



Establishment Name **Hickory House Inn & Suites** Name  Owner  General Manager **CHARLIE SINGH**

Physical Address **ST. Hwy 99 9177** City **BIRCH TREE, MO** Zip **65438**

Mailing Address **" " "** City **" "** Zip **" "**

County **203 SHANNON** This inspection is a(n)  Initial  Annual  Follow-up Telephone **573-292-1101** No. of Stories **2** No. of Rooms **16** Is the current lodging license displayed?  Yes  No  N/A-new

**Rooms Inspected:** **# 105, 107, 104, 111, 113, 112, 115**  
**Water Supply**  Private  Public  
 Water sample taken  Yes  No  
**Wastewater**  Private  Public  
 Regulated by:  DHSS  DNR

**Swimming Pools/Spas (check all that apply)**  
 Indoor pool  Outdoor pool  Spa  Pool larger than 2000 square feet

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

INSPECTED BY (PRINT NAME and SIGN) **RON GASTON** EPHS NUMBER **920** AGENCY **SHANNON Co H.D** TELEPHONE **573-226-3914**

LICENSING YEAR **20 18 / 20 19** APPROVED  YES  NO DATE INSPECTED **6/21/18** FOLLOW UP DATE **NA**

RECEIVED BY (PRINT NAME AND TITLE and SIGN) **[Signature]** PAGE 1 OF 1