



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

CHANGES

BUSINESS NAME	CARONDOLET HOME CARE		
ADDRESS	200 NE MISSOURI RD, Unit:303, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	INTERFINISH INC:	TELEPHONE	(913) 894-1161
ADDRESS	10651 LACKMAN RD LENEXA, KS 66219 Primary: (913) 894-1161 Cell: (913) 915-7171 Rick @ 913-244-1403		

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: B	Map#: 175Y	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20116244

LOSS REDUCTION NARRATIVE

NO CORRECTIONS NOTED

ALL CORRECTIONS COMPLETED

Last Inspection 1st Inspection 1/3/12 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Tuesday, January 03, 2012
Corrective Action Required:			
1	(1) install one alarm notification device in the conference room (test activation) (2) install eschution ring on sprinkler head in conferencu room (3) close up all 110v j boxes with extruding wiring.		
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Tuesday, January 03, 2012
Sprinkler - Flow Test	Joe Dir	Not Required	Tuesday, January 03, 2012

DATE OF REPORT

January 03, 2012

INSPECTOR

Joe Dir

PREVENTION FOLLOW-UP
REQUIRED?

Yes **No**

RESPONSIBLE SIGNATURE