LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT
LOSS REDUCTION PROGRAM

NOTIFICATIONS/CONTACT INFORMATION SECTION

☐ **CHANGES**

BUSINESS NAME	HEARTLAND DENTAL CARE		
ADDRESS	691 NW BLUE PKWY, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	GRUNLOH BUILDING INC:	**TELEPHONE**	(217) 342-2221
ADDRESS	901 NORTH SECOND ST EFFINGHAM, IL 62401 Primary: (217) 342-2221 Cell: (217) 254-2221		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

☐ Occupancy ☐ Semi-Annual ☐ Annual ☐ Life Safety ☐ Sprinkler ☐ Hazardous Material Permit

☐ Complaint ☐ Explosive Storage ☐ UST ☐ Post-Incident ☐ Open Burning ☐ Other

CLASS:	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
B	195A				

LOSS REDUCTION NARRATIVE

☐ **NO VIOLATIONS NOTED** ☐ **ALL VIOLATIONS RESOLVED**

Last Inspection 1st Inspection 2nd Inspection 3rd Inspection 4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Passed	Friday, October 21, 2011
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Friday, October 21, 2011
Sprinkler - Flow Test	Joe Dir	Not Required	Friday, October 21, 2011
Occupancy Inspection - Fire	Joe Dir	Not Ready	Tuesday, September 27, 2011

Corrective Action Required:

1 Med -Gas room sould comply with the guidelines set in IFC 2006 3006.2.1-2.2 one hour interior and exterior rooms

The amounts of oxidizing gases allowed in the closet shall not exceed 504 cubic feet at NTP.

Piping for the med gases shall be labeled by stenciling or adhesive markers, labels shall show the name of the gas/vaccum system or the chemical symbol,pipe labels shall be located as follows:
(1) at intervalsof not more than 20 ft.
(2) at least once in or above every room
(3) on both sides of walls or partitions penetrated by the piping
(4) At least once in every story height transversed by risers
Shut-off valves shall be identified as follows:
(1) the name or symbol of the chemical for the system
(2) the name and rooms or areas served
(3) a caution to not close (or open) the valve except in an emergency

Locations containing med-gases other than oxygen or med-air shall have their doors labeled. CAUTION, Med Gases, NO Smoking or open flame, Room may have insufficient oxygen, open door and allow room to ventilatre before entering.

In the Med Gas closet uncover the sprinkler head and install the sprinkler eschution ring.

In the Med -Gas closet seal all penetrations within the closet arond ducts, gas piping etc.

Med Gas closet install hardware on the door to allow the door to be self closing.

On or arond the fron and rear entrances in to 691 suite display a NFPA 704 placard indicating the MSDS hazards of the med gases present.

Check throughout suite and install missing sprinkler head eschution rings as needed.

Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Friday, October 21, 2011
Occupancy Inspection - Fire	Joe Dir	Passed	Tuesday, October 25, 2011

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
June 21, 2013	Michael Weisenborn	☐ **Yes** ☐ **No**	