



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



## NOTIFICATIONS/CONTACT INFORMATION SECTION

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CHANGES

<b>BUSINESS NAME</b>	ROCKHILL ORTHOPAEDICS		
<b>ADDRESS</b>	120 NE SAINT LUKES BLVD, Unit:200, LEES SUMMIT, MO 64086		
<b>OWNER/OPERATOR NAME</b>	MCCOWN GORDON CONSTRUCTION:	<b>TELEPHONE</b>	(816) 960-1111
<b>ADDRESS</b>	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
<b>CLASS:</b> B	<b>Map#:</b> 175X	<b>PFA#:</b>	<b>KNOX BOX:</b>	<b>KNOX LOCATION:</b>	<b>PERMIT #</b> PRCOM20121479

### LOSS REDUCTION NARRATIVE

NO VIOLATIONS NOTED

ALL VIOLATIONS RESOLVED

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

INSPECTION	INSPECTOR	OUTCOME	DATE
<b>Occupancy Inspection - Fire</b>	Joe Dir	Temporary C of O	Tuesday, November 27, 2012
Corrective Action Required:			
1 -extend sprinkler coverage into the transitional areas: Exam 2E131, 2E64 -addressing off the corridors			
<b>Alarm Test</b>	Joe Dir	Passed	Monday, November 26, 2012
<b>DATE OF REPORT</b>	<b>INSPECTOR</b>	<b>PREVENTION FOLLOW-UP REQUIRED?</b>	<b>RESPONSIBLE SIGNATURE</b>
November 27, 2012	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	