



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	
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				New Lodging Establishments <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							
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							
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							
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							
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							
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							
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							
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							
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							
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>Kathryn Beant</i>				EPHS NUMBER		AGENCY	
LICENSING YEAR 20____ / 20____				DATE INSPECTED		FOLLOW UP DATE	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>D. Bates</i>				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 Reant</i>	Date:
Received by: <i>[Signature]</i>	Date: