

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

□ CHANGES

BUSINESS NAME	SAINT LUKE'S EAST HOSPITAL			
ADDRESS	100 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086			
OWNER/OPERATOR NAME	JE DUNN CONSTRUCTION: TELEPHONE (816) 474-8600			
ADDRESS	1001 LOCUST KANSAS CITY, MO 64106 Primary: (816) 474-8600 Cell: <no cell="" phone=""></no>			

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

Cccupancy	Ser	ni-Annual	Annual	Life Safety	Sprinkler	Hazardous Material Permit
Complaint	🗖 Exp	olosive Storage	🔲 UST	Post-Incident	Open Burning	Other
CLASS:		Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
MIX		175X				PRCOM20140090

LOSS REDUCTION NARRATIVE

I NO VIOLATIONS N	OTED	□ ALL VIOLATIONS RESOLVED			
Last Inspection	1st Inspection	2nd Inspection	3rd Inspection	on 4th Inspection	
INSPECTION	INSPECTOR		OUTCOME	DATE	
Occupancy Inspection Corrective Action Require 1 -identify all ho - hood-3 pass - in-service ta	ed: ods and pull stations the trip test		Temporary C of O	Monday, June 16, 2014	
Alarm Test	Joe Dir		Passed	Friday, June 13, 2014	
Sprinkler - Hydrostatic	Test Joe Dir		Not Required	Friday, June 13, 2014	

Sprinkler - Flow Test	Joe Dir	Not Required	Friday	, June 13, 2014
Alternate Protection Systems	s Joe Dir	Failed	Friday	, June 13, 2014
DATE OF REPORT		PREVENTION FOLLOW-UI REQUIRED?		RESPONSIBLE SIGNATURE
June 16, 2014	Joe Dir	⊠Yes □ No		