

## FIRE DEPARTMENT

	NOTIFICATIONS/CONTACT INFORMATION SECTION									
PAGE 1										
☐ CHANGES										
BUSINESS NAME	GENESIS HEALTH CLUBS - INTERIOR ALTERATIONS									
ADDRESS	900 NE DEERBROOK ST, LEES SUMMIT, MO 64086									
OWNER/OPERATOR NAME	EXCEL CONSTRUCTORS, INC: TELEPHONE (913) 261-1000						(913) 261-1000			
ADDRESS	8041 W 47TH OVERLAND F Primary: (913 Cell: <no ce<="" th=""><th>6203</th><th></th><th></th><th></th><th></th></no>	6203								
		EMERGENO	Y CONTACT INFO	RMATION						
NAME	AM E			TELEPHONE						
1										
2.										
3.										
4.										
LOSS REDUCTION TYPE										
☐ Occupancy ☐ Semi-Annual		☐ Annual	nual 🔲 Life Safety		Sprinkler		Hazardous Material Permit			
☐ Complaint ☐ Exp	olosive Storage	☐ UST	Post-Incident	☐ Op	en Burning		Other			
CLASS: A-4	Мар#:	PFA#:	KNOX BOX:	KNOX	LOCATION:		PERMIT #			
LOSS REDUCTION NARRATIVE										
☐ NO VIOLATIONS N	☐ NO VIOLATIONS NOTED ☐ ALL VIOLATIONS RESOLVED									
Last Inspection			Inspection 3rd Inspect		tion		4th Inspection			
INSPECTION	INSPE	CTOR	OUTCC	ME	DATE					
Alarm Test Craig Hill		Passe	Passed		Thursday, May 12, 2022					
Sprinkler - Hydrostatic Test Craig Hill		g Hill	Not Required Mor		Monday,	May	09, 2022			

Sprinkler - Flow Test	Craig Hill	Not Required	Monday, May 09, 2022
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
May 12, 2022	Craig Hill	☐ Yes ☐ No	