

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES									
BUSINESS NAME	LEES SU	IMMIT M	IEDICAL CENT	ER					
ADDRESS	2000 SI	E BLU	E PKWY, LE	ES SUMMI	T, MO 640	063			
OWNER/OPERATOR N	IAME LYTLE	CONS	STRUCTION	I, INC.:			TELEPHONI	Ε	(816) 524-7275
			IBLEN RD	, -					(, -
ADDRESS			T, MO 640	81					
	Cell: (8) 524-7275 5-6777						
			EMERGENO	CV CONTA	CT INEOD	MATION			
NAME			EWIERGEN	CONTA		TELEPHONE			
1.						TELEPHONE			
2.									
3.									
4.									
			LOS	SS REDUCT	ION TYP	E			
⊠ Occupancy □	Semi-Annua	I	☐ Annual	☐ Life S	afety	☐ Spri	nkler		Hazardous Material Permit
☐ Complaint ☐	Explosive St	orage	UST	Post-l	ncident	□ Оре	n Burning		Other
CLASS: B	Map#:		PFA#:	KNOX BC	X:	KNOX L	OCATION:		PERMIT # PRCOM20131760
	1		LOSS F	REDUCTIO	N NARRA	TIVE			,
☐ NO VIOLATIO	NG NOTED			г		OLATIONS	PESOLV	ED	
Last Inspection	1st Inspec	tion	2nd	d Inspection	I ALL VI	3rd Inspection			4th Inspection
INSPECTION		INSPI	ECTOR		OUTCOM	F	DATE		
Alarm Test		Joe [Passed	_		, Ma	arch 27, 2014
							•		
Occupancy Inspe	ction - Fire	Joe [Dir		Tempora	ary C of O	Friday. M	arcl	n 28. 2014
,						,	3 ,		-, -
Occupancy Inspec	ction - Fire	Joe [Dir		Tempora	ary C of O	Monday,	Apri	l 07, 2014
Corrective Action R	equired:				·	•	•	•	
1 - submit	med-gas test generator test		s for emera	power to su	ite				
			- 31						

PREVENTION FOLLOW-UP

REQUIRED?

RESPONSIBLE SIGNATURE

DATE OF REPORT

INSPECTOR

April 07, 2014 Joe Dir 🗵 Yes 🗖 No
