



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

## NOTIFICATIONS/CONTACT INFORMATION SECTION

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| ☐ CHANGES                                                                                                                                                                                                    |                                         |                                            |       |                                |                 |          |       |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|-------|--------------------------------|-----------------|----------|-------|------------------------------|
| BUSINESS NAME                                                                                                                                                                                                | Chuck's Boots                           |                                            |       |                                |                 |          |       |                              |
| ADDRESS                                                                                                                                                                                                      | 346 SW BLUE PKWY, LEES SUMMIT, MO 64063 |                                            |       |                                |                 |          |       |                              |
| OWNER/OPERATOR NAME                                                                                                                                                                                          | CATENACCI                               | C: TELEPHONE <no phone="" primary=""></no> |       |                                |                 |          |       |                              |
| ADDRESS  14694 S RENE ST OLATHE, KS 66062 Primary: <no <no="" cell="" cell:="" phone="" primary=""></no>                                                                                                     |                                         |                                            | HONE> |                                |                 |          |       |                              |
| EMERGENCY CONTACT INFORMATION                                                                                                                                                                                |                                         |                                            |       |                                |                 |          |       |                              |
| NAME                                                                                                                                                                                                         | TELEPHONE                               |                                            |       |                                |                 |          |       |                              |
| 1                                                                                                                                                                                                            |                                         |                                            |       |                                |                 |          |       |                              |
| 2. ON FILE                                                                                                                                                                                                   |                                         |                                            |       |                                |                 |          |       |                              |
| 3.                                                                                                                                                                                                           |                                         |                                            |       |                                |                 |          |       |                              |
| 4.                                                                                                                                                                                                           |                                         |                                            |       |                                |                 |          |       |                              |
| LOSS REDUCTION TYPE                                                                                                                                                                                          |                                         |                                            |       |                                |                 |          |       |                              |
| ⊠ Occupancy                                                                                                                                                                                                  |                                         |                                            |       | Safety                         | afety Sprinkler |          |       | Hazardous Material<br>Permit |
| ☐ Complaint ☐ Explosive Storage ☐ UST                                                                                                                                                                        |                                         |                                            | ☐ Pos | t-Incident                     | Open Burning    |          |       | Other                        |
| CLASS:                                                                                                                                                                                                       | Map#:<br>195K                           | PFA#:                                      | KNOX  | BOX:                           | KNOX            | LOCATION | l:    | PERMIT #<br>PRCOM20100272    |
| LOSS REDUCTION NARRATIVE                                                                                                                                                                                     |                                         |                                            |       |                                |                 |          |       |                              |
| ☐ NO CORRECTIONS NOTED ☐ ALL CORRECTIONS COMPLETED                                                                                                                                                           |                                         |                                            |       |                                |                 |          |       |                              |
| Last Inspection 1st Inspection 3/2/11 2nd Inspection                                                                                                                                                         |                                         |                                            |       |                                |                 |          |       |                              |
| ·                                                                                                                                                                                                            | ·                                       |                                            | ·     |                                | ·               |          |       | ·                            |
| INSPECTION INSPECTOR OUTCOME DATE                                                                                                                                                                            |                                         |                                            |       |                                |                 |          |       |                              |
| Occupancy Inspection - Fire Joe Dir Temporary C of O Wednesday, March 02, 2011                                                                                                                               |                                         |                                            |       |                                |                 |          |       |                              |
| Corrective Action Required: PRCOM 20100272                                                                                                                                                                   |                                         |                                            |       |                                |                 |          |       |                              |
| 1                                                                                                                                                                                                            |                                         |                                            |       |                                |                 |          |       |                              |
| (1) alarm system or a remote annunciator/ test switch needs to be installed for the duct detection (2) front double door entry/exit, post a sign reading "DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED" |                                         |                                            |       |                                |                 |          |       |                              |
| (3) front single door exit, either remove the lock or post the door with the same signage as the double door.                                                                                                |                                         |                                            |       |                                |                 |          |       |                              |
| (4) additional emergency lighting needed for the two front exits.                                                                                                                                            |                                         |                                            |       |                                |                 |          |       |                              |
|                                                                                                                                                                                                              |                                         |                                            |       |                                |                 |          |       |                              |
| DATE OF REPORT                                                                                                                                                                                               | INSPECTOR                               |                                            |       | PREVENTION FOLLOW-UP REQUIRED? |                 |          | RESPO | NSIBLE SIGNATURE             |
| March 02, 2011                                                                                                                                                                                               | Joe Dir                                 |                                            |       | ⊠Yes                           | □ No            |          |       |                              |