



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES								
BUSINESS NAME	EMERGENT CARE PLUS - PRIMARY CARE SUITE							
ADDRESS	2741 NE MCBAINE DR, LEES SUMMIT, MO 64064							
OWNER/OPERATOR NAME	A L HUBER INC:				TELE	PHONE	(913) 341-4880	
ADDRESS	10770 EL MONTE OVERLAND PARK, KS 66211 Primary: (913) 341-4880 Cell: <no cell="" phone=""></no>							
		EMERGENC	Y CONT	ACT INFOR	RMATION			
NAME	AME TELEPHONE							
1								
2.								
3.								
4.								
		LOS	S REDUC	TION TYP	E			
☑ Occupancy ☐ Semi-Annual		☐ Annual ☐ Life		Safety			Hazardous Material Permit	
☐ Complaint ☐ Exp	losive Storage	□ UST	☐ Post	-Incident	☐ Open Bu	rning 🔲	Other	
CLASS:	Map#: 175R	PFA#:	KNOX B	OX:	KNOX LOCAT	ION:	PERMIT # PRCOM20113727	
		LOSS R	EDUCTIO	N NARRA	TIVE			
□ NO CORRECTIONS NOTED □ ALL CORRECTIONS COMPLETED							TED	
Last Inspection	1st Inspection 3/2	7/12 2nd	Inspection		3rd Inspection		4th Inspection	
INSPECTION	INICD	FOTOD		OUTCOM	E DA1	·-		
Alarm Test	INSPECTOR Joe Dir						day, March 27, 2012	
Alaini 1030		5 11		1 00000	1 40	ocacy, ivid		
DATE OF REPORT	REPORT INSPECTOR			PREVENTION FOLLOW-UP REQUIRED?		RESPO	DNSIBLE SIGNATURE	
March 27, 2012	Joe Dir			□ Yes	П №			