



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

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CHANGES

BUSINESS NAME	EMERGENT CARE PLUS - PRIMARY CARE SUITE		
ADDRESS	2741 NE MCBAIN DR, LEES SUMMIT, MO 64064		
OWNER/OPERATOR NAME	A L HUBER INC:	TELEPHONE	(913) 341-4880
ADDRESS	10770 EL MONTE OVERLAND PARK, KS 66211 Primary: (913) 341-4880 Cell: <NO CELL PHONE> Stuart @ 913-915-4236		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	_____
2.	_____
3.	_____
4.	_____

LOSS REDUCTION TYPE

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input checked="" type="checkbox"/> Other Alarm sys. test
CLASS: B	Map#: 175R	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20113727

LOSS REDUCTION NARRATIVE

NO CORRECTIONS NOTED

ALL CORRECTIONS COMPLETED

Last Inspection 1st Inspection 3/27/12 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Passed	Tuesday, March 27, 2012
Occupancy Inspection - Fire	Joe Dir	Passed	Tuesday, March 27, 2012

Corrective Action Required:

1 Occupancy inspection, PRCOM20113727
A copy of the elevator certification test to be obtained after completion by state inspectors.

OK to occupy once cleared through codes administration

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
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March 27, 2012

Joe Dir

Yes

No