



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

	NOTE	FICATIONS/C	ONTACT INFORMA	TION SECTION	PAGE 1		
☐ CHANGES							
BUSINESS NAME	LA FUENTE						
ADDRESS	1255 NE DOUGLAS ST, LEES SUMMIT, MO 64086						
OWNER/OPERATOR NAME	JIMMY MAC	CONSTRUC	TION LLC:	TELEPHON	E (816) 918-7812		
ADDRESS	1260 NW MAIN LEES SUMMIT, MO 64086 Primary: (816) 918-7812 Cell: <no cell="" phone=""> Jim @ 863-3276</no>						
		EMERGENC	Y CONTACT INFOR	MATION			
NAME							
1.							
2.							
3.							
4.							
		LOS	S REDUCTION TYPI	E			
⊠ Occupancy ☐ Sen	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler	Hazardous Material Permit		
☐ Complaint ☐ Exp	losive Storage	UST	☐ Post-Incident	☐ Open Burning	Other		
	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20100137		
		LOSS R	EDUCTION NARRA	TIVE			
☐ NO CORRECTIONS	S NOTED			ORRECTIONS COME	PLETED		
Last Inspection	1st Inspection 10	/11/11 2nd	Inspection	3rd Inspection	4th Inspection		
INSPECTION	INSF	PECTOR	OUTCOME	E DATE			
Sprinkler - Hydrostatio	<b>Test</b> Joe	Dir	Passed				
(2) on silence (3) main drain (4) obtain a k (5) post occu (6) post occu (7) provide ba (8)maintain 1	nkler room doo e command at n needs to be s (nox box and n pant load 244 pant load 22 fo ack flow test do 8" clearance b	the FACP both supported off to the supported off to the support above the support of the support	ne FDC approx 6' off	ground. ms			
Occupancy Inspection	- <b>Fire</b> Joe	Dir	Tempora	ary C of O Tuesday,	October 11, 2011		

Alarm Test	Joe Dir	Passed	Monday, October 10, 2011
Sprinkler - Flow Test	Joe Dir	Passed	Monday, October 10, 2011
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UF REQUIRED?	RESPONSIBLE SIGNATURE
October 11, 2011	Joe Dir	☐ Yes ☐ No	