File: PACOM2016-1180

MISSOURI DIVISION OF FIRE SAFETY
ELEVATOR SAFETY UNIT
P.O. BOX 844
JEFFERSON CITY, MO 65102
573-751-2930 FAX: 573-526-5971

APPLICATION/INSPECTION

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

☒ INSPECTION ☐ VARIANCE | DATE: 1/3/18 | STATE ID: 23440

OWNER NAME	OWNER ADDRESS	OWNER CITY, STATE, ZIP
John Knox Village	1751 NW Chipman Rd. Lee's Summit Mo. 64081	
BILLING NAME (IF DIFFERENT FROM OWNER)	**BILLING ADDRESS**	**BILLING CITY, STATE, ZIP**
LOCATION NAME	**LOCATION ADDRESS**	**LOCATION CITY, STATE, ZIP**
	520 NW. Shipman Circle	
LOCATION COUNTY	**LOCATION PHONE**	**NUMBER OF UNITS AT LOCATION**
Jackson		2

ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
X	NEW INSTALLATION		PASSENGER-TRACTION		OFFICE/GOVT BUILDING
	ALTERATION	X	PASSENGER-HYDRAULIC		HOSPITAL/INSTITUTIONAL
	MAJOR ALTERATION		PASSENGER-ROPED HYDRAULIC		CHURCH/RELIGIOUS
	INITIAL INSPECTION		FREIGHT-TRACTION		COMMERCIAL/INDUSTRIAL
	ANNUAL INSPECTION		FREIGHT-HYDRAULIC		RETAIL
	TEMPORARY CERTIFICATE INSP		FREIGHT-ROPED HYDRAULIC		SCHOOL/LIBRARY/EDUCATIONAL
	REINSPECTION		DUMBWAITER		PARKING GARAGE
	5-YR TEST		ESCALATOR		MULTI/FAMILY RESIDENCE
	OTHER		MANLIFT		MOTEL/HOTEL
	SPECIAL		STAIRWAY LIFT		BANK
	Empty un1170 Hyd16		MATERIAL LIFT	X	NURSING/RETIREMENT HOME
			MOVING SIDEWALK		OTHER
	Empty PSI220		OTHER		

MANUFACTURER	DATE INSTALLED	SERIAL NUMBER	CAPACITY	SPEED
Thyssen Krupp	2017	EED01370	3500	150

NUMBER OF LANDINGS	NO. OF OPENINGS (FRONT/REAR)	SPECIFIC LOCATION IN BUILDING OR ID	DATE OF 5-YEAR TEST	DATE OF LAST TEST
5	5	Elev. #4	—	—

RELIEF VALVE PRESSURE	SLIDE	GOV ROPE PULLOUT/PULL THRU	DOOR CLOSING FORCE
500	—	—	20

DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)	COMPLIANCE DATE
NO Violations	Dave Sucduth #179

FL up 164 FPM
FL DN 170 FPM
FL PSI 360

Arrived 2:00 pm
Leave 4:30 pm

WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED

SIGNATURE OF CONTACT PERSON AT LOCATION	INSPECTOR SIGNATURE
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION	**INSPECTOR STATE ID**
	237

MO 812-1023 (12-07) **DISTRIBUTION:** **WHITE** - STATE OF MO **PINK** - INSPECTOR **CANARY** - OWNER **GOLDENROD** - MUNICIPALITY

File: PRCOM20186180

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APPLICATION/INSPECTION
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☒ INSPECTION ☐ VARIANCE | DATE: 1/4/18 | STATE ID: 23937

OWNER NAME	OWNER ADDRESS	OWNER CITY, STATE, ZIP
John Knox Village	1001 NW Chipman Rd.	Lee's Summit MO. 64081
BILLING NAME (IF DIFFERENT FROM OWNER)	**BILLING ADDRESS**	**BILLING CITY, STATE, ZIP**
LOCATION NAME	**LOCATION ADDRESS**	**LOCATION CITY, STATE, ZIP**
	520 Shamrock Rd	
LOCATION COUNTY	**LOCATION PHONE**	**NUMBER OF UNITS AT LOCATION**
JACKSON		2

ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
X	NEW INSTALLATION		PASSENGER-TRACTION		OFFICE/GOVT BUILDING
	ALTERATION	X	PASSENGER-HYDRAULIC		HOSPITAL/INSTITUTIONAL
	MAJOR ALTERATION		PASSENGER-ROPED HYDRAULIC		CHURCH/RELIGIOUS
	INITIAL INSPECTION		FREIGHT-TRACTION		COMMERCIAL/INDUSTRIAL
	ANNUAL INSPECTION		FREIGHT-HYDRAULIC		RETAIL
	TEMPORARY CERTIFICATE INSP		FREIGHT-ROPED HYDRAULIC		SCHOOL/LIBRARY/EDUCATIONAL
	REINSPECTION		DUMBWAITER		PARKING GARAGE
	5-YR TEST		ESCALATOR		MULTI/FAMILY RESIDENCE
	OTHER		MANLIFT		MOTEL/HOTEL
	SPECIAL		STAIRWAY LIFT		BANK
	EL to Street #2		MATERIAL LIFT	X	NURSING/RETIREMENT HOME
	EL to Street #8		MOVING SIDEWALK		OTHER
	EL to Street #20		OTHER		

MANUFACTURER	DATE INSTALLED	SERIAL NUMBER	CAPACITY	SPEED
Thyssen Krupp	2017	EL FDM371	3500	150
NUMBER OF LANDINGS	**NO. OF OPENINGS (FRONT/REAR)**	**SPECIFIC LOCATION IN BUILDING OR ID**	**DATE OF 5-YEAR TEST**	**DATE OF LAST TEST**
		Elev #2		

RELIEF VALVE PRESSURE	SLIDE	GOV ROPE PULLOUT/PULL THRU	DOOR CLOSING FORCE
480			

DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)	COMPLIANCE DATE
NO Violations	Prior to Jan 4th 2019

WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED

SIGNATURE OF CONTACT PERSON AT LOCATION	INSPECTOR SIGNATURE
	Ronald E Casey
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION	**INSPECTOR STATE ID**
	237

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