

## FIRE DEPARTMENT

|                              |                   |  |   | NOTIFIC    | ATIONS/C          | ONTACT         | INFORMA                    | ПО  | N SECTION                    |  |
|------------------------------|-------------------|--|---|------------|-------------------|----------------|----------------------------|-----|------------------------------|--|
| PAGE 1                       |                   |  |   |            |                   |                |                            |     |                              |  |
| ☐ CHANGES                    |                   |  |   |            |                   |                |                            |     |                              |  |
| BUSINESS NAME                | COOPER            | COOPER'S HAWK WINERY & RESTAURANT        |   |            |                   |                |                            |     |                              |  |
| ADDRESS                      | 540 NW            | 540 NW CHIPMAN RD, LEES SUMMIT, MO 64086 |   |            |                   |                |                            |     |                              |  |
| OWNER/OPERATOR NA            | ME COSGF          | COSGROVE CONSTRUCTION                    |   |            | N INC.: TELEPHONE |                |                            | Ξ ( | (815) 774-0036               |  |
| ADDRESS                      | JOLIET<br>Primary | , IL 6<br>r: (815                        | RST CT<br>0433<br>5) 774-0036<br>ELL PHONE> |            |                   |                |                            |     |                              |  |
|                              |                   |  | EMERGENC                                    | Y CONTA    | CT INFOR          | MATION         |                            |     |                              |  |
| NAME                         |                   | TELEPHONE                                |   |            |                   |                |                            |     |                              |  |
| 1                            |                   |  |   |            |                   |                |                            |     |                              |  |
| 2                            |                   |  |   |            |                   |                |                            |     |                              |  |
| 3.                           |                   |  |   |            |                   |                |                            |     |                              |  |
| 4.                           |                   |  |   |            |                   |                |                            |     |                              |  |
|                              |                   |  | LOS   | S REDUC    | TION TYPE         | ≣              |                            |     |                              |  |
| Occupancy                    | Semi-Annual       |  | ☐ Annual                                    | Life S     | Safety            | ☐ Sprii        | nkler                      |     | Hazardous Material<br>Permit |  |
| ☐ Complaint ☐                | Explosive Sto     | rage                                     | ☐ UST                                       | ☐ Post-    | Incident          | □ Оре          | n Burning                  |     | Other                        |  |
| CLASS:<br>A-2                | Map#:             |  | PFA#:                                       | KNOX BO    | OX:               | KNOX L         | OCATION:                   |     | PERMIT#                      |  |
| N-2                          | I                 |  | LOSS R                                      | EDUCTIO    | N NARRAT          | ΓIVE           |                            |     |                              |  |
| ☐ NO VIOLATION               | e NOTED           |  |   |            |                   |                | RESOLV                     | ED  |                              |  |
| Last Inspection              | 1st Inspect       | ion                                      | 2nd   | Inspection |                   | 3rd Inspection |                            |     | 4th Inspection               |  |
| INSPECTION                   |                   | INSPECTOR                                |   | OR OUTCO   |                   | ME DATE        |                            |     |                              |  |
| Alarm Test                   | larm Test Crai    |  | g Hill                                      |            | Passed            |                | Wednesday, July 13, 2022   |     |                              |  |
| Fire Line - Hydrosta         | atic Test         | John                                     | Jackson                                     |            | Partial           |                | Monday,                    | Nov | ember 22, 2021               |  |
| Fire Line - Hydrostatic Test |                   | John Jackson                             |   | Passed     |                   |                | Tuesdav. November 23. 2021 |     |                              |  |

| Sprinkler - Hydrostatic Test  | Craig Hill          | Partial                          | Friday, July 01, 2022    |  |  |  |  |  |  |  |
|---|---------------------|----------------------------------|--------------------------|--|--|--|--|--|--|--|
| Sprinkler - Flow Test   | Craig Hill          | Passed                           | Wednesday, July 13, 2022 |  |  |  |  |  |  |  |
| Alternate Protection System Inspection  | <b>s</b> Craig Hill | Passed                           | Friday, July 15, 2022    |  |  |  |  |  |  |  |
| Corrective Action Required:  Hood test passed. Confirm "In-service tag" on final inspection |                     |                                  |                          |  |  |  |  |  |  |  |
| Sprinkler - Hydrostatic Test  | Craig Hill          | Passed                           | Friday, July 01, 2022    |  |  |  |  |  |  |  |
|   |                     |                                  |                          |  |  |  |  |  |  |  |
| DATE OF REPORT  | INSPECTOR           | PREVENTION FOLLOW-U<br>REQUIRED? | P RESPONSIBLE SIGNATURE  |  |  |  |  |  |  |  |
| July 15, 2022   | Craig Hill          | ☐ Yes ☐ No                       |                          |  |  |  |  |  |  |  |