

☐ **CHANGES**

BUSINESS NAME	LEES SUMMIT MEDICAL CENTER VASCULAR LAB		
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#: 196K	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20132462

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	Thursday, March 27, 2014
Sprinkler - Hydrostatic Test	Joe Dir	Not Required	Tuesday, April 01, 2014
Sprinkler - Flow Test	Joe Dir	Not Required	Tuesday, April 01, 2014
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Tuesday, April 01, 2014
Corrective Action Required: 1 - Documentation of med gas lines passed pressure testing - Documentation that all designated exit lights, emergency lighting, outlets have power under generator. - address the suite permanently from corridor			

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
April 01, 2014	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	