

FIRE DEPARTMENT

NOTIFICATIONS/CONTACT INFORMATION SECTION

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BUSINESS NAME	LEES SUMMIT MEDICAL CENTER - MOB #2310 Spec			
ADDRESS	1980 SE BLUE PKWY, Unit:2310, 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 Ser	ni-Annual	Annual	Life Safety	Sprinkler	 Hazardous Material Permit
🔲 Complaint 🛛 Exp	olosive Storage	UST	Post-Incident	Open Burning	Other
CLASS:	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
В					

LOSS REDUCTION NARRATIVE

\Box NO VIOLATIONS NOTED		□ ALL VIOLATIONS RESOLVED			
Last Inspection	1st Inspection	2nd Inspection	3rd Inspection	4th Inspection	
INSPECTION	INSPECTOR	OUTO	COME	DATE	
Alarm Test	Craig Hill	Pas	sed I	Friday, September 09, 2022	
Sprinkler - Hydrostatic	Test Craig Hill	Not	Required I	Friday, September 09, 2022	
Sprinkler - Flow Test	Craig Hill	Not	Required I	Friday, September 09, 2022	

Occupancy Inspection - Fire	e Craig Hill	Temporary C of O	Friday, September 09, 2022		
Corrective Action Required: 1 Emergency lights did not operate properly. Okay for TCO with approval from codes.					
Occupancy Inspection - Fire Corrective Action Required: 1 Missing escutcheor	e Craig Hill n and fire extinguisher.	Failed	Tuesday, September 13, 2022		
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UI REQUIRED?	P RESPONSIBLE SIGNATURE		
September 13, 2022	Craig Hill	□ Yes □ No			