



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



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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### ☐ 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
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 2/4/11

Last Inspection

1st Inspection 1/28/11

2nd Inspection 2/4/11

3rd Inspection

4th Inspection

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

**Occupancy Inspection - Fire**      Joe Dir      Passed      Friday, February 04, 2011  
2/4/11: OK TO OCCUPY ONCE CLEARED THROUGH CODES ADMINISTRATION

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
February 04, 2011	Joe Dir	<input type="checkbox"/> Yes <input type="checkbox"/> No	