



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES

BUSINESS NAME	Kirse Chiropractic		
ADDRESS	1221 NE DOUGLAS ST, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	INTEGRAL CONSTRUCTION SERVICES, INC.:	TELEPHONE	(816) 246-5655
ADDRESS	303 SW MARKET LEES SUMMIT, MO 64063 Primary: (816) 246-5655 Cell: <NO CELL PHONE> RON WILLIAMS @ 807-3720		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2. IN FDM	
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#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20110034

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection

1st Inspection 4/4/11

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Not Ready	Monday, April 04, 2011
Corrective Action Required: 1 (1) INSTALL THE MISSING EXIT/COMBO EMERGENCY LIGHTING ABOVE THE ENRT DOOR. (2) MOUNT (1) FIRE EXTINGUISHER MINIMUM SIZE OF 2A-10BC CLOSE TO AN EXIT WITH THE TOP OF THE EXTINGUISHER NO HIGHER THAN 60' OFF THE FLOOR.			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
April 04, 2011	Joe Dir	<input type="checkbox"/> Yes <input type="checkbox"/> No	