



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM

	NOTI	FICATIONS/C	CONTACT	INFORMA	TION SEC	TION		PAGE 1
☐ CHANGES								
BUSINESS NAME	SAINT LUKES EAST IT / ADMITTING REMODEL							
ADDRESS	100 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086							
OWNER/OPERATOR NAME	J E DUNN C 1001 LOCU KANSAS CI Primary: (81 Cell: <no c<="" td=""><td></td><td></td><td>TELEPHONE</td><td>3)</td><td>316) 474-8600</td></no>			TELEPHONE	3)	316) 474-8600		
	Cell. VIVO C			CT INFOR	MATION			
NAME	EMERGENCY CONTACT INFORMATION TELEPHONE							
1. Keith- 215-4113								
2. PRCOM20116335	5							
3.								
4.								
		LOS	S REDUC	TION TYPE				
☐ Occupancy ☐ Sem	ni-Annual	☐ Annual				nkler		Hazardous Material
			<u> </u>				Permit Other	
	Map#:	e ☐ UST _{PFA#:}	KNOX BO			n Burning OCATION:	_,	PERMIT#
	175X							
		LOSS R	EDUCTIO	N NARRA	ΓIVE			
☐ NO CORRECTIONS	SNOTED		Γ	Пан со	RRECTIO	NS COMPI	FT	FD
			2nd Inspection 3rd Inspection					
INSPECTION	INS	PECTOR		OUTCOME	<u> </u>	DATE		
Alarm Test	Joe	Dir		Partial		Thursday,	Ma	rch 08, 2012
Sprinkler - Hydrostatic	Test Joe	Dir		Not Requ	uired	Thursday.	Mai	rch 08, 2012
				- 7		y ,		•
Sprinkler - Flow Test Jo		Joe Dir		Not Required		Thursday, March		rch 08 2012
	200					· · · · · · · · · · · · · · · · · · ·		, · -
Occupancy Inspection	- Fire Bria	an Austerman		Tempora	ry C of O	Wednesda	ay, N	March 14, 2012
Corrective Action Require	ed:	oy codes admi	nistration	•			-	

DATE OF REPORT	HNSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
March 14, 2012	Brian Austerman	☐ Yes ☐ No	