LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT
LOSS REDUCTION PROGRAM

☐ CHANGES — NOTIFICATIONS/CONTACT INFORMATION SECTION — PAGE 1 of 1

BUSINESS NAME: MO' BETTAHS — TELEPHONE:
ADDRESS: 520 NW CHIPMAN ROAD — SUITE/UNIT: — CITY: LEES SUMMIT — STATE: MO — ZIP: 64086
OWNER/OPERATOR NAME: CRUS MARTA - SUPT. — TELEPHONE:
ADDRESS: — CITY: — STATE: — ZIP:

EMERGENCY CONTACT INFORMATION

NAME — TELEPHONE
1. PROVIDE EMERGENCY CONTACT LIST TO JIM.EDEN@CITYOFLS.NET
2.
3.
4. CONTRACTOR - COLE 469-390-7258

LOSS REDUCTION TYPE

☒ OCCUPANCY ☐ SEMI-ANNUAL ☐ ANNUAL ☐ LIFE SAFETY ☐ SPRINKLER ☐ HAZARDOUS MATERIALS PERMIT
☐ COMPLAINT ☐ EXPLOSIVE STORAGE ☐ UST ☐ POST-INCIDENT ☐ OPEN BURNING ☐ OTHER

CLASS:	BOX:	PFA#:	KNOX BOX:	KNOX LOCATION:
A2			—	—

☐ NO CORRECTIONS NOTED — LOSS REDUCTION NARRATIVE — ☐ ALL CORRECTIONS COMPLETED

LAST INSPECTION	1ST INSPECTION	2ND INSPECTION	3RD INSPECTION	4TH INSPECTION
	3/6/2023	3/7/2023		

OCCUPANCY INSPECTION - PRCOM 20220590

1) PROVIDE K-CLASS AT THE FRONT HOOD AND PROVIDE SIGNAGES WITH IT THAT DIRECTS EMPLOYEES TO THE PULL STATION FOR THE HOOD. MOVE ABC TYPE. - CORRECTED 3/7/2023
2) PROVIDE REMOTE ANNUNCIATORS FOR THE HVAC DUCT DETECTORS X2 CORRECTED 3/7/2023
OK TO STOCK WHEN APPROVED BY DEV. SERVICES.
3/7/2023
OK TO OPEN WHEN APPROVED BY DEV. SERVICES.

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
3/6/2023	JAMES EDEN ASST. CHIEF/FM 816-969-1303	☒ YES ☐ NO	

LSFD FORM M: FIRE FORMS: INSPQ1