



Commonwealth of Kentucky

FINANCE AND ADMINISTRATION CABINET

OFFICE OF THE CONTROLLER

ANDY BESHEAR
Governor

DIVISION OF STATE RISK AND INSURANCE SERVICES

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Controller

HOLLY M. JOHNSON
Secretary

Mayo-Underwood Building
500 Mero Street, 1st Floor
Frankfort, Kentucky 40601
(502) 564-6055

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:

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 National Prevention Association ([www, nfpa.org](http://www.nfpa.org)) standards.

Signed: _____ Date: _____

Printed Name and Title: _____

Phone Number: _____ Email: _____

Agency Name: _____

Address of Repair: _____

City: _____ State: _____ Zip Code: _____

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