

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name							Name									
Physical Address							City					Zip	Zip			
Mailing Address							City					Zip				
County	This inspection is a	,	Telephone No. of No. of Rooms Is the current lodging licer Follow-up Stories □ Yes □ No □ N/A-ne							played	?t					
Rooms Ins			1		Water	Suppl	V			Wastewa		14,7 (110				
					□ Private □ Public				□ Private □ Public							
				Water sample taken ☐ Ye			′es □N					□ DNR				
							ools/Spas			_				-		
						r pool [•		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ol larger th	an 200	O sau	are fe	et 🗆	
Dlease ob	ack if the following	New Loc	laina	Ectob			[] N/.				or larger an		o oqu	010 10	-	
local ordin	eck if the following nances apply		iging	EStan	listime	ents	[* IN/.	A								
☐ Fire Safe							es □ No □ N/A Swimming Pool Cer									
Plumbin	Fire alarm	Fire alarm system installed					_			National Standards or Occupancy						
☐ Swimmii	Corioklor	Carialdar ayatam installed				Permit			Duilding	☐ Yes ☐ No ☐ N/A				1/ ^		
Fuel Bu		· · · · · · · · · · · · · · · · · · ·				es No N/A Historical Building Diliance in operations or facilities which mu										
and/or prose (RSMo 315. In:	our lodging license. Fa ecution. Owners may re 005-065, 19 CSR 20-3. =In Compliance & B: Water Supply & W	equest a hearing 050) Out=Not In Co	g before	e the C	epartm	ent Direc	tor upon filir	ng a writ	ten reques			t Appli	this no	otice.		
	source, construction ar		In	Out	NO		Section E: I 1. Textiles, h			rs		In	Out	NO	N/A	
	with water quality stand						2. Fire exting				cation		-			
	or maintained and opera					3	3. Vertical openings fire-rated, self-closing									
	ter operation and mainte					4	4. Doors, self-closing and fire-rated									
	Sanitation/Housekeep						Smoke de									
Walls, floors and ceilings in good repair						6. Evacuation				allable	-					
Housekeeping practices and furnishings Towels and bed linens clean							7. Stairs and 3. Means of									
Mattresses and box springs clean										appropriate						
5. Pest control procedures						Section F: S	Swimmi	ng Pools/	Spas							
	nes, scoops, liners clea	n & protected					Fence, gate adequate, proper closure mechanism									
	storage and disposal maintained, plant growl	h controlled			. 22		Boundary line, pool depth properly marked Deck is clean and in good repair									
	ction conducted accor		R20-1.0	25			1. Lifesavin				d renair	-				
	uipment and single servi		110				5. Pool clarity					+				
10. Food pro					6	6. Steps, ladders, and handrails installed, good repair										
11. Facilities						7. Adequate ventilation										
	shing facilities/hygienic	practices				8. Electrical outlets, proper protection & distance 9. Records maintained and signs posted										
Section D: Life Safety 1. Combustible/toxic items usage and storage						9. Records maintained and signs posted 10. First aid kit available						-	-			
Building maintained to assure safe conditions						11. Lighting adequate and in good repair										
CO detectors hardwired, installed, good repair					Section G: Plum											
4. GFCI, outlets & switches installed, good repair					Equipment adequate, good repair Ventilation adequate, plumbing restractions											
	installed, good repair	d renair		-	-		2. Ventilation adequate, plumbing, restrooms 3. T & P relief valves adequate, good repair									
Emergency lighting installed, good repair Electric panel protected, labeled, good repair							e discharge pipes installed, adequate					-				
Required Annual Third Party Inspections						Neller valve discharge pipes installed, adequate Backflow, air gaps, no cross connections					-					
1. Fire Alarm System				1		Section H: Heating & Cooling										
2. Sprinkler System						Unvented fuel-burning appliance/space heater										
Local Fire and Building Codes/Ordinances Current Boiler/Pressure Vessels MDPS						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					Ventilation of appliances and utility rooms											
6. Liquid Propane Leak Test						Operation and condition adequate										
INSPECTE	D BY (PRINT NAME	and SIGN) Votdum	Pecut	Reum	~ Marka	EPHS	NUMBER	AGEN	CY		TELE	PHON	1E			
LICENSING YEAR					<i>X</i>	DATE INSPEC			TED	FOLL	FOLLOW UP DATE					
20		APPROV	ED		EC	- N/4	,					_				
		APPROV		□ Y	E9)				8.00	- / -				
RECEIVED	D BY (PRINT NAME A	AND TITLE a	nd SIG	SN)							PAG	E 1 OF	_			



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stablishment Name:	Physical Address:	City:
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL CO	MMENTS
nenected by:		Date:
Mall and Day of Mark		Date.
Kothyn Fecust furth Malla	Υ	
nspected by: Katilyn Record Pung Mula Ger	<u> </u>	
c 190		Date:
W.		
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