



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



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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### ☐ CHANGES

BUSINESS NAME	SAINT LUKES EAST SURGICENTER		
ADDRESS	120 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	MCCOWN GORDON CONSTRUCTION:	TELEPHONE	(816) 960-1111
ADDRESS	422 ADMIRAL BLVD SUITE 100 KANSAS CITY, MO 64106--1560 Primary: (816) 960-1111 Cell: <NO CELL PHONE>		

## 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
CLASS: I-1	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # phase 1 of 3 PRCOM20120184

## LOSS REDUCTION NARRATIVE

### ☐ NO VIOLATIONS NOTED

### ☐ ALL VIOLATIONS RESOLVED

Last Inspection

1st Inspection 8/23/12

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Occupancy Inspection - Fire</b>	Joe Dir	Temporary C of O	Thursday, August 23, 2012
Corrective Action Required: OK TO SET_UP AREA ONLY - NO PATIENTS			
1	<ul style="list-style-type: none"><li>-uncover all sprinkler heads throughout phased areas</li><li>- label sprinkler system valves in stairway, 1st and 2nd floors</li><li>-permanent room labeling</li><li>- med-gas line certification test</li><li>-label all med-gas valving as to area served</li><li>- test all exit lights room/corridor lighting, outlets with generator power</li><li>- test the 1st floor stairway flow alarm</li></ul>		
<b>Alarm Test</b>	Joe Dir	Partial	Wednesday, August 22, 2012
<b>Sprinkler - Hydrostatic Test</b>	Joe Dir	Passed	Wednesday, August 22, 2012

**Alarm Test**

Joe Dir

Partial

Wednesday, August 22, 2012

DATE OF REPORT

August 23, 2012

INSPECTOR

Joe Dir

PREVENTION FOLLOW-UP  
REQUIRED?

☒ **Yes**    ☐ **No**

RESPONSIBLE SIGNATURE