



Commonwealth of Kentucky  
 FINANCE AND ADMINISTRATION CABINET  
**OFFICE OF THE CONTROLLER**  
 DIVISION OF STATE RISK AND INSURANCE SERVICES  
 Mayo-Underwood Building  
 500 Mero Street, 1<sup>st</sup> 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 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: \_\_\_\_\_