



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ CHANGES

BUSINESS NAME	CONTINENTAL TITLE		
ADDRESS	40 NE SYCAMORE ST, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	CAPITAL CONSTRUCTION SERVICES LLC:	TELEPHONE	(816) 875-0018
ADDRESS	2642 NE HAGAN RD LEES SUMMIT, MO 64064 Primary: (816) 875-0018 Cell: (816) 918-2665		

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#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20116082

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection

1st Inspection 1/11/12

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Not Required	Wednesday, January 11, 2012
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Wednesday, January 11, 2012
Sprinkler - Flow Test	Joe Dir	Not Required	Wednesday, January 11, 2012
Occupancy Inspection - Fire	Joe Dir	Passed	Wednesday, January 11, 2012
Corrective Action Required: 1 Walled over rear door needs labeling on the exterior saying DOOR BLOCKED			

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
January 11, 2012	Joe Dir	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	