

# FIRE DEPARTMENT

#### NOTIFICATIONS/CONTACT INFORMATION SECTION

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BUSINESS NAME	COMFORT DENTAL				
ADDRESS	1153 NE RICE RD, LEES SUMMIT, MO 64086				
OWNER/OPERATOR NAME	E Woolery Construction Inc: TELEPHONE (913) 271-741				
ADDRESS	7000 Gladstone Avenue Shawnee, KS 66218 Primary: (913) 271-7413 Cell: <no cell="" phone=""></no>				

### **EMERGENCY CONTACT INFORMATION**

NAME	TELEPHONE
1.	
2.	
3.	
4.	

## LOSS REDUCTION TYPE

Occupancy Ser	ni-Annual	Annual	Life Safety	Sprinkler	 Hazardous Material Permit
🔲 Complaint 🔲 Exp	olosive Storage		Post-Incident	Open Burning	Other
CLASS:	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
В					

#### LOSS REDUCTION NARRATIVE

		□ ALL VIOLATIONS RESOLVED			
Last Inspection	1st Inspection	2nd Inspection	3rd Inspection	4th Inspection	
INSPECTION	INSPECTOR	OUTCO	ME DA	ATE	
Alarm Test	Craig Hill	Passe	d Fr	iday, February 11, 2022	
Sprinkler - Hydrostatio	<b>c Test</b> Craig Hill	Not Ro	equired Tu	uesday, February 01, 2022	
Sprinkler - Flow Test	Craig Hill	Not Re	equired Tu	uesday, February 01, 2022	

Occupancy Inspection - Fire	e Craig Hill	Passed Tue	sday, November 09, 2021			
Corrective Action Required: 1 Remove "Door Blocked" from back door. Add address numbers to back door. Add exterior illumination to front and back doors.						
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE			
February 11, 2022	Craig Hill	□ Yes □ No				