



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

L. JOE MCDANIEL
Controller

HOLLY M. JOHNSON
Secretary

SHERI B. WHISMAN
Director

CORRECTIVE ACTION STATEMENT (Fire Suppression Systems)

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

Building Name: _____

State Risk Property ID: _____ Inspection Report Date: _____

Full description of deficiencies repaired:

Service Request Number: _____

A satisfactory test of the repaired/replaced items was performed and found operating properly with its approved specifications and sequence of the operations and with National Fire Protection Association (www.nfpa.org)

To be
completed
by
contractor

Signed: _____ Date Signed: _____

Printed Name: _____ Title: _____

Agency / Company: _____

Phone Number: (_____) _____ - _____

To be
completed by
the state
entity
with
deficiencies

Signed: _____ Date Signed: _____

Printed Name: _____ Title: _____

Agency Name: _____

Address of Repair: _____ City: _____

Phone Number: (_____) _____ - _____

Please email the completed form to: StateRiskSprinklerProgram@ky.gov.