

☐ **CHANGES**

BUSINESS NAME	9 ROUND FITNESS		
ADDRESS	1125 NE RICE RD, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	WG CONSTRUCTION:	TELEPHONE	(816) 556-1139
	4520 MAIN #1000		
ADDRESS	KANSAS CITY, MO 64111		
	Primary: (816) 556-1139		
	Cell: (816) 215-7871	Wayne @ 816-215-7871	

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: B	Map#: 195D	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # prcom20131998

LOSS REDUCTION NARRATIVE

☐ **NO VIOLATIONS NOTED**

☐ **ALL VIOLATIONS RESOLVED**

Last Inspection

1st Inspection

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Friday, October 25, 2013
Corrective Action Required:			
1	replace dthe painted sprinkler heads in the workout area - 4 heads total		
Alarm Test		Not Required	Friday, October 18, 2013
Sprinkler - Hydrostatic Test		Not Required	Friday, October 18, 2013
Sprinkler - Flow Test		Not Required	Friday, October 18, 2013

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
October 25, 2013	Joe Dir	<input type="checkbox"/> Yes <input type="checkbox"/> No	