

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

BUSINESS NAME	LEES SUMMIT MEDICAL CENTER - MOB #2302 DR ARTIGO INFUSION CENTER			
ADDRESS	1980 SE BLUE PKWY, Unit:2302, LEES SUMMIT, MO 64063			
OWNER/OPERATOR NAME	BGS CONSTRUCTION:	TELEPHONE	(816) 566-0351	
ADDRESS	34607 E COLBERN RD LONE JACK, MO 64070 Primary: (816) 566-0351 Cell: (816) 985-6156			

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

Occupancy	🔲 Sen	ni-Annual	Annual	Life Safety	Sprinkler	 Hazardous Material Permit
Complaint	🗖 Exp	losive Storage	UST	Post-Incident	Open Burning	Other
CLASS:		Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
В						

LOSS REDUCTION NARRATIVE

□ NO VIOLATIONS NOTED			□ ALL VIOLATIONS RESOLVED			
Last Inspection	1st Inspection	2nd Inspection	3rd Inspectio	n 4th Inspection		
INSPECTION	INSPECTOR	OL	JTCOME	DATE		
Alarm Test	Craig Hill	N	ot Ready	Tuesday, August 16, 2022		
Sprinkler - Hydrostat	ic Test Craig Hill	N	ot Required	Tuesday, August 16, 2022		

Sprinkler - Flow Test	Craig Hill	Not Required	Tuesday, August 16, 2022					
Occupancy Inspection - FireCraig HillPassedThursday, August 18, 2022Corrective Action Required:1All life safety was appropriate. Okay to occupy with approval form codes.								
Alarm Test	Craig Hill	Passed	Thursday, August 18, 2022					
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE					
August 18, 2022	Craig Hill	□ Yes □ No						