



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name		Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager	
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Physical Address	City	Zip
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Mailing Address	City	Zip
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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
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Rooms Inspected:	Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
	Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>	

Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input type="checkbox"/> N/A			
	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		
	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		
	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		

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	In	Out	NO	N/A
1. Approved source, construction and operation				
2. Complies with water quality standards				
3. Chlorinator maintained and operated properly				
4. Wastewater operation and maintenance				
Section C: Sanitation/Housekeeping	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair				
2. Housekeeping practices and furnishings				
3. Towels and bed linens clean				
4. Mattresses and box springs clean				
5. Pest control procedures				
6. Ice machines, scoops, liners clean & protected				
7. Garbage storage and disposal				
8. Premises maintained, plant growth controlled				
Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use				
10. Food protected from contamination				
11. Facilities to wash, rinse and sanitize				
12. Handwashing facilities/hygienic practices				
Section D: Life Safety	In	Out	NO	N/A
1. Combustible/toxic items usage and storage				
2. Building maintained to assure safe conditions				
3. CO detectors hardwired, installed, good repair				
4. GFCI, outlets & switches installed, good repair				
5. Exit signs installed, good repair				
6. Emergency lighting installed, good repair				
7. Electric panel protected, labeled, good repair				
Required Annual Third Party Inspections	In	Out	NO	N/A
1. Fire Alarm System				
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				
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors				
2. Fire extinguisher type, inspected, and location				
3. Vertical openings fire-rated, self-closing				
4. Doors, self-closing and fire-rated				
5. Smoke detectors hardwired, installed, good repair				
6. Evacuation route and plan, installed, available				
7. Stairs and ramps, maintained, storage				
8. Means of egress, number, maintained				
9. Handrails and balconies maintained and appropriate				
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism				
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, good repair				
2. Ventilation adequate, plumbing, restrooms				
3. T & P relief valves adequate, good repair				
4. Relief valve discharge pipes installed, adequate				
5. Backflow, air gaps, no cross connections				
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater				
2. Fire resistant room or sprinkler head				
3. Location of heating/cooling units				
4. Ventilation of appliances and utility rooms				
5. Operation and condition adequate				

INSPECTED BY (PRINT NAME and SIGN) <i>M. J. L.</i>	EPHS NUMBER	AGENCY	TELEPHONE
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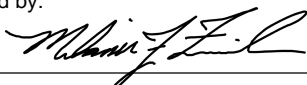
LICENSING YEAR 20____ / 20____	APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED	FOLLOW UP DATE
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RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Unable to sign off on inspection.</i>	PAGE 1 OF ____
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Establishment 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:	<i>Unable to sign off on inspection.</i>	Date:
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
LODGING ESTABLISHMENT CHANGE ORDER

TO: BUREAU OF ENVIRONMENTAL HEALTH SERVICES (Lodging@health.mo.gov)		DATE:
FROM:	COUNTY CODE:	TELEPHONE NUMBER

STATUS CHANGE TO ESTABLISHMENT (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Change in name <input type="checkbox"/> Change in ownership <input type="checkbox"/> Change in address <input type="checkbox"/> Change in telephone number	<input type="checkbox"/> New Establishment <input type="checkbox"/> Close Establishment <input type="checkbox"/> Reactivate Establishment <input type="checkbox"/> Change in number of units
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FACILITY IDENTIFYING INFORMATION (MUST BE COMPLETED FOR ALL SUBMISSIONS)

NAME		
ADDRESS (Street, City, and Zip)		
OWNER		
TELEPHONE	NUMBER OF UNITS	ESTABLISHMENT LICENSE NUMBER _____ - _____

NEW INFORMATION OR CHANGES TO FACILITY INFORMATION

NAME	
ADDRESS (Street, City, and Zip)	
OWNER	
TELEPHONE	NUMBER OF UNITS

SUBMITTER'S NAME OR SIGNATURE	DATE
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FOR CENTRAL OFFICE STAFF ONLY

ESTABLISHMENT LICENSE NUMBER _____ - _____	CHANGED BY (INITIALS)	DATE
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