

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1										
☐ CHANGES										
BUSINESS NAME	GLOSS NAILS									
ADDRESS	470 NW CHIF	MAN RD, LE	ES SUMM	IT, MO 6408	86					
OWNER/OPERATOR NAME	CAMM CONS	STRUCTION I			TELEPHONI	Ε ((816) 607-3602			
ADDRESS	PO BOX 141 LEES SUMM Primary: (816 Cell: (816) 56									
		EMERGENC	Y CONTA	CT INFORM	IATION					
NAME	TELEPHONE									
1.										
2.										
3.										
4.										
		LOSS	REDUC	TION TYPE						
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life S	afety	☐ Sprir	nkler		Hazardous Material Permit		
☐ Complaint ☐ Exp	Complaint			Incident	☐ Open Burning ☐			Other		
CLASS:	Мар#:	PFA#:	KNOX BO	X:	KNOX LO	OCATION:		PERMIT #		
		LOSS RE	DUCTIO	N NARRATI	VE					
☐ NO VIOLATIONS N	OTED		[☐ ALL VIO	LATIONS	RESOLV	ED			
Last Inspection	1st Inspection	2nd I	nspection	31	rd Inspectio	n		4th Inspection		
INSPECTION	INSP	ECTOR		OUTCOME		DATE				
Alarm Test	Test Michael Weissen		ach	Passed		Wednesday, April 14, 2021		April 14, 2021		
Sprinkler - Hydrostatic	: Test Mich	ael Weissenb	ach	Not Requi	red	Tuesday,	Αυί	gust 11, 2020		
Sprinkler - Flow Test Mic		chael Weissenbach		Not Required		Tuesdav. August 11, 2020				

Occupancy Inspection - Fire)	Not Req		Wedne 2020	esday, November 04,
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?		RESPONSIBLE SIGNATURE	
April 14, 2021	Michael Weissenbach	☐ Yes	□ No		