



# LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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**CHANGES**

|                            |   |                  |                |
|----------------------------|---|------------------|----------------|
| <b>BUSINESS NAME</b>       | SAINT LUKES EAST CARDIAC REHAB  |                  |                |
| <b>ADDRESS</b>             | 20 NE SAINT LUKES BLVD, Unit:100, LEES SUMMIT, MO 64086   |                  |                |
| <b>OWNER/OPERATOR NAME</b> | J E DUNN CONSTRUCTION:  | <b>TELEPHONE</b> | (816) 474-8600 |
| <b>ADDRESS</b>             | 1001 LOCUST<br>KANSAS CITY, MO 64106<br>Primary: (816) 474-8600<br>Cell: <NO CELL PHONE> Keith @ 215-4113 |                  |                |

### 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 type="checkbox"/> Other                     |
| <b>CLASS:</b><br>B                            | <b>Map#:</b><br>175X                       | <b>PFA#:</b>                    | <b>KNOX BOX:</b>                       | <b>KNOX LOCATION:</b>                 | <b>PERMIT #</b><br>PRCOM20120186                   |

### LOSS REDUCTION NARRATIVE

**NO CORRECTIONS NOTED**

**ALL CORRECTIONS COMPLETED**

Last Inspection                      1st Inspection 3/28/12                      2nd Inspection                      3rd Inspection                      4th Inspection

| INSPECTION   | INSPECTOR | OUTCOME      | DATE                      |
|--|-----------|--------------|---------------------------|
| <b>Occupancy Inspection - Fire</b>   | Joe Dir   | Passed       | Wednesday, March 28, 2012 |
| Cardiac Rehab equipment room / Phase - 2A, OK to occupy once cleared through codes administration. |           |              |                           |
| <b>Alarm Test</b>  | Joe Dir   | Not Required | Wednesday, March 28, 2012 |
| <b>Sprinkler - Hydrostatic Test</b>  | Joe Dir   | Not Required | Wednesday, March 28, 2012 |
| <b>Sprinkler - Flow Test</b>   | Joe Dir   | Not Required | Wednesday, March 28, 2012 |

DATE OF REPORT

March 28, 2012

INSPECTOR

Joe Dir

PREVENTION FOLLOW-UP  
REQUIRED?

Yes  No

RESPONSIBLE SIGNATURE