MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES

LODGING ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NUMBER

ESTABLISHMENT NAME: Hickory House Inn & Suites	NAME OF OWNER/CONTACT PERSON: Manjinder Singh		
MAILING ADDRESS: RT 2 / Box 2350	CITY: Birch Tree, Mo	ZIP CODE: 65438	
PHYSICAL ADDRESS: 302 Ozark St	CITY: " "	ZIP CODE: "	
COUNTY: 203/SHANNON	THIS INSPECTION IS A(N): ☐ Initial ☑ Follow-up ☐ Complaint	TELEPHONE: 573-292-1101	NO. OF STORIES: 2
NO. OF ROOMS: 16	ROOMS INSPECTED: 115. # 105, 107, 109, 111, 113		

Please check Yes or No next to each item.	YES	NO
Was this lodging facility built after October 31, 2005		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit		X
Do the following local ordinances apply?		
Fire safety		X
Electrical wiring		X
Fuel burning appliances		X
Plumbing		X
Swimming pools/spas		X
Food		X

WATER SUPPLY	YES	NO
Is the water supply private		X
Is the water supply public	X	
Water sample taken		X
SEWAGE/WASTEWATER		
Is the Sewage/Wastewater private		X
Is the Sewage/Wastewater public	X	
SWIMMING POOLS/SPAS		
Indoor pool		X
Outdoor pool		X
Spa		X
Pool larger than 2000 square feet		X

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)

Yes = In Compliance **No = Not in Compliance, explain on additional page(s)** **NB = Not Observed** **NA = Not Applicable**

SECTION A: WATER SUPPLY	YES	NO	NB	NA
1. Approved source, construction & operation	X			
2. Complies with chemical, bacT & rad standards	X			
3. Chlorinator maintained & operating properly				X
SECTION B: SEWAGE & WASTEWATER				
1. Operating satisfactorily	X			
SECTION C: SANITATION/HOUSEKEEPING				
1. Walls, floors & ceilings in good repair	X			
2. Proper housekeeping practices	X			
3. Towels & bed linens clean			X	
4. Mattresses & box springs clean			X	
5. No evidence of rodents & insects			X	
6. Ice machines, scoops, liners, clean & protected	X			
7. Garbage & refuse properly maintained			X	
8. Premises, plant growth controlled			X	
9. Food sources, sound condition, approved				X
10. Food protected from contamination				X
11. Proper facilities to wash, rinse and sanitize				X
12. Proper hygienic practices				X
SECTION D: LIFE SAFETY				
1. Combustible/toxic items properly used and stored			X	
2. Building maintained to assure safe conditions			X	
3. CO detectors installed, good repair			X	
4. GFCI and proper wiring installed, good repair			X	
5. Exit signs installed, good repair	X			
6. Emergency lighting installed, good repair	X			
7. Electric panel protected, labeled, good repair			X	
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)				
1. Smoke detectors hardwired & maintained				X
2. Fire alarm system installed & maintained				X
3. Sprinkler system installed & maintained				X
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)				
1. Complies with local building codes, fire codes & ordinances	X			

SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
2. Doors and locks permitted			X	
3. Textiles, hangings and mirrors proper			X	
4. Fire extinguisher type, inspected, location			X	
5. Vertical openings protected				X
6. Doors, self closing & fire rated				X
7. Smoke detectors installed, good repair			X	
8. Fire alarm & sprinkler systems tested & approved				X
9. Evacuation route and plan, installed, available			X	
10. Stairs and ramps maintained, good repair			X	
11. Means of egress, number, maintained			X	
SECTION F: SWIMMING POOLS/SPAS				
1. Fence, gate adequate, proper closure mechanism				X
2. Boundary line, pool depth properly marked				X
3. Lifesaving equipment adequate, good repair				X
4. Pool clarity, pH, disinfectant, temp maintained				X
5. Steps, ladders, deck installed, good repair				X
6. Adequate ventilation				X
7. Electrical outlets, proper protection & distance				X
8. Records maintained & signs posted				X
SECTION G: PLUMBING/MECHANICAL				
1. Equipment adequate, good repair			X	
2. Ventilation adequate, plumbing, restrooms			X	
3. Boilers/pressure vessels MDPS certified				X
4. T & P relief valves adequate, good repair			X	
5. Relief valve discharge pipes installed, adequate			X	
6. Proper air gaps, no cross connections			X	
SECTION H: HEATING & COOLING				
1. Unvented fuel-burn appliance/space heater approved			X	
2. Fire resistant room or sprinkler head/detector			X	
3. Proper location of heating/cooling units			X	
4. Ventilation of appliances & utility rooms			X	
5. Operation & condition adequate			X	
6. Proper safety valve, thermo control, elect. switch			X	

INSPECTED BY	EPHS NUMBER	AGENCY	TELEPHONE
Ron Gaston	920	Shannon Co. H.D.	573-226-3941

LICENSING YEAR	APPROVED	DATE INSPECTED	SCHEDULED FOLLOW UP DATE	RECEIVED BY	DATE
2016-17	☑ YES ☐ NO	7/13/16	NA		7/13/16