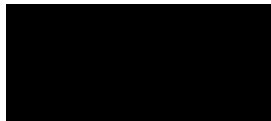




Establishment Name:	Physical Address:	City:
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Inspected by:	Date:
Received by:	Date:



Establishment Name:	Physical Address:	City:
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Inspected by:	Date:
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Received by:	Date:
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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:

Date:

Received by:

Date:



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Inspected by:	Date:
Received by:	Date: