



# LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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### ☐ CHANGES

BUSINESS NAME	SLEEP ONE		
ADDRESS	699 NW BLUE PKWY, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	SUMMIT NORTHRIDGE LLC:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	605 W 47TH ST STE 200 KANSAS CITY, MO 64112 Primary: DOUG Cell: 913-634-0073		

## 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: M	Map#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20111175

## LOSS REDUCTION NARRATIVE

### ☐ NO CORRECTIONS NOTED

### ☐ ALL CORRECTIONS COMPLETED

Last Inspection      1st Inspection 5/20/11      2nd Inspection      3rd Inspection      4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Passed	Friday, May 20, 2011
OK TO OCCUPY ONCE CLEARED THROUGH CODES ADMINISTRATION			
Sprinkler - Hydrostatic Test		Passed	Thursday, April 07, 2011
Sprinkler - Flow Test		Passed	Thursday, May 05, 2011
Alarm Test		Passed	Thursday, May 05, 2011

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
May 20, 2011	Joe Dir	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	