



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

	NOTIF	ICATIONS/C	ONTACT INFORMA	TION SECTION		PAGE 1	
☐ CHANGES							
BUSINESS NAME	TOSHIBA						
ADDRESS	2732 NE INDEPENDENCE AVE, LEES SUMMIT, MO 64064						
OWNER/OPERATOR NAME	CAPITAL CC	NSTRUCTIO	N SERVICES LLC:	TELEPI	HONE	(816) 875-0018	
ADDRESS	Primary: (816	IT, MO 64064					
		EMERGENC'	Y CONTACT INFOR	MATION			
NAME	TELEPHONE						
1.							
2							
3.							
4.							
		LOSS	S REDUCTION TYPE				
⊠ Occupancy □ Sen	ni-Annual	☐ Annual	☐ Life Safety	Sprinkler		Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	☐ UST	☐ Post-Incident	Open Burn	ing 🔲	Other	
	Map#: 175R	PFA#:	KNOX BOX:	KNOX LOCATIO	N:	PERMIT # PRCOM20114402	
		LOSS RI	EDUCTION NARRAT	TIVE			
□ NO CORRECTIONS NOTED □ ALL CORRECTIONS COMPLETED							
	1st Inspection 11/	21/11 2nd		3rd Inspection		4th Inspection	
INSPECTION	INSP	ECTOR	OUTCOME	DATE			
Occupancy Inspection	- Fire Joe	Dir	Passed	Mond	lay, No،	vember 21, 2011	
Alarm Test	Joe	Dir	Not Requ	uired Thurs	sday, No	ovember 17, 2011	
Sprinkler - Hydrostatic	Test Joe	Dir	Not Requ	uired Thurs	sday, No	ovember 17, 2011	
Sprinkler - Flow Test	Joe	Dir	Not Requ	uired Thurs	sday, No	ovember 17, 2011	

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 21, 2011	Joe Dir	□ Yes ⊠No	