



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)									
In=In Compliance		Out=Not In Compliance, explain on additional page(s)		NO=Not Observed		N/A=Not Applicable			
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>				<b>Section E: Fire Safety</b>					
1. Approved source, construction and operation		In	Out	NO	N/A	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>				<b>Section F: Swimming Pools/Spas</b>					
1. Walls, floors and ceilings in good repair						1. Fence, gate adequate, proper closure mechanism			
2. Housekeeping practices and furnishings						2. Boundary line, pool depth properly marked			
3. Towels and bed linens clean						3. Deck is clean and in good repair			
4. Mattresses and box springs clean						4. Lifesaving equipment adequate, good repair			
5. Pest control procedures						5. Pool clarity, pH, disinfectant, & temp. maintained			
6. Ice machines, scoops, liners clean & protected						6. Steps, ladders, and handrails installed, good repair			
7. Garbage storage and disposal						7. Adequate ventilation			
8. Premises maintained, plant growth controlled						8. Electrical outlets, proper protection & distance			
<b>Food Inspection conducted according to 19CSR20-1.025</b>				9. Records maintained and signs posted					
9. Food, equipment and single service/use						10. First aid kit available			
10. Food protected from contamination						11. Lighting adequate and in good repair			
11. Facilities to wash, rinse and sanitize						<b>Section G: Plumbing/Mechanical</b>			
12. Handwashing facilities/hygienic practices						1. Equipment adequate, good repair			
<b>Section D: Life Safety</b>				2. Ventilation adequate, plumbing, restrooms					
1. Combustible/toxic items usage and storage						3. T & P relief valves adequate, good repair			
2. Building maintained to assure safe conditions						4. Relief valve discharge pipes installed, adequate			
3. CO detectors hardwired, installed, good repair						5. Backflow, air gaps, no cross connections			
4. GFCI, outlets & switches installed, good repair						<b>Section H: Heating &amp; Cooling</b>			
5. Exit signs installed, good repair						1. Unvented fuel-burning appliance/space heater			
6. Emergency lighting installed, good repair						2. Fire resistant room or sprinkler head			
7. Electric panel protected, labeled, good repair						3. Location of heating/cooling units			
<b>Required Annual Third Party Inspections</b>				4. Ventilation of appliances and utility rooms					
1. Fire Alarm System						5. Operation and condition adequate			
2. Sprinkler System									
3. Local Fire and Building Codes/Ordinances									
4. Current Boiler/Pressure Vessels MDPS Certification									
5. Backflow Device(s) Test									
6. Liquid Propane Leak Test									
INSPECTED BY (PRINT NAME and SIGN) <i>Kathryn Roberts</i>				EPHS NUMBER		AGENCY		TELEPHONE	
LICENSING YEAR 20____ / 20____				DATE INSPECTED		FOLLOW UP DATE			
RECEIVED BY (PRINT NAME AND TITLE and SIGN)						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 Pecuch</i>	Date:
Received by:	Date:



City:
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### OBSERVATIONS AND ADDITIONAL COMMENTS

Date: