

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES					
BUSINESS NAME	816FIT - JOSHC	LINEFITNESS			
ADDRESS	1215 NE RICE	E RD, LEES S	SUMMIT, MO 64086		
OWNER/OPERATOR NAME	816 FIT:			TELEPHONE	(816) 721-1632
ADDRESS	1215 NE Rice Lees Summit Primary: (816 Cell: <no ce<="" th=""><th>, MO 64086 5) 721-1632</th><th></th><th></th><th></th></no>	, MO 64086 5) 721-1632			
		EMERGENC	Y CONTACT INFORM	ATION	
NAME			TE	LEPHONE	
1.					
2.					
3.					
4.					
		LOSS	S REDUCTION TYPE		
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life Safety	☐ Sprinkler ☐	Hazardous Material Permit
☐ Complaint ☐ Exp	losive Storage	UST	☐ Post-Incident	☐ Open Burning ☐	Other
CLASS: A-4	Мар#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
		LOSS R	EDUCTION NARRATI	VE	
☐ NO VIOLATIONS N	OTED		☐ ALL VIOI	_ATIONS RESOLVED	
Last Inspection	1st Inspection	2nd	Inspection 3r	d Inspection	4th Inspection
INSPECTION		ECTOR	OUTCOME Failed	DATE Monday Oc	tohor 25, 2021
Occupancy Inspection Corrective Action Requir Make exit sig back.	ed:		ralieu erational. Change addre	•	tober 25, 2021 to 1215 front and
Occupancy Inspection	- <b>Fire</b> Craiç	g Hill	Not Ready	Tuesday, No	ovember 09, 2021

Corrective Action Required: 1 Fix exit signs at the	ne front of the store.		
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 09, 2021	Craig Hill	☐ Yes ☐ No	