



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ CHANGES

BUSINESS NAME	Summit Fair		
ADDRESS	880 NW BLUE PKWY, Unit:I, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	<NO CONTACT NAME AVAILABLE>	TELEPHONE	<NO PRIMARY PHONE>
	<NO CONTACT INFORMATION AVAILABLE>		
ADDRESS	Primary: Doug Cell: 913-787-5388 WHITE BOX FINISH PRCOM20100052		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: B	Map#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20100052

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection 1st Inspection 1/07/11 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Passed	Friday, January 07, 2011
Alarm System passed, isolation valve tamper switch and flow alarm addressed in the FACP as suite "I"			
Occupancy Inspection - Fire	Joe Dir	Passed	Friday, January 07, 2011
White Box finish OK, ready for tenant finish once cleared through codes administration			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE

January 07, 2011

Joe Dir

☐ Yes

☒ No