

☐ **CHANGES**

<b>BUSINESS NAME</b>	RUE 21 SUMMIT FAIR		
<b>ADDRESS</b>	950 NW BLUE PKWY, Unit:D, LEES SUMMIT, MO 64086		
<b>OWNER/OPERATOR NAME</b>	SOUTHERN RETAIL CONSTRUCTION LLC:	<b>TELEPHONE</b>	(317) 863-5643
	11057 ALLISONVILLE RD, #438		
<b>ADDRESS</b>	FISHERS, IN 46038		
	Primary: (317) 863-5643		
	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: M	Map#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20140543

**LOSS REDUCTION NARRATIVE**

☐ **NO VIOLATIONS NOTED**

☐ **ALL VIOLATIONS RESOLVED**

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

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Occupancy Inspection - Fire</b>	Joe Dir	Temporary C of O	Thursday, June 26, 2014
Corrective Action Required:			
1      - j-boxes need covers -deck level by HVAC - exit and emergency lights need to illuminate on AC and DC power - test duct detection devices - exit sign over rear exit door			
<b>Alarm Test</b>	Joe Dir	Passed	Monday, June 23, 2014
<b>Sprinkler - Flow Test</b>	Joe Dir	Passed	Wednesday, June 25, 2014

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
June 26, 2014	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	