



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

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☐ CHANGES

BUSINESS NAME	SAINT LUKES EAST (NICU)		
ADDRESS	110 NE SAINT LUKES BLVD, LEES SUMMIT, MO 64086		
OWNER/OPERATOR NAME	TURNER CONSTRUCTION CO:	TELEPHONE	(816) 283-0555
ADDRESS	2345 GRAND BOULEVARD SUITE 1000		
	KANSAS CITY, MO 64108		
	Primary: (816) 283-0555		
	Cell: (816) 918-6040 Christian @ 816-918-1167		

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: I-2	Map#: 175X	PFA#:	KNOX BOX:	KNOX LOCATION:	PERMIT # NICU PRCOM20110759

LOSS REDUCTION NARRATIVE

☐ NO CORRECTIONS NOTED

☐ ALL CORRECTIONS COMPLETED

Last Inspection

1st Inspection 10/12/11

2nd Inspection

3rd Inspection

4th Inspection

INSPECTION	INSPECTOR	OUTCOME	DATE
Occupancy Inspection - Fire	Joe Dir	Temporary C of O	Wednesday, October 12, 2011
Corrective Action Required:			
1 (1) Coordinate the testing of the emergency lighting and the exit signs with the generator test.			
(2) Coordinate the duct detection test with the HVAC contractor.			
(3) program the delayed egress doors to activate on the depression of the panic bar.			
(4) uncover the smoke detectors throughout as the construction dust allows			
(5) provide the medical gas line test summary			
OK to set up rooms and equipment no conducting business or patients			
Alarm Test	Joe Dir	Passed	Tuesday, October 11, 2011
Sprinkler - Hydrostatic Test	Joe Dir	Passed	Thursday, April 14, 2011

Sprinkler - Flow Test

Joe Dir

Passed

Thursday, May 12, 2011

DATE OF REPORT

October 12, 2011

INSPECTOR

Joe Dir

PREVENTION FOLLOW-UP
REQUIRED?

☒ **Yes**

☐ **No**

RESPONSIBLE SIGNATURE