

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1		NOTIFICATIONS/CONTACT INFORMATION SECTION					
☐ CHANGES							
BUSINESS NAME	MA CA DOODLES						
ADDRESS	1499 SW MAF	1499 SW MARKET ST, LEES SUMMIT, MO 64081					
OWNER/OPERATOR	NAME Triple Oaks In	vestments LL	_C:	TELEPHONE			
ADDRESS	210 Northwes Bentonville, A Primary: Cell: (479) 87	R 72712					
		EMERGENC	Y CONTACT INFOR	MATION			
NAME	AME TELEPHONE						
1							
2.							
3.							
4.							
		LOS	S REDUCTION TYPE	Ē			
☐ Occupancy I	☐ Semi-Annual	☐ Annual	☐ Life Safety	Sprinkler	Hazardous Material Permit		
☐ Complaint	☐ Explosive Storage	UST	☐ Post-Incident	☐ Open Burning	Other		
CLASS:	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #		
		LOSS F	REDUCTION NARRAT	TIVE	,		
☐ NO VIOLATI	ONS NOTED		☐ ALL VI	OLATIONS RESOLV	/ED		
Last Inspection	1st Inspection	2nd	Inspection	3rd Inspection	4th Inspection		
INSPECTION	INSPE	INSPECTOR		DATE			
Alarm Test	Craiç	g Hill	Passed	Tuesday	, September 27, 2022		
Sprinkler - Hydr	ostatic Test Craiç	g Hill	Passed	Tuesday	, September 27, 2022		

Sprinkler - Flow Test	Craig Hill	Passed	Tuesday, September 27, 2022					
Occupancy Inspection - Fire	Craig Hill	Failed	Wednesday, September 28, 2022					
Corrective Action Required: 1 Hydraulic specs nee	ed to be on sprinkler system.							
Label sprinkler room	n door.							
Address back doors	6							
South and east exte	South and east exterior emergency illumination not installed							
Ok to stock with ap	Ok to stock with approval from cods.							
Sprinkler - Hydrostatic Test	Jim Eden	Passed	Tuesday, September 27, 2022					
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE					
September 28, 2022	Craig Hill	☐ Yes ☐ No						