

# FIRE DEPARTMENT

#### NOTIFICATIONS/CONTACT INFORMATION SECTION

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## 

BUSINESS NAME	SAINT LUKE'S WOMEN'S HEALTH EAST - ALTERATIONS			
ADDRESS	2737 NE MCBAINE DR, LEES SUMMIT, MO 64064			
OWNER/OPERATOR NAME	amcclain@derosscontruction.com: amcclain@derosscontruction.com	TELEPHONE		
ADDRESS	Primary: Cell: <no cell="" phone=""></no>			

#### **EMERGENCY CONTACT INFORMATION**

NAME	TELEPHONE
1.	
2.	
3.	
4.	

## LOSS REDUCTION TYPE

🔲 Occupancy 🔲 Se	mi-Annual	Annual	Life Safety	Sprinkler	 Hazardous Material Permit
🔲 Complaint 🛛 Ex	plosive Storage	UST	Post-Incident	Open Burning	Other
CLASS: B	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #

#### LOSS REDUCTION NARRATIVE

□ NO VIOLATIONS NOTED □ ALL VIOLATIONS RESOLVED					LVED
Last Inspection 1s	st Inspection	2nd Inspection	n 3rd Inspection		4th Inspection
INSPECTION	INSPECTOR	OL	JTCOME	DATE	
Occupancy Inspection - Fire Ben Hicks		Pa	assed	Monday, March 21, 2022	
DATE OF REPORT	INSPECTOR	PREVE	ENTION FOLLO	W-UP	RESPONSIBLE SIGNATURE

March 21, 2022	Ben Hicks	□ Yes □ No	
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