

# FIRE DEPARTMENT

#### NOTIFICATIONS/CONTACT INFORMATION SECTION

# PAGE 1

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BUSINESS NAME	PRIME PHYSICAL THERAPY				
ADDRESS	1161 NE RICE RD, LEES SUMMIT, MO 64086				
OWNER/OPERATOR NAME	HAREN CONTRACTING:	TELEPHONE	(913) 495-9558		
ADDRESS	8035 NIEMAN RD LENEXA, KS 66214 Primary: (913) 495-9558 Cell: (913) 271-8171				

### **EMERGENCY CONTACT INFORMATION**

NAME	TELEPHONE
1.	
2.	
3.	
4.	

## LOSS REDUCTION TYPE

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

#### LOSS REDUCTION NARRATIVE

		□ ALL VIOLATIONS RESOLVED			
Last Inspection 1st	Inspection	2nd Inspection	3rd Insp	bection 4th Inspection	
INSPECTION	INSPECTOR	(	OUTCOME	DATE	
Alarm Test	Craig Hill	I	Passed	Thursday, September 01, 2022	
Sprinkler - Hydrostatic To	est Craig Hill	I	Not Required	Thursday, September 01, 2022	
Sprinkler - Flow Test	Craig Hill	I	Not Required	Thursday, September 01, 2022	

Occupancy Inspection - Fire	e Craig Hill	Passed	Thursday, September 08, 2022			
Corrective Action Required: 1 All life safety was appropriate. Okay to occupy with approval from codes.						
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UI REQUIRED?	RESPONSIBLE SIGNATURE			
September 08, 2022	Craig Hill	□ Yes □ No				