

☐ **CHANGES**

BUSINESS NAME	OMEGA HOSPICE		
ADDRESS	3680 NE AKIN DR, Unit:140, LEES SUMMIT, MO 64064		
OWNER/OPERATOR NAME	PHOENIX CONSTRUCTION, INC:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	1305 HOLLY CT LIBERTY, MO 64068 Primary: <NO PRIMARY PHONE> Cell: (816) 200-8015		
	Dave @ 816-918-0858		

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#: 175H	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20131076

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	Wednesday, August 28, 2013
Corrective Action Required: 1 -post the numeric address on all front and rear doors leading into occupant space to be the same - 140 - add alarm notification to the occupant space - label the rear door on the exterior which has been walled over to say " this door blocked" - key for sprinkler room access to be placed in the knox box			
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Tuesday, August 27, 2013
Sprinkler - Flow Test	Joe Dir	Not Required	Tuesday, August 27, 2013

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
August 28, 2013	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	