



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

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	
<b>Rooms Inspected:</b>				<b>Water Supply</b> <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Wastewater</b> <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR	
				<b>Swimming Pools/Spas (check all that apply)</b> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>			
<b>Please check if the following local ordinances apply</b>				<b>New Lodging Establishments</b> <input type="checkbox"/> N/A			
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring				Smoke detectors hardwired <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	
<input type="checkbox"/> Plumbing				Fire alarm system installed <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	
<input type="checkbox"/> Swimming Pools/Spas				Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> 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 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)							
<b>In=In Compliance Out=Not In Compliance, explain on additional page(s) NO=Not Observed N/A=Not Applicable</b>							
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>				<b>Section E: Fire Safety</b>			
1. Approved source, construction and operation				1. Textiles, hangings and mirrors			
2. Complies with water quality standards				2. Fire extinguisher type, inspected, and location			
3. Chlorinator maintained and operated properly				3. Vertical openings fire-rated, self-closing			
4. Wastewater operation and maintenance				4. Doors, self-closing and fire-rated			
<b>Section C: Sanitation/Housekeeping</b>				5. Smoke detectors hardwired, installed, good repair			
1. Walls, floors and ceilings in good repair				6. Evacuation route and plan, installed, available			
2. Housekeeping practices and furnishings				7. Stairs and ramps, maintained, storage			
3. Towels and bed linens clean				8. Means of egress, number, maintained			
4. Mattresses and box springs clean				9. Handrails and balconies maintained and appropriate			
5. Pest control procedures				<b>Section F: Swimming Pools/Spas</b>			
6. Ice machines, scoops, liners clean & protected				1. Fence, gate adequate, proper closure mechanism			
7. Garbage storage and disposal				2. Boundary line, pool depth properly marked			
8. Premises maintained, plant growth controlled				3. Deck is clean and in good repair			
<b>Food Inspection conducted according to 19CSR20-1.025</b>				4. Lifesaving equipment adequate, good repair			
9. Food, equipment and single service/use				5. Pool clarity, pH, disinfectant, & temp. maintained			
10. Food protected from contamination				6. Steps, ladders, and handrails installed, good repair			
11. Facilities to wash, rinse and sanitize				7. Adequate ventilation			
12. Handwashing facilities/hygienic practices				8. Electrical outlets, proper protection & distance			
<b>Section D: Life Safety</b>				9. Records maintained and signs posted			
1. Combustible/toxic items usage and storage				10. First aid kit available			
2. Building maintained to assure safe conditions				11. Lighting adequate and in good repair			
3. CO detectors hardwired, installed, good repair				<b>Section G: Plumbing/Mechanical</b>			
4. GFCI, outlets & switches installed, good repair				1. Equipment adequate, good repair			
5. Exit signs installed, good repair				2. Ventilation adequate, plumbing, restrooms			
6. Emergency lighting installed, good repair				3. T & P relief valves adequate, good repair			
7. Electric panel protected, labeled, good repair				4. Relief valve discharge pipes installed, adequate			
<b>Required Annual Third Party Inspections</b>				5. Backflow, air gaps, no cross connections			
1. Fire Alarm System				<b>Section H: Heating &amp; Cooling</b>			
2. Sprinkler System				1. Unvented fuel-burning appliance/space heater			
3. Local Fire and Building Codes/Ordinances				2. Fire resistant room or sprinkler head			
4. Current Boiler/Pressure Vessels MDPS Certification				3. Location of heating/cooling units			
5. Backflow Device(s) Test				4. Ventilation of appliances and utility rooms			
6. Liquid Propane Leak Test				5. Operation and condition adequate			
INSPECTED BY (PRINT NAME and SIGN) <i>Kathryn Krant</i>				EPHS NUMBER		AGENCY	
LICENSING YEAR 20____ / 20____				DATE INSPECTED		FOLLOW UP DATE	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Report was emailed to owner</i>						PAGE 1 OF ____	



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

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Establishment Name:

Physical Address:

City:

**SECTION REFERENCE**

**OBSERVATIONS AND ADDITIONAL COMMENTS**

Inspected by:

*Kathryn Reant*

Date:

Received by:

*Report was emailed to owner*

Date: