



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ 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	INSPECTOR	PREVENTION FOLLOW-UP	RESPONSIBLE SIGNATURE

December 15, 2010	Brian Austerman	REQUIRED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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