

FIRE DEPARTMENT

			NOTIFIC	ATIONS/CO	JNIACI	INFORMA	110	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 SUMMIT MEDICAL CENTER: TELEPHONE (816) 28					(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><td></td></no>	IT, MO 6406 5) 282-5000								
		EMERGENC	Y CONTA	CT INFORM	MATION					
NAME	TELEPHONE									
1										
2.										
3.										
4.										
		LOS	S REDUC	TION TYPE						
Occupancy Se	mi-Annual	☐ Annual	☐ Life S	afety	☐ Sprir	ıkler		Hazardous Material Permit		
☐ Complaint ☐ Explosive Storage		UST	T Post-Incident		☐ Open Burning ☐			Other		
CLASS: I-2	Мар#:	PFA#:	KNOX BO	X:	KNOX LOCATION			PERMIT #		
·-		LOSS R	EDUCTIO	N NARRATI	IVE					
☐ NO VIOLATIONS I	NOTED		Г		I ATIONS	RESOLV	FD			
Last Inspection	2nd		3rd Inspection 4th Inspection							
INSPECTION	PECTION INSP		ECTOR		OUTCOME					
Sprinkler - Hydrostatic Test Craig				Passed		Monday, October 11, 2021				
Sprinkler - Flow Test C		g Hill		Not Required		Monday,	Octo	ober 11, 2021		
Occupancy Inspection	a - Fire Crai	Craig 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		