



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ CHANGES

BUSINESS NAME	EDWARD JONES BRANCH FACILITY		
ADDRESS	400 SW LONGVIEW BLVD, Unit:250, LEES SUMMIT, MO 64081		
OWNER/OPERATOR NAME	HOFFMAN CORTES CONTRACTING COMPANY:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	1600 BALTIMORE, STE 102 KANSAS CITY, MO 64108 Primary: <NO PRIMARY PHONE> Cell: <NO CELL PHONE> WILLIAM @ 918-7429		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. REQUESTED	_____
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#: 194E	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20111941

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection 1st Inspection 6/29/11 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Passed	Wednesday, June 29, 2011
ALL ALARM NOTIFICATION DEVICES INSTALLED IN SUITE 250 ACTIVATED AS DESIGNED UPON ALARM ACTIVATION.			
Occupancy Inspection - Fire	Joe Dir	Passed	Wednesday, June 29, 2011
OK TO OCCUPY ONCE CLEARED THROUGH CODES ADMINISTRATION			
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Tuesday, June 28, 2011
Sprinkler - Flow Test	Joe Dir	Not Required	Tuesday, June 28, 2011

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
June 29, 2011	Joe Dir	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	