



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
-----------------------------------	----------------------

Establishment Name	Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager
--------------------	--

Physical Address	City	Zip
------------------	------	-----

Mailing Address	City	Zip
-----------------	------	-----

County	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone	No. of Stories	No. of Rooms	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new
--------	--	-----------	----------------	--------------	---

Rooms Inspected:	Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
	Swimming Pools/Spas (check all that apply)	
	Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>	

Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input type="checkbox"/> N/A
	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No
	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A
1. Approved source, construction and operation				
2. Complies with water quality standards				
3. Chlorinator maintained and operated properly				
4. Wastewater operation and maintenance				
Section C: Sanitation/Housekeeping				
1. Walls, floors and ceilings in good repair				
2. Housekeeping practices and furnishings				
3. Towels and bed linens clean				
4. Mattresses and box springs clean				
5. Pest control procedures				
6. Ice machines, scoops, liners clean & protected				
7. Garbage storage and disposal				
8. Premises maintained, plant growth controlled				
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use				
10. Food protected from contamination				
11. Facilities to wash, rinse and sanitize				
12. Handwashing facilities/hygienic practices				
Section D: Life Safety				
1. Combustible/toxic items usage and storage				
2. Building maintained to assure safe conditions				
3. CO detectors hardwired, installed, good repair				
4. GFCI, outlets & switches installed, good repair				
5. Exit signs installed, good repair				
6. Emergency lighting installed, good repair				
7. Electric panel protected, labeled, good repair				
Required Annual Third Party Inspections				
1. Fire Alarm System				
2. Sprinkler System				
3. Local Fire and Building Codes/Ordinances				
4. Current Boiler/Pressure Vessels MDPS Certification				
5. Backflow Device(s) Test				
6. Liquid Propane Leak Test				
Section E: Fire Safety				
1. Textiles, hangings and mirrors				
2. Fire extinguisher type, inspected, and location				
3. Vertical openings fire-rated, self-closing				
4. Doors, self-closing and fire-rated				
5. Smoke detectors hardwired, installed, good repair				
6. Evacuation route and plan, installed, available				
7. Stairs and ramps, maintained, storage				
8. Means of egress, number, maintained				
9. Handrails and balconies maintained and appropriate				
Section F: Swimming Pools/Spas				
1. Fence, gate adequate, proper closure mechanism				
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
Section G: Plumbing/Mechanical				
1. Equipment adequate, good repair				
2. Ventilation adequate, plumbing, restrooms				
3. T & P relief valves adequate, good repair				
4. Relief valve discharge pipes installed, adequate				
5. Backflow, air gaps, no cross connections				
Section H: Heating & Cooling				
1. Unvented fuel-burning appliance/space heater				
2. Fire resistant room or sprinkler head				
3. Location of heating/cooling units				
4. Ventilation of appliances and utility rooms				
5. Operation and condition adequate				

INSPECTED BY (PRINT NAME and SIGN) <i>Roger M. Macky</i>	EPHS NUMBER	AGENCY	TELEPHONE
---	-------------	--------	-----------

LICENSING YEAR 20____ / 20____	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED	FOLLOW UP DATE
-----------------------------------	---	----------------	----------------

RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Emailed copy of report to owner</i>	PAGE 1 OF ____
---	----------------



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

Establishment Name:	Physical Address:	City:
---------------------	-------------------	-------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

Inspected by:	<i>Regina A. Mackey</i>	Date:
---------------	-------------------------	-------

Received by:	<i>Emailed copy of report to owner</i>	Date:
--------------	--	-------