

FIRE DEPARTMENT

	NOTIFICATIONS	CONTACT INFO	DRMATION S	ECTION		PAGE 1
☐ CHANGES						
BUSINESS NAME	JOHN CALVIN MANOR					
ADDRESS	308 NW MURRAY RD, LEES SUMMIT, MO 64081					
OWNER/OPERATOR NAME	4SIGHT GROUP LI	_C:		TELE	PHONE	(816) 802-8400
ADDRESS	7920 WARD PARKWAY KANSAS CITY, MO 64114 Primary: (816) 802-8400 Cell: <no cell="" phone=""></no>					
	EMER	RGENCY CONTA	CT INFORMA	ATION		
NAME	TELEPHONE					
1						
2.						
3.						
4.						
		LOSS REDUC	TION TYPE			
☑ Occupancy ☐ Semi-	-Annual	Annual 🔲 Life S	Safety [Sprinkler		Hazardous Material Permit
☐ Complaint ☐ Explo	sive Storage 🔲 l	JST 🔲 Post-	Incident [Open Bur	ning [
	ap#: PFA#:	KNOX B	OX:	KNOX LOCATI	ON:	PERMIT # PRCOM20122246
	L	OSS REDUCTIO	N NARRATIV	E		
☐ NO VIOLATIONS NO	TED			ATIONS RES	SOLVED)
Last Inspection 1s	st Inspection	2nd Inspection	3rd	Inspection		4th Inspection
INSPECTION	INSPECTOR		OUTCOME	DAT	E	
Occupancy Inspection -	Fire Jim Eden		Temporary	C of O Tue	sday, N	ovember 11, 2014
Alarm Test	Jim Eden		Passed	Tue	sday, N	ovember 11, 2014
Alarm Test	Joe Dir		Passed	Mor	nday, No	ovember 17, 2014
Corrective Action Required 1 - post the nume	d: eric address of build st covers from the c				•	

- terminatethe old wiring form the old corridor smoke detectors

Joe Dir

Occupancy Inspection - Fire

- mount the fire extinguisher in the corridor accessable from a 75' travel distance

Temporary C of O Monday, November 17, 2014

DATE OF REPORT		PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 17, 2014	Joe Dir	⊠Yes □ No	