



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

L. JOE MCDANIEL
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:

State Risk Property ID #

Work Order No.

List of deficiencies corrected:

Inspection

Report Date:

Number 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 National Fire Prevention Association (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 or click the Email button