



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:**

Work Order No.

Number of deficiencies corrected:

List of deficiencies corrected:

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:

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](mailto:StateRiskSprinklerProgram@ky.gov) or click the Email button