

☐ **CHANGES**

BUSINESS NAME	LEES SUMMIT MEDICAL CENTER - ENT AND TIMESHARE SUITE		
ADDRESS	2000 SE BLUE PKWY, LEES SUMMIT, MO 64063		
OWNER/OPERATOR NAME	LYTLE CONSTRUCTION, INC.:	TELEPHONE	(816) 524-7275
ADDRESS	1100 SE HAMBLER RD LEES SUMMIT, MO 64081 Primary: (816) 524-7275 Cell: (816) 835-6777		

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#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20132246

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	Monday, November 25, 2013
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Friday, November 22, 2013
Sprinkler - Flow Test	Joe Dir	Not Required	Friday, November 22, 2013
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Monday, November 25, 2013
Corrective Action Required: 1 need a confirmation letter from the hospital and or the contrator that all of the generator powered outlets, switches, exit lights do receive power and function with the generator operation			

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
November 25, 2013	Joe Dir	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	