



MISSOURI DIVISION OF FIRE SAFETY
ELEVATOR SAFETY UNIT

P.O. BOX 844
JEFFERSON CITY, MO 65102
573-751-2930 FAX: 573-526-5971

APPLICATION/INSPECTION

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

File: PRCON 20121257

☒ INSPECTION		☐ VARIANCE		DATE 12/13/12	STATE ID 21336
OWNER NAME St. Lukes		OWNER ADDRESS 110 100 NE ST. Lukes Blvd.		OWNER CITY, STATE, ZIP Lees Summit Mo 64086	
BILLING NAME (IF DIFFERENT FROM OWNER)		BILLING ADDRESS		BILLING CITY, STATE, ZIP	
LOCATION NAME		LOCATION ADDRESS		LOCATION CITY, STATE, ZIP	
LOCATION COUNTY Jackson		LOCATION PHONE 816-347-5000		NUMBER OF UNITS AT LOCATION 15	
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
☒ NEW INSTALLATION	☒ PASSENGER-TRACTION	☐ OFFICE/GOVT BUILDING			
☐ ALTERATION	☐ PASSENGER-HYDRAULIC	☒ HOSPITAL/INSTITUTIONAL			
☐ MAJOR ALTERATION	☐ PASSENGER-ROPED HYDRAULIC	☐ CHURCH/RELIGIOUS			
☐ INITIAL INSPECTION	☐ FREIGHT-TRACTION	☐ COMMERCIAL/INDUSTRIAL			
☐ ANNUAL INSPECTION	☐ FREIGHT-HYDRAULIC	☐ RETAIL			
☐ TEMPORARY CERTIFICATE INSP	☐ FREIGHT-ROPED HYDRAULIC	☐ SCHOOL/LIBRARY/EDUCATIONAL			
☐ REINSPECTION	☐ DUMBWAITER	☐ PARKING GARAGE			
☐ 5-YR TEST	☐ ESCALATOR	☐ MULTI/FAMILY RESIDENCE			
☐ OTHER	☐ MANLIFT	☐ MOTEL/HOTEL			
☐ SPECIAL	☐ STAIRWAY LIFT	☐ BANK			
	☐ MATERIAL LIFT	☐ NURSING/RETIREMENT HOME			
	☐ MOVING SIDEWALK	☐ OTHER			
	☐ OTHER				
MANUFACTURER Kone		DATE INSTALLED 2012	SERIAL NUMBER 20344716	CAPACITY 3500	SPEED 150
NUMBER OF LANDINGS 2	NO. OF OPENINGS (FRONT/REAR) 2	SPECIFIC LOCATION IN BUILDING OR ID Surg ctr #1		DATE OF 5-YEAR TEST	DATE OF LAST TEST
RELIEF VALVE PRESSURE	SLIDE 16"	GOV ROPE PULLOUT/PULL THRU 190		DOOR CLOSING FORCE 15	
DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE) NO violations OK to use					COMPLIANCE DATE
WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED					
SIGNATURE OF CONTACT PERSON AT LOCATION X [Signature]			INSPECTOR SIGNATURE [Signature]		
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION X Adam W. [Name] Superintendent			INSPECTOR STATE ID # 237		