

## FIRE DEPARTMENT

			NOTIFICATION	S/CONTAC	INFORMA	TION SECTION	
PAGE 1							
☐ CHANGES							
BUSINESS NAME	SAINT LUKES	EMERGENCY R	OOM - OFFICE AND C	T ROOM			
ADDRESS	80 NE SAIN	NT LUKES BLV	D, LEES SUMMIT	MO 64086	6		
OWNER/OPERATOR NAM	IE MCCOWN	GORDON CO	NSTRUCTION LLO	<b>D</b> :	TELEPHONE	E (816) 960-1111	
ADDRESS		OTY, MO 6410 16) 960-1111	95				
		EMERGENO	CY CONTACT INF	ORMATIO	N		
NAME				TELEPHO	NE		
1.							
2.							
3.							
4.							
		LOS	S REDUCTION T	/PE			
Occupancy S	emi-Annual	☐ Annual	☐ Life Safety	□ S	prinkler	Hazardous Materi	al
☐ Complaint ☐ E	xplosive Storag	je 🔲 UST	Post-Incident		pen Burning	Other	
CLASS: I-2	Мар#:	PFA#:	KNOX BOX:	KNO	(LOCATION:	PERMIT #	
1-2		LOSS F	REDUCTION NARF	RATIVE			
П «		20001					
NO VIOLATIONS  Last Inspection	1st Inspection	2nd	Inspection	3rd Inspe	NS RESOLV	4th Inspection	
INSPECTION	IN	SPECTOR	OUTC	OME	DATE		
Alarm Test			Passed		Tuesday,	August 02, 2022	
Sprinkler - Hydrosta	<b>tic Test</b> Cr	aig Hill	Not R	equired	Tuesday,	August 02, 2022	
Sprinkler - Flow Tes	t Cr	aig Hill	Not R	eguired	Tuesday.	August 02. 2022	

Occupancy Inspection - Fire	e Craig Hill	Passed	Tuesday, August 02, 2022	
DATE OF REPORT	HNSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE	
August 02, 2022	Craig Hill	☐ Yes ☐ No		