



CHANGES

<b>BUSINESS NAME</b>	CUSTARD INSURANCE		
<b>ADDRESS</b>	200 NE MISSOURI RD, Unit:305, LEES SUMMIT, MO 64086		
<b>OWNER/OPERATOR NAME</b>	MID-AMERICA CONTRACTORS INC:	<b>TELEPHONE</b>	(816) 221-4516
<b>ADDRESS</b>	1400 IRON NORTH KANSAS CITY, MO 64116 Primary: (816) 221-4516 Cell: (816) 985-4644		

**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
<b>CLASS:</b> B	<b>Map#:</b> 175Y	<b>PFA#:</b>	<b>KNOX BOX:</b>	<b>KNOX LOCATION:</b>	<b>PERMIT #</b> prcom20140727

**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	Friday, May 23, 2014
Corrective Action Required:			
1      post the numeric address of 305 on the suite door, corridor side			
have the fire sprinkler system serviced- last service date May of 2012, needs to be conducted annually.			
<b>Alarm Test</b>	Joe Dir	Passed	Friday, May 23, 2014

<b>DATE OF REPORT</b>	<b>INSPECTOR</b>	<b>PREVENTION FOLLOW-UP REQUIRED?</b>	<b>RESPONSIBLE SIGNATURE</b>
May 23, 2014	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	