

☐ **CHANGES**

BUSINESS NAME	SAINT LUKES EAST - FIFTH FLOOR MEDICAL ONCOLOGY		
ADDRESS	110 NE SAINT LUKES BLVD, Unit:520, LEES SUMMIT, MO 64086110 NE SAINT LUKES BLVD, Unit:500, 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 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 checked="" type="checkbox"/> Other alarm system
CLASS: B	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20130446

LOSS REDUCTION NARRATIVE

☐ **NO VIOLATIONS NOTED**

☐ **ALL VIOLATIONS RESOLVED**

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

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Joe Dir	Passed	Friday, October 04, 2013
alarm activation shall override all elec hold open, auto open devices, card reader mag locks			
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
October 04, 2013	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	