

DH-50 # Rooms ~~2~~ CHANGE



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Hickory House Inn & Suites Name:  Owner  General Manager SPIRIT CAPITAL LLC.

Physical Address: 9177 Hwy 99 City: BIRCH TREE, MO Zip: 65438

Mailing Address: SAME 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: 15 Is the current lodging license displayed?  Yes  No  N/A - new

Rooms Inspected: # 108, 109, 112, 113, 116

<b>Water Supply</b>	<b>Wastewater</b>
<input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private <input type="checkbox"/> Public
Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR

# 113 IS Truckers Shower Room NOW

**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

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

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

LICENSING YEAR: 20 20 / 20 21 APPROVED  YES  NO DATE INSPECTED: 8/10/20 FOLLOW UP DATE: NA

RECEIVED BY (PRINT NAME AND TITLE and SIGN): \_\_\_\_\_ PAGE 1 OF 1