



LEE'S SUMMIT, MISSOURI FIRE DEPARTMENT LOSS REDUCTION PROGRAM



NOTIFICATIONS/CONTACT INFORMATION SECTION

PAGE 1

☐ 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 | | | |
| (6) program horn and strobe (both) to terminate on the silence command from the FACP | | | |
| OK to set up rooms and equipment once cleared through codes administration, no conducting of 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | RESPONSIBLE SIGNATURE |