



# LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

### ☐ CHANGES

BUSINESS NAME	Progressive Insurance		
ADDRESS	400 SW LONGVIEW BLVD, Unit:125, LEES SUMMIT, MO 64081		
OWNER/OPERATOR NAME	CAMM CONSTRUCTION INC:	TELEPHONE	(816) 356-6900
ADDRESS	7216 MAPEL KANSAS CITY, MO 64131 Primary: (816) 356-6900 Cell: (816) 564-3918 RUSS @ 804-0990		

## EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	INFORMATION REQUESTED VIA FORM
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#: 194E	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20100041

## LOSS REDUCTION NARRATIVE

### ☐ NO CORRECTIONS NOTED

### ☐ ALL CORRECTIONS COMPLETED

Last Inspection

1st Inspection 1/28/11

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Alarm Test</b>	Joe Dir	Passed	Friday, January 28, 2011
Corrective Action Required: PRCOM20100041			
1 (1) POST ADDRESS (125) ABOVE THE NW MAN DOOR ENTRANCE (2) SPRINKLER SYSTEM NEEDS THE ANNUAL CERT. TEST COMPLETED. LAST TEST SHOWING ON RISER CARD WAS DECEMBER OF 2009.NATIONAL FIRE SPKLR.CO.			
<b>Occupancy Inspection - Fire</b>	Joe Dir	Temporary C of O	Friday, January 28, 2011
<b>Sprinkler - Hydrostatic Test</b>		Not Required	Friday, January 28, 2011
<b>Sprinkler - Flow Test</b>		Not Required	Friday, January 28, 2011

DATE OF REPORT January 28, 2011	INSPECTOR Joe Dir	PREVENTION FOLLOW-UP REQUIRED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESPONSIBLE SIGNATURE