

## FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1								
☐ CHANGES								
BUSINESS NAME	FURNITURE MA	LL OF MISSOUF	RI					
ADDRESS	900 NW BLUE	E PKWY, LEE	S SUMMIT, MO 6408	36				
OWNER/OPERATOR NAME	Furniture Mal	l of Missouri:		TELEPHON	E (7	785) 580-3119		
ADDRESS	1901 SW Wa Topeka, KS Primary: (785 Cell: <no ce<="" td=""><td>66604 ) 580-3119</td><td></td><td></td><td></td><td></td></no>	66604 ) 580-3119						
		EMERGENC'	Y CONTACT INFORI	MATION				
NAME	TELEPHONE							
1								
2.								
3.								
4.								
		LOSS	S REDUCTION TYPE					
☐ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler		Hazardous Material Permit		
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Post-Incident	☐ Open Burning		Other		
CLASS:	Мар#:	PFA#:	KNOX BOX:	KNOX LOCATION:		PERMIT #		
		LOSS RI	EDUCTION NARRAT	IVE				
☐ NO VIOLATIONS N	☐ NO VIOLATIONS NOTED ☐ ALL VIOLATIONS RESOLVED							
Last Inspection	1st Inspection	2nd	Inspection	Brd Inspection	4	th Inspection		
INSPECTION	INSPECTOR		OUTCOME	DATE				
Alarm Test	Craig Hill		Passed	Tuesday	Tuesday, September 06, 2022			
			m waterflow did not r	eport appropriately.	Have	alarm company		
Sprinkler - Hydrostatic	: <b>Test</b> Crai	g Hill	Not Requ	ired Tuesday	, Sept	tember 06, 2022		

Sprinkler - Flow Test	Craig Hill	Not Required Tuesd	ay, September 06, 2022
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
September 06, 2022	Craig Hill	☐ Yes ☐ No	