

☐ **CHANGES**

BUSINESS NAME	SUMMIT GASTROENTEROLOGY		
ADDRESS	110 NE SAINT LUKES BLVD, Unit:530, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	MCCOWN GORDON CONSTRUCTION:	TELEPHONE	(816) 877-0626
ADDRESS	422 ADMIRAL BLVD SUITE 100 KANSAS CITY, MO 64106- Primary: (816) 877-0626 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#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20130766

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	Thursday, September 26, 2013
Corrective Action Required: 1 - address all doors from the corridor leading into the suite - suite needs generator test - air handler shut-down test			
Alarm Test	Joe Dir	Passed	Wednesday, September 25, 2013
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Thursday, September 12, 2013
Sprinkler - Flow Test	Joe Dir	Not Required	Thursday, September 12, 2013

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
September 26, 2013	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	