

## City of Lee's Summit

123 Main Street  
City of Greater CityView, ST  
123567  
Ph (555) 555 - 5555  
Fax (555) 555 - 5555

### ☐ CHANGES

BUSINESS NAME	SAINT LUKES EAST - SURGICENTER ADDITION		
ADDRESS	120 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	MCCOWN GORDON	TELEPHONE	(816) 960-1111
ADDRESS	422 ADMIRAL BLVD SUITE 100 KANSAS CITY, MO 64106--1560 Primary: (816) 960-1111 Cell: <NO CELL PHONE>		

### EMERGENCY CONTACT INFORMATION

NAME	1.	
	2.	
	3.	
	4.	

### LOSS REDUCTION TYPE

<input type="checkbox"/> Occup	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life S	<input type="checkbox"/> Sprink	<input type="checkbox"/> Hazardous Material
<input type="checkbox"/> Comp	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-I	<input type="checkbox"/> Open	<input type="checkbox"/> Other
CLASS: I-2	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMI #

### LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

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

INSPECTIONINSPECTOROUTCOMEDATE

**Sprinkler - Flow Test**Joe DirPartialTuesday, June 05, 2012

**Alarm Test**Joe DirPartialTuesday, June 05, 2012

**Sprinkler - Hydrostatic Test**Joe DirPartialThursday, May 24, 2012

**Sprinkler - Hydrostatic Test**Joe DirPassedTuesday, May 29, 2012

DATE OF REPORT

June 05, 2012

INSPECTOR

Joe Dir

PREVENTION FOLLOW-UP  
REQUIRED?

☐

**Yes**

☐

**No**

RESPONSIBLE SIGNATURE