



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 ☐ Owner ☐ General Manager			
Physical Address				City		Zip	
Mailing Address				City		Zip	
County	This inspection is a(n) ☐ Initial ☐ Annual ☐ Follow-up		Telephone	No. of Stories	No. of Rooms	Is the current lodging license displayed? ☐ Yes ☐ No ☐ N/A- new	
Rooms Inspected:				Water Supply ☐ Private ☐ Public Water sample taken ☐ Yes ☐ No		Wastewater ☐ Private ☐ Public Regulated by: ☐ DHSS ☐ DNR	
				Swimming Pools/Spas (check all that apply) Indoor pool ☐ Outdoor pool ☐ Spa ☐ Pool larger than 2000 square feet ☐			
Please check if the following local ordinances apply				New Lodging Establishments ☐ N/A			
☐ Fire Safety ☐ Electrical Wiring				Smoke detectors hardwired ☐ Yes ☐ No ☐ N/A		Swimming Pool Certified ☐ Yes ☐ No ☐ N/A	
☐ Plumbing				Fire alarm system installed ☐ Yes ☐ No ☐ N/A		Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No	
☐ Swimming Pools/Spas				Sprinkler system installed ☐ Yes ☐ No ☐ N/A		Historical Building ☐ Yes ☐ No ☐ N/A	
☐ 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)							
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				Section E: Fire Safety			
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			
Section C: Sanitation/Housekeeping				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				Section F: Swimming Pools/Spas			
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			
Food Inspection conducted according to 19CSR20-1.025				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			
Section D: Life Safety				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				Section G: Plumbing/Mechanical			
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			
Required Annual Third Party Inspections				5. Backflow, air gaps, no cross connections			
1. Fire Alarm System				Section H: Heating & Cooling			
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>Kathlyn Krauss</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)

Establishment Name:	Physical Address:	City:
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Inspected by: <i>Kathryn Krauss</i>	Date:
Received by: <i>Report was emailed to owner</i>	Date: