



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ CHANGES

BUSINESS NAME	AT&T BACKUP GENERATOR		
ADDRESS	202 SE 3RD ST, LEES SUMMIT, MO 64063		
OWNER/OPERATOR NAME	SOUTHWESTERN BELL TELEPHONE:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	ONE SBC CENTER 36-M-1 ST LOUIS, MO 63101 Primary: <NO PRIMARY PHONE> Cell: <NO CELL PHONE> Jerry Celeste @ 816-536-3499		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1. _____	_____
2. _____	_____
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: UC	Map#: 195G	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20114797

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection 1st Inspection 11/15/11 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Tuesday, November 15, 2011
Corrective Action Required: 1 (1) place a NFPA placard on the fuel cell with the MSDS hazard rating of the fuel (2) identify the type of fuel being utilized with a label on the fuel cell "DIESEL"			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 15, 2011	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	