

## **FIRE DEPARTMENT**

## NOTIFICATIONS/CONTACT INFORMATION SECTION

			NOTIFIC	ATIONS/CO	INTACT INFORM	AIIC	N SECTION		
PAGE 1									
☐ CHANGES									
BUSINESS NAME	LSMC Hybrid OF	Addition							
ADDRESS	2100 SE BLUE PKWY, LEES SUMMIT, MO 64063								
OWNER/OPERATOR NAME	LEE'S SUMM	EE'S SUMMIT MEDICAL CENTER: TELEPHONE (816) 282-					(816) 282-5000		
ADDRESS	2100 SE BLU LEES SUMM Primary: (816 Cell: <no ce<="" td=""><td>IT, MO 6406 5) 282-5000</td><td></td><td></td><td></td><td></td></no>	IT, MO 6406 5) 282-5000							
		EMERGENC	Y CONTA	CT INFORM	ATION				
NAME	TELEPHONE								
1.									
2.									
3.									
4.									
		LOS	S REDUC	TION TYPE					
☐ Occupancy ☐ Ser	ni-Annual	☐ Annual	Life S	afety	Sprinkler		Hazardous Material Permit		
☐ Complaint ☐ Exp	losive Storage	UST	☐ Post-	Incident	☐ Open Burning		Other		
CLASS: I-2	Мар#:	PFA#:	KNOX BO	X:	KNOX LOCATION:		PERMIT#		
		LOSS R	EDUCTIO	N NARRATI	VE				
☐ NO VIOLATIONS N	IOTED		Г		ATIONS RESOL	VED			
			Inspection 3rd Inspection 4th Inspection						
INSPECTION	INSP	ECTOR		OUTCOME	DATE				
Sprinkler - Hydrostatic Test Craig				Passed		Monday, October 11, 2021			
Sprinkler - Flow Test	Crai	Craig Hill		Not Requir	ed Monday	Monday, October 11, 2021			
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Occupancy Inspection - Fire		Crain Hill		Failed	Monday	Oct	ober 11 2021		

Occupancy Inspection - Fire	Craig Hill	Failed	Wedn	esday, October 13, 2021
Alarm Test	Craig Hill	Failed	Monda	ay, October 11, 2021
Alarm Test	Craig Hill	Failed	Wedn	nesday, October 13, 2021
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UREQUIRED?	JP	RESPONSIBLE SIGNATURE
October 13, 2021	Craig Hill	☐ Yes ☐ No		