



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ CHANGES

BUSINESS NAME	HEARTLAND DENTAL CARE		
ADDRESS	691 NW BLUE PKWY, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	GRUNLOH BUILDING INC:	TELEPHONE	(217) 342-2221
ADDRESS	901 NORTH SECOND ST		
	EFFINGHAM, IL 62401		
	Primary: (217) 342-2221		
	Cell: (217) 254-2221 Joe @ 217-821-3803		

EMERGENCY CONTACT INFORMATION

NAME	TELEPHONE
1.	
2.	
3.	
4.	

LOSS REDUCTION TYPE

<input checked="" type="checkbox"/> Occupancy	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Annual	<input type="checkbox"/> Life Safety	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Hazardous Material Permit
<input type="checkbox"/> Complaint	<input type="checkbox"/> Explosive Storage	<input type="checkbox"/> UST	<input type="checkbox"/> Post-Incident	<input type="checkbox"/> Open Burning	<input type="checkbox"/> Other
CLASS: B	Map#: 195A	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # PRCOM20113275

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection

1st Inspection 9/27/11

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Not Ready	Tuesday, September 27, 2011
Corrective Action Required:			
1	Med -Gas room should comply with the guidelines set in IFC 2006 3006.2.1-2.2 one hour interior and exterior rooms		
	The amounts of oxidizing gases allowed in the closet shall not exceed 504 cubic feet at NTP.		
	Piping for the med gases shall be labeled by stenciling or adhesive markers, labels shall show the name of the gas/vacuum system or the chemical symbol, pipe labels shall be located as follows:		
	(1) at intervals of not more than 20 ft.		
	(2) at least once in or above every room		
	(3) on both sides of walls or partitions penetrated by the piping		
	(4) At least once in every story height transversed by risers		
	Shut-off valves shall be identified as follows:		
	(1) the name or symbol of the chemical for the system		
	(2) the name and rooms or areas served		
	(3) a caution to not close (or open) the valve except in an emergency		
	Locations containing med-gases other than oxygen or med-air shall have their doors labeled.		

CAUTION, Med Gases, NO Smoking or open flame, Room may have insufficient oxygen, open door and allow room to ventilate before entering.

In the Med Gas closet uncover the sprinkler head and install the sprinkler eschution ring.

In the Med -Gas closet seal all penetrations within the closet around ducts, gas piping etc.

Med Gas closet install hardware on the door to allow the door to be self closing.

On or around the front and rear entrances into 691 suite display a NFPA 704 placard indicating the MSDS hazards of the med gases present.

Check throughout suite and install missing sprinkler head eschution rings as needed.

DATE OF REPORT	INSPECTOR	PREVENTION FOLLOW-UP REQUIRED?	RESPONSIBLE SIGNATURE
September 28, 2011	Joe Dir	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	