

## FIRE DEPARTMENT

|  |                       |   | NOTIFICATIO        | NS/CONTAC  | INFORMA     | HON SECTION    |         |
|--|-----------------------|---|--------------------|--|-------------|----------------|---------|
| PAGE 1   |                       |   |                    |  |             |                |         |
| ☐ CHANGES  |                       |   |                    |  |             |                |         |
| BUSINESS NAME  | F.I.T. MUSC           | F.I.T. MUSCLE AND JOINT CLINIC                          |                    |  |             |                |         |
| ADDRESS  | 401 NW N              | 401 NW MURRAY RD, LEES SUMMIT, MO 64081                 |                    |  |             |                |         |
| OWNER/OPERATOR NAI   | ME MERIT G            | MERIT GENERAL CONTRACTORS INC: TELEPHONE (913) 747-7400 |                    |  |             | )              |         |
| ADDRESS  | OLATHE,<br>Primary: ( | 118TH STREE<br>KS 66061<br>(913) 747-7400<br>CELL PHONE |                    |  |             |                |         |
|  |                       | EMERGEN   | CY CONTACT IN      | FORMATIO   | N           |                |         |
| NAME   | TELEPHONE             |   |                    |  |             |                |         |
| 1  |                       |   |                    |  |             |                |         |
| 2.   |                       |   |                    |  |             |                |         |
| 3.   |                       |   |                    |  |             |                |         |
| 4.   |                       |   |                    |  |             |                |         |
|  |                       | LOS   | SS REDUCTION       | TYPE   |             |                |         |
| Occupancy S  | Semi-Annual           | ☐ Annua   | I ☐ Life Safety    | □ s  | prinkler    | Hazardous Ma   | aterial |
| ☐ Complaint ☐ E  | xplosive Stora        | age 🔲 UST   | ☐ Post-Incide      | ent 🔲 O  | pen Burning | Other          |         |
| CLASS:   | Мар#:                 | PFA#:   | KNOX BOX:          | KNO  | X LOCATION: | PERMIT #       |         |
| В  |                       | 1.0881  | REDUCTION NA       | DD ATIVE   |             |                |         |
| _  |                       | L033 i  |                    |  |             |                |         |
| NO VIOLATIONS NOTED  Last Inspection 1st Inspection 2nd II |                       |   | LI AL d Inspection | ALL VIOLATIONS RESOLVED  nspection 3rd Inspection 4th Inspection |             |                |         |
| Last inspection  | rst mspection         | Ι ΣΙΙ   | и твресноп         | ord mape   | Ction       | 4th inspection |         |
| INSPECTION   | ı                     | INSPECTOR   |                    | OUTCOME  |             |                |         |
| Alarm Test   |                       |   |                    |  | Friday, Ap  | oril 08, 2022  |         |
|  |                       |   |                    |  |             |                |         |
| Sprinkler - Hydrostatic Test Crai                          |                       | Craig Hill  | Not                | Required   | Friday, Ap  | oril 08, 2022  |         |
| Sprinkler - Flow Tes                                       | st (                  | Craig Hill  | Not                | Required   | Friday Ar   | oril 08. 2022  |         |

| DATE OF REPORT | HNSPECTOR  | PREVENTION FOLLOW-UP REQUIRED? | RESPONSIBLE SIGNATURE |
|----------------|------------|--------------------------------|-----------------------|
| April 08, 2022 | Craig Hill | ☐ Yes ☐ No                     |                       |