

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Private   Public	Establishme	ent Name						Nan	ne [	Owner	☐ General N	/lanage	r		
County	Physical Ad	Idress					City						Zip		
County	Mailing Add	Iress	-				City						7in		
Slories   Slories   Water Supply   Wastewater   Planting   Plant						City					p				
Private   Public	County		Follow-up							playe	d?				
Private	Rooms In	spected:			Wate	r Supply				Wastewa	ter				
Swimming Pools/Spas (check all that apply)										☐ Private	□ Pub	olic			
Swimming Pools/Spas (check all that apply)					Water	r sample	taken 🗆 Y	′es □ N	No	Regulated	by: 🗆 DHS	SS		NR	
Please check if the following local ordinances apply   Please check if the following local ordinances   Please check if the following															
Please check if the following local ordinances apply: Fire Salety   Electrical Wirling   Smoke detectors hardwired   Yes   No   N/A   Swimming Pool Certified   Yes   No   N/A   Swimming Pool Certified   Yes   No   N/A   Swimming Pool Spas   Fire salety   Electrical Wirling   Fire aiarm system installed   Yes   No   N/A   Swimming Pool Spas   Fire salety   Electrical Wirling   Fire aiarm system installed   Yes   No   N/A   Historical Building   Yes   No   N/A   William   Yes   No   N/A   Historical Building   Yes   No   N/A   William   Yes   No   N/A   Historical Building   Yes   No   N/A   William   Yes   No								•			ol larger tha	an 2000	) sau	are fe	et 🗆
Decal ordinances apply   Electrical Wiring   Fire Saftey   Electrical Wiring   Fire Saftey   Electrical Wiring   Fire Saftey   Electrical Wiring   Fire sam system installed   Yes   No   N/A   Building Certified to National Standards or Occupancy   Permit   Yes   No   N/A   Building Certified to National Standards or Occupancy   Permit   Yes   No   N/A   Historical Building   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Ye	Please ch	eck if the following	New Lo	daina Estab			_	Α	-						
Fire Safety   Electrical Wiring   Plumbing			Itow Eo	aging Lotar		31160	L3 147	, (							
Plumbing   Fire alarm system installed   Yes   No   NA   Building Certified to National Standards or Occupancy   Fire alarm system installed   Yes   No   NA   Historical Building   Yes   No   NA   Based on an inspection this day, the Items marked 'Out' below (dentify noncompliance in operations or facilities which must be corrected prior to issuance or reference of your lodging (lecense Faiture to comply with any time limits for corrections specified in this notice may result in revocation of your lodging (icense 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.   National State of the Popular o			Smoke de	etectors hardw	/ired	□ Ye	s 🗆 No	N/A	Swimmin	a Pool Certi	fied    Yes	s 🗆	No	□ N	/A
Swimming Pools/Spas Fuel Burning Appliances 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. Failure to prompt with any time limits for corrections specified in this notice may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. [RSMs 315.00-566. 19 CSR 2-0.3050) In-lin Compliance Out-Not In Compliance Section A & B. Water Supply & Wastewater In Out No NA Section E: Fire Safety In Out No NA Section E: Fire Safety In Out No NA Section B:		-	-												
Fuel Burning Appliances   Sprinkler system installed   Yes   No   NA   National Building   Yes   No   NA   National Building   Yes   No   NA   National Building   Yes   No   NA   National Part   National				J.			Permit								
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 todging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license renewal of your todging license sender prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMs 315.00-5065, 19 CSR 2-03.050)  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  Section E: Fire Safety  In Out No N/A  1. Exclise, hangings and mirrors  2. Complies with water quality standards  2. Complies with water quality standards  3. Chlorinator maintained and operated properly  4. Wastewater operation and maintenance  4. Doors, self-closing  5. Smoke detectors hardwired, installed, good repair  6. Evacuation route and plan, installed, available  7. Stairs and ramps, maintained, storage  8. Mattresses and box springs clean  8. Mattresses and box springs clean  9. Handralis and belocories maintained and appropriate  1. Fence, gate adequate, proper closure mechanism  7. Cardage storage and disposal  9. Handralis and belocories maintained and appropriate  1. Fence and plan installation and appropriate  1. Fence, gate adequate, proper closure mechanism  1. Fence, gate adequate, proper closure mechanism  1. Fence, gate adequate, proper closure mechanism  1. Fence gate adequate, proper closure mechanism  1. Ferond plant pro			Sprinkler	system install	ed	□ Ye	s 🗆 No	□ N/A	Historica	Building	□ Ye	s 🗆	No		I/A
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 Compiliance	Based on a	n inspection this day, the ite													
In=In Compliance   Out=Not In Compliance   Out=Not I	renewal of y	your lodging license. Failure	to comply	with any time	limits fo	or correcti	ons specifie	ed in this	s notice ma	ay result in re	evocation of	your loc	Iging I	icense	
In=In Compliance				g before the D	epartm	ent Direct	tor upon filir	ng a writ	ten reques	st within ten	days after re	ceipt of	this n	otice.	
Section A. B.: Water Supply & Wastewater In Out NO NA Section E: Fire Safety In Section C: Approved Source, construction and operated property C: Compiles with water quality standards C: Compiles With water Q: Compiles With W				ompliance	vnlain	on oddisi	anal namet	-1	MO=M=4	Observed	MI/A-M-1	l Ameli-	obl-		
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MO 580-0883 (6-16)  Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02	RECEIVE	D BY (PRINT NAME AND /	TITLE a	ind SIGN)							PAGE	≣ 1 OF	—		
	MO 58	30-0883 (6-16)	MUN Dist	ribution: White/	Owner	Canary/0	Central Office	Pinl	k/Local Offic	e				E9.02	



Page

2 of

Establishment Name:	Physical Address:	City:	
SECTION REFERENCE	OBSERVATIONS A	AND ADDITIONAL COMMENTS	
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Received by:		Date:	
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	MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
(水)	BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
	LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

3 of

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Establishment Name:	Physical Address:	City:	
SECTION REFERENCE	OBSERVATIONS AND AD	DITIONAL COMMENTS	
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Inspected by: Vayler Blacks	Paul	Date:	
Paylor Blady Stacky Sta		Date:	
July 2h			