

Alarm Test

Joe Dir



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

	NOTIFICATIONS/	CONTACT INFORMA	ATION SECTION	PAGE 1	
☐ CHANGES					
BUSINESS NAME	ROCKHILL ORTHOPAEDICS				
ADDRESS	120 NE SAINT LUKES BLVD, Unit:200, LEES SUMMIT, MO 64086				
OWNER/OPERATOR NAM	E MCCOWN GORDON CO	ONSTRUCTION:	TELEPHON	E (816) 960-1111	
ADDRESS	422 ADMIRAL BLVD SU KANSAS CITY, MO 641 Primary: (816) 960-1111 Cell: <no cell="" phone<="" td=""><td>061560</td><td></td><td></td></no>	061560			
	EMERGEN	CY CONTACT INFOR	RMATION		
NAME	TELEPHONE				
1.					
2.					
3.					
4.					
	LO	SS REDUCTION TYP	E		
⊠ Occupancy □ Se	emi-Annual 🔲 Annua	I ☐ Life Safety	Sprinkler	Hazardous Material Permit	
☐ Complaint ☐ Ex	plosive Storage UST	☐ Post-Incident	☐ Open Burning	Other	
CLASS: B	Map#: PFA#: 175X	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20121479	
	LOSS	REDUCTION NARRA	TIVE		
☐ NO VIOLATIONS	NOTED	□ ALL VI	OLATIONS RESOLV	/ED	
Last Inspection		d Inspection	3rd Inspection	4th Inspection	
INSPECTION	INSPECTOR	OUTCOM	E DATE		
Occupancy Inspection			ary C of O Monday,	January 14, 2013	
-addressing Corrective Action Requ 2 PHASE 2B -cast room -secure all of remove all	nkler coverage into the trans off the corridors	eschution installed ation area s and debris from roon	ns and corridors		

Passed

Monday, November 26, 2012

Sprinkler - Hydrostatic Test	Joe Dir	Passed	Friday, January 04, 2013			
Sprinkler - Flow Test	Joe Dir	Passed	Friday, January 04, 2013			
Occupancy Inspection - Fire						
Alarm Test	Joe Dir	Passed	Friday, January 04, 2013			
Occupancy Inspection - Fire Joe Dir Temporary C of O Monday, January 07, 2013 Corrective Action Required: 1 -extend sprinkler coverage into the transitional areas: Exam 2E131, 2E64 -addressing off the corridors						
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UI REQUIRED?	P RESPONSIBLE SIGNATURE			
January 14, 2013	Joe Dir	⊠Yes □ No				