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

HOLLY M. JOHNSON
Secretary

EDGAR C. ROSS
Controller

SHERI B. WHISMAN
Director

CORRECTIVE ACTION STATEMENT

I certify that I have taken corrective action to repair all deficiencies noted on the Fire Suppression System inspection reports:

Building Name: _____

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

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans, specifications, approved sequence of operations, and with all NFPA standards.

Signed: _____ Date Signed: _____

Printed Name: _____

Title: _____

Phone Number: (_____) _____ - _____

Agency Name: _____

Address of Repair: _____

City: _____ State: _____ Zip: _____

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