



Commonwealth of Kentucky
 FINANCE AND ADMINISTRATION CABINET
OFFICE OF THE CONTROLLER
 DIVISION OF STATE RISK AND INSURANCE SERVICES
 Mayo-Underwood Building
 500 Mero Street, 1st Floor
 Frankfort, Kentucky 40601
 (502) 564-6055

ANDY BESHEAR
 Governor

EDGAR C. ROSS
 Controller

HOLLY M. JOHNSON
 Secretary

SHERI B. WHISMAN
 Director

CORRECTIVE ACTION STATEMENT

I certify that I have taken corrective action to repair the identified deficiencies noted below:

Building Name: _____

Property ID Number: _____ **Inspection Report Date:** _____

Full description of deficiencies repaired:

Service Request Number: _____

A satisfactory test of repaired / replaced items was performed and found operating properly in accordance with its approved specifications, sequence of operations, and with NFPA 13 standards.

Signed: _____ Date Signed: _____

Printed Name: _____ Title: _____

Agency / Company: _____

Phone Number: (_____) _____ - _____

As an authorized representative of this facility, I acknowledge the repairs noted above have been made.

Signed: _____ Date Signed: _____

Printed Name: _____ Title: _____

Agency Name: _____

Address of Repair: _____ City: _____

Phone Number: (_____) _____ - _____

Please email the completed form to: Katherine.Hutcherson@ky.gov or Meagan.Hart@ky.gov

To be completed by contractor

To be completed by the state entity with deficiencies