

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1									
☐ CHANGES									
BUSINESS NAME	F.I.T. MUSCLE AND JOINT CLINIC								
ADDRESS	401 NW MURRAY RD, LEES SUMMIT, MO 64081								
OWNER/OPERATOR NAME	E jbauer@meritkc.com: TELEPHONE								
	jbauer@meritkc.com								
ADDRESS	Primary: Cell: <no ce<="" td=""><td>ELL PHONE></td><td></td><td></td><td></td><td></td><td></td><td></td></no>	ELL PHONE>							
		EMERGENC'	Y CONTAC	T INFORM	ATION				
NAME	TELEPHONE								
1									
2.									
3.									
4.									
		LOSS	S REDUCT	ION TYPE					
Occupancy Sen	ni-Annual	☐ Annual	☐ Life Sa	afety	Sprir	ıkler		Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	UST	Post-li	ncident	☐ Ope	n Burning		Other	
CLASS:	Мар#:	PFA#:	KNOX BO	X:	KNOX LO	CATION:		PERMIT#	
		LOSS RI	EDUCTION	I NARRATI	VE				
☐ NO VIOLATIONS N	☐ NO VIOLATIONS NOTED ☐ ALL VIOLATIONS RESOLVED								
Last Inspection	1st Inspection	2nd l	Inspection	3r	d Inspectio	n	4	4th Inspection	
INSPECTION	INSP	ECTOR		OUTCOME		DATE	-		
Alarm Test	Craig Hill		Passed			Friday, April 0		08, 2022	
Sprinkler - Hydrostatio	: Test Crai	g Hill		Not Requi	red	Friday, A	pril (08, 2022	
Sprinkler - Flow Test	Crai	a Hill		Not Requi	red	Fridav. A	oril (18. 2022	

· ·			ction and demolitio	day, April 21, 2022 n, remodeling or
DATE OF REPORT	INSPECTOR	PREVENTION REQUIRED?	N FOLLOW-UP	RESPONSIBLE SIGNATURE
April 21, 2022	Ben Hicks	☐ Yes	□ No	