



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 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: B	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20120184

LOSS REDUCTION NARRATIVE

☐ NO VIOLATIONS NOTED

☐ ALL VIOLATIONS RESOLVED

Last Inspection

1st Inspection

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Friday, November 30, 2012
Corrective Action Required: 8/23/12			
1	<ul style="list-style-type: none">-uncover all sprinkler heads throughout phased areas- label sprinkler system valves in stairway, 1st and 2nd floors-permanent room labeling- med-gas line certification test-label all med-gas valving as to area served- test all exit lights room/corridor lighting, outlets with generator power- test the 1st floor stairway flow alarm		
Corrective Action Required:			
2	11/30/12, Phase-2A PRCOM20110184 1st floor		
	<ul style="list-style-type: none">-remove all dust covers from smoke detectors- certify all medgas lines-label all areas with suite designation from the corridor- verify generator power to outlets and light switches		

Alarm Test Joe Dir Partial Wednesday, August 22, 2012

Sprinkler - Hydrostatic Test Joe Dir Passed Wednesday, August 22, 2012

Sprinkler - Flow Test Joe Dir Not Required Monday, November 19, 2012

Occupancy Inspection - Fire Joe Dir Temporary C of O Thursday, August 23, 2012

Corrective Action Required: PHSASE-1

- 1
- uncover all sprinkler heads throughout phased areas
 - label sprinkler system valves in stairway, 1st and 2nd floors
 - permanent room labeling
 - med-gas line certification test
 - label all med-gas valving as to area served
 - test all exit lights room/corridor lighting, outlets with generator power
 - test the 1st floor stairway flow alarm

Alarm Test Joe Dir Partial Wednesday, August 22, 2012

Alarm Test Joe Dir Passed Tuesday, November 20, 2012

Occupancy Inspection - Fire Joe Dir Temporary C of O Wednesday, August 29, 2012

Corrective Action Required:

- 1
- uncover all sprinkler heads throughout phased areas
 - label sprinkler system valves in stairway, 1st and 2nd floors
 - permanent room labeling
 - med-gas line certification test
 - label all med-gas valving as to area served
 - test all exit lights room/corridor lighting, outlets with generator power
 - test the 1st floor stairway flow alarm

DATE OF REPORT

November 30, 2012

INSPECTOR

Joe Dir

PREVENTION FOLLOW-UP
REQUIRED?

☒ Yes ☐ No

RESPONSIBLE SIGNATURE