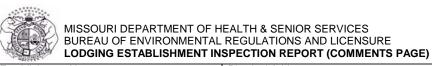


FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name						Nam	Name								
Physical Address						City	Zip								
Mailing Address						City									
	nspection is a(n)	Telephone No. of No. of Rooms Is the current lodging licer Follow-up Stories □ Yes □ No □ N/A-ne								played	d?				
Rooms Inspected:				Water S	Supply	1	-		Wastew			4,7 (110			
				□ Privat		□ Public			☐ Private		Pub	lic			
				Water s	sample	taken 🗆 `	Yes □ N	No	Regulate	ed by:	DHS	SS		NR	
						ools/Spas									
				Indoor			or pool		1000	ool large	er tha	n 200) sau	are fe	et 🗆
Please check if the		New Lod	ging Estab	<u> </u>		i N				oor range	31 4116		oqu	410 70	
local ordinances a		0 1 1 1			- >/		- NI/A		D 10		- 14			- N	
									0				No N/A		
			system installed			s 🗆 No	⊔ N/A					s or Occupancy			
Swimming Pools/Spas			kler system installed			s No N/A Historica					No				
☐ Fuel Burning App				identify noncompliance in operations or											
renewal of your lodgir and/or prosecution. C (RSMo 315.005-065,	ng license. Failure Dwners may reque 19 CSR 20-3.050)	e to comply vest a hearing	vith any time before the D	limits for Departmer	correcti nt Direc	ons specifi tor upon fili	ed in this ng a writ	notice ma ten reques	ay result in st within ter	revocation days af	on of y ter red	your loo ceipt of	lging I this n	icense	
In=In Comp			mpliance, e				-		Observed	N/A	\=Not	Applic		NO	. A. I. A.
Section A & B: Wate 1. Approved source, of			n Out	NO N		ection E: . Textiles, h			rc			In	Out	NO	N/A
Approved source, cComplies with wate										ocation	-				
Chlorinator maintain					2. Fire extinguisher type, inspected, and location 3. Vertical openings fire-rated, self-closing										
4. Wastewater operat						. Doors, se									
Section C: Sanitation/Housekeeping				5	. Smoke de	etectors I	nardwired,	installed,		air					
Walls, floors and ceilings in good repair					. Evacuatio				vailable_						
Housekeeping practices and furnishings					. Stairs and										
3. Towels and bed linens clean			-	8. Means of egress, number, maintained 9. Handrails and balconies maintained and appropriate											
Mattresses and box springs clean Pest control procedures				Section F: Swimming Pools/Spas											
6. Ice machines, scoo	ps, liners clean &	protected			Fence, gate adequate, proper closure mechanism										
7. Garbage storage and disposal				11	Boundary line, pool depth properly marked										
Premises maintaine					3. Deck is clean and in good repair										
Food Inspection cor		~	20-1.025		4. Lifesaving equipment adequate, good repair										
9. Food, equipment at		use			5. Pool clarity, pH, disinfectant, & temp. maintained										
10. Food protected from contamination 11. Facilities to wash, rinse and sanitize					6. Steps, ladders, and handrails installed, good repair										
12. Handwashing facilities/hygienic practices				1	7. Adequate ventilation 8. Electrical outlets, proper protection & distance										
Section D: Life Safety					9. Records maintained and signs posted										
Combustible/toxic items usage and storage					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: Plumbing/Mechanical											
GFCI, outlets & switches installed, good repair Fyit signs installed, good repair				Equipment adequate, good repair Vestilation adequate, plumbing, restrooms											
Exit signs installed, good repair Emergency lighting installed, good repair			+	Ventilation adequate, plumbing, restrooms T& P relief valves adequate, good repair.											
Emergency lighting installed, good repair Electric panel protected, labeled, good repair					3. T & P relief valves adequate, good repair 4. Relief valve discharge pipes installed, adequate										
Required Annual Th						. Backflow,							-		
1. Fire Alarm System	y_ 1			1	S	ection H:	Heating	& Coolin	g						
2. Sprinkler System					. Unvented				heater						
3. Local Fire and Build					2	. Fire resist	tant roon	n or sprink	ler head						
Current Boiler/Pres Certification Beautiful Devices		-5				. Location									
Backflow Device(s) Test Liquid Propane Leak Test					. Ventilation				rns						
INSPECTED BY (P	RINT NAME an		Laylor F			NUMBER			<u>quate</u>	Т	ELE	PHON	E		
LICENOING			- 19.0 - 7				DATE	INSPEC	TED	F	OLLO	OW U	P DA.	TE	
LICENSING YEAR 20/20APPROVED □ YES □ N)	5, (12	10. 20				2,, 0	5,1		
RECEIVED BY (PR					□ NC		-			F	PAGE	1 OF	_		
MO 580-0883 (6-1	16)	Distril	oution: White/	Owner	Canary/	Central Office	e Pink	/Local Offic	e				_	E9.02	



Page

2 of

Establishment Name:	Physical Address:	City:
SECTION DEFEDENCE	ODCEDVATIONS AND ADDITIONAL CO	MMENTO
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL CO	INIMICINIO
Inspected by:		Date:
MI. 17./ 1.1. B	And A	Daile.
Valore & Caylor D,	mmy	
Inspected by: Manif Z: Jaylor B, Received by:		Date:
Val		