

☐ **CHANGES**

<b>BUSINESS NAME</b>	JOHN CALVIN MANOR		
<b>ADDRESS</b>	312 NW MURRAY RD, LEES SUMMIT, MO 64081		
<b>OWNER/OPERATOR NAME</b>	4SIGHT GROUP LLC:	<b>TELEPHONE</b>	(816) 802-8400
<b>ADDRESS</b>	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 # prcom20122454

**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	Tuesday, September 02, 2014
<b>Occupancy Inspection - Fire</b>	Joe Dir	Passed	Tuesday, September 02, 2014
Corrective Action Required: 1      - replace the fire extinguisher in the corridor that is discharged			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
September 02, 2014	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	