



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

CHANGES

BUSINESS NAME	Saint Luke's Surgical Center PRCOM20100049		
ADDRESS	120 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	J E DUNN CONSTRUCTION:	TELEPHONE	<NO PRIMARY PHONE>
ADDRESS	1001 LOCUST KANSAS CITY, MO 64106 Primary: KEITH Cell: 816-215-4113		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

LOSS REDUCTION TYPE

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: I-1	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #

LOSS REDUCTION NARRATIVE

NO CORRECTIONS NOTED

ALL CORRECTIONS COMPLETED

Last Inspection
1st Inspection
2nd Inspection
3rd Inspection
4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Alarm Test	Brian Austerman	Not Required	Wednesday, December 15, 2010
Sprinkler - Hydrostatic Test	Brian Austerman	Not Required	Wednesday, December 15, 2010
Sprinkler - Flow Test	Brian Austerman	Not Required	Wednesday, December 15, 2010
Occupancy Inspection - Fire	Brian Austerman	Passed	Wednesday, December 15, 2010

DATE OF REPORT December 15, 2010	INSPECTOR Brian Austerman	PREVENTION FOLLOW-UP REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RESPONSIBLE SIGNATURE
-------------------------------------	------------------------------	--	-----------------------