Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report						FOR CENTRAL ESTA OFFICE USE ONLY		ESTA	TABLISHMENT NUMBER							
Establishme	ent Name				_			Nan	ne 🗆	Own	er 🗆 G	eneral N	lanag	er		
Physical Address					City				Zip							
Mailing Address				City					Zip	)						
County This inspection is a(n) Telephone				_	No. of No. of Rooms Is the current lodging licens				colove	42						
•	Initial Annual	Follow-up		priorie			Stories								spiaye	,u :
Rooms Ins	spected:				Wate	r Supp	pply Wastewater				5.73		1			
					🗆 Priv		Public     Private     Public									
							ole taken 🛛 Ye			-	lated by:		SS		NR	
							Pools/Spas (			apply						
					Indoc	or pool	Outdoor	pool	Spa	a 🗌	Pool la	rger tha	an 20	00 sqi	uare f	eet
	eck if the following nances apply	New Lo	dging	Estab	lishm	ents	C N/A									
	ety   Electrical Wiring	Smoke de	etectors	s hardw	vired		Yes 🗆 No 🗆	N/A	Swimmin	a Pool	Certified	□ Ye	5	No		J/A
<ul> <li>Plumbin</li> </ul>		Fire alarn					Yes No		Building	Certifie	d to Natio					
	ng Pools/Spas										□ Ye		🗆 No			
	rning Appliances	Sprinkler	system	n install	ed		Yes 🗆 No 🗆	N/A	Historical	Buildi	ng	🗆 Ye	s	🗆 No		N/A
	n inspection this day, the iter	ms marked	"tuO"	below i	dentify	noncon	noliance in opera	ations	or facilities	s which	must be	correcte	d prio	r to iss	uance	or
Section A 8	=In Compliance Our B: Water Supply & Wast source, construction and o	ewater	In	Out	NO	N/A	itional page(s) Section E: Fin	e Saf		00001		N/A=Not	In		NO	N/#
2. Complies	with water quality standards	2. Complies with water quality standards						ngings	and mirror	rs						
	3. Chlorinator maintained and operated properly						1. Textiles, har 2. Fire extingui	sher t	ype, inspec	cted, a	nd locatio	n				
4. Wastewater operation and maintenance							<ol> <li>Textiles, har</li> <li>Fire extingui</li> <li>Vertical ope</li> </ol>	sher t nings	ype, inspec fire-rated, s	cted, a self-clo	nd locatio	n				
Section C.	or maintained and operated ter operation and maintenar	properly ice					<ol> <li>Textiles, har</li> <li>Fire extingui</li> <li>Vertical ope</li> <li>Doors, self-ope</li> </ol>	sher t nings losing	ype, inspec fire-rated, s and fire-ra	cted, a self-clo ated	sing					-
	or maintained and operated ter operation and maintenar Sanitation/Housekeeping	properly ice					<ol> <li>Textiles, har</li> <li>Fire extingui</li> <li>Vertical ope</li> <li>Doors, self-o</li> <li>Smoke dete</li> </ol>	sher t nings losing ctors l	ype, inspec fire-rated, s and fire-ra nardwired,	cted, a self-clo ated installe	ed, good r	epair				
1. Walls, floo	or maintained and operated ter operation and maintenar	properly nce air					<ol> <li>Textiles, har</li> <li>Fire extingui</li> <li>Vertical ope</li> <li>Doors, self-o</li> <li>Smoke dete</li> <li>Evacuation</li> </ol>	sher t nings losing ctors l	ype, inspec fire-rated, s and fire-ra nardwired, and plan, ir	cted, a self-clo ated installe	ed, good r d, availabl	epair				
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5. Backflow Device(s) Test	l l l l l l l l l l l l l l l l l l l	4. Ventilation of appliances and utility rooms					
6. Liquid Propane Leak Test		5. Operation and condition adequate					
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