



CHANGES

BUSINESS NAME	TRUMAN MEDICAL CENTER		
ADDRESS	300 SE 2ND ST, LEES SUMMIT, MO 64063		
OWNER/OPERATOR NAME	NEIGHBORS PROPERTY MANAGEMENT LLC:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	1701 NE DOUGLAS ST LEES SUMMIT, MO 64086 Primary: <NO PRIMARY PHONE> 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
CLASS: B	Map#: 195G	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20131266

LOSS REDUCTION NARRATIVE

NO VIOLATIONS NOTED

ALL VIOLATIONS RESOLVED

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

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Tuesday, July 23, 2013
Corrective Action Required:			
1 - move the exits signs from corridors to locations listed (1) move to the inside of kitchen area door (2) move to above the stairway door - install a self closure on the kitchen egress door			
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
July 23, 2013	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	