

## FIRE DEPARTMENT

PAGE 1	NOTIFICATIONS/CONTACT INFORMATION SECTION								
☐ CHANGES									
BUSINESS NAME	MOD PIZZA								
ADDRESS	460 NW CHIPMAN RD, LEES SUMMIT, MO 64086								
OWNER/OPERATOR NAME	mitchell3573@ mitchell3573@			TELEPHONE					
ADDRESS	Primary: Cell: <no ce<="" th=""><th></th><th></th><th></th><th></th><th></th></no>								
EMERGENCY CONTACT INFORMATION									
1				TELEPHONE					
2. 3.									
4.									
LOSS REDUCTION TYPE									
Occupancy Sen	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler		Hazardous Material Permit			
<u> </u>	losive Storage	UST	Post-Incident	t		Other			
CLASS: A-2	Мар#:	PFA#:	KNOX BOX:	KNOX LOCATION:		PERMIT#			
LOSS REDUCTION NARRATIVE									
☐ NO VIOLATIONS N	IOTED		□ ALL	VIOLATIONS RESOLV	ΈD				
Last Inspection	1st Inspection	2nd	Inspection	3rd Inspection		4th Inspection			
INSPECTION	INSPI	ECTOR	OUTC	OME DATE	-				
Alarm Test	Ben	Hicks	Passe	ed Tuesday,	, Mar	rch 08, 2022			
Occupancy Inspection	ı <b>- Fire</b> Ben l	Hicks	Passe	∍d Tuesday,	, Mar	rch 15, 2022			

DATE OF REPORT	HNSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
March 15, 2022	Ben Hicks	☐ Yes ☐ No	