, 2013
Corrective Action Required: 1      supply a fire proof container with a lid to remove ashes from the smoker. On the exterior of the building supply a fire proof container with a lid to store discarded in.			
<b>Sprinkler - Flow Test</b>		Not Required	Wednesday, August 21, 2013

  

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
August 26, 2013	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	