

# FIRE DEPARTMENT

## NOTIFICATIONS/CONTACT INFORMATION SECTION

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## □ CHANGES

BUSINESS NAME	SAINT LUKES EAST - MEDICAL OFFICE BUILDING RENOVATION OF THERAPY SPACE INTO OUTPATIENT PULMONARY CLINIC				
ADDRESS	20 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086				
OWNER/OPERATOR NAME	DAVID E ROSS CONSTRUCTION CO:	TELEPHONE	(816) 737-2953		
ADDRESS	10201 E 75TH ST RAYTOWN, MO 64138 Primary: (816) 737-2953 Cell: <no cell="" phone=""></no>				

## **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		Post-Incident	Open Burning	Other
CLASS:	Map#:	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT #
В					

## LOSS REDUCTION NARRATIVE

Image: No violations noted   Last Inspection 1st Inspection		2nd Inspection	ALL VIOLATIONS 3rd Inspectio	
INSPECTION Alarm Test	INSPECTOR Craig Hill		OUTCOME Passed	DATE Friday, January 13, 2023
Sprinkler - Hydrostatic T	<b>Fest</b> Craig Hill	I	Not Required	Friday, January 13, 2023
Sprinkler - Flow Test	Craig Hill	I	Not Required	Friday, January 13, 2023

Occupancy Inspection - Fire	e Craig Hill	Passed	Friday, January 13, 2023
DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UF REQUIRED?	RESPONSIBLE SIGNATURE
January 13, 2023	Craig Hill	□ Yes □ No	