

☐ **CHANGES**

BUSINESS NAME	JOHN CALVIN MANOR		
ADDRESS	1611 NW OBRIEN RD, LEES SUMMIT, MO 64081		
OWNER/OPERATOR NAME	4SIGHT GROUP LLC:	TELEPHONE	(816) 802-8400
ADDRESS	7920 WARD PARKWAY KANSAS CITY, MO 64114 Primary: (816) 802-8400 Cell: <NO CELL PHONE>		

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: R-2	Map#: 195E	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # prcom20122456

LOSS REDUCTION NARRATIVE

☐ **NO VIOLATIONS NOTED**

☐ **ALL VIOLATIONS RESOLVED**

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

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Partial	Wednesday, May 14, 2014
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Friday, May 16, 2014
Alarm Test	Joe Dir	Passed	Thursday, May 29, 2014
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Thursday, May 29, 2014
Corrective Action Required: 1 - address the building on all four sides (16110) - need permanent addressing of apartments on the exterior and in the corridor. - remove all dust covers from the smoke detectors			

DATE OF REPORT May 29, 2014	INSPECTOR Joe Dir	PREVENTION FOLLOW-UP REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESPONSIBLE SIGNATURE