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Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report						FOR CE	NTRAI ES	TABLICUA	MENT NUME	2ED
						OFF		IADLISHI	MEINT INCIVIE	DEN
						USE	ONLY			
Establishment Name		1 /	1 _		1/1/	Name	Owner 🗆 Genera	l Manage		
KIVED SIDE W	STEL	41	JAR	INS		Tud	U STEWA	G		Mag
Physical Address					City		LXA		Zip	1
19159 Hay 19		1000			C CM	INCUC	J MID		6546	6
Mailing Address					City	11			Zip /	
County (2) This impostion is $g(x)$		Tolophone			No. of	No. of Rooms	Is the current loo	laina licer	ee dienlaver	42
County This inspection is a(n) ☐ Initial ☐ Annual ☐		Telephone	71.3	1791	Stories 1	NO. DI ROOMS	Yes 🗆 No			u!
Rooms Inspected:			Wate	r Supp			Wastewater			
ser Door 47		Approximental Company of the Company	□ Pri\		■ Public		□ Private □ P	ublic		
~ 15			Wate	r samp	le taken □ Yes	□No	Regulated by: □ D		DNR	
			Swim	ming	Pools/Spas (cl	neck all that	apply)			
			Indoo	r pool	Outdoor p	oool 🗆 Spa	Pool larger	than 200	o square fe	et 🗆
Please check if the following	New Lodg	ing Esta	blishm	ents	□-N/A			anh (f.		
local ordinances apply						Bulling				
☐ Fire Safety ☐ Electrical Wiring	Smoke dete				Yes No No		g Pool Certified '		No 🗆 N	
□ Plumbing	Fire alarm s	ystem inst	alled	ο,	Yes 🗆 No 🗆 N	I/A Building C	Certified to National S		No No	У
□ Swimming Pools/Spas	Sprinkler sy	stem insta	lled	П	Yes No No				No 🗆 N	I/A
☐ Fuel Burning Appliances							9	*		
Based on an inspection this day, the ite renewal of your lodging license. Failure	e to comply w	ith any tim	e limits f	or corre	ctions specified in	n this notice ma	v result in revocation	of your lo	laina license	9
and/or prosecution. Owners may reque	est a hearing l	before the	Departm	ent Dire	ector upon filing a	written reques	t within ten days after	receipt of	this notice.	
(RSMo 315.005-065, 19 CSR 20-3.050										
				on add	itional page(s) Section E: Fire		Observed N/A=N	lot Applic		N/A
Section A & B: Water Supply & Was 1. Approved source, construction and o		Out	l NO	IN/A	1. Textiles, hang		rs .	Name and Address of the Owner, where	Out 140	IVA
2. Complies with water quality standard							cted, and location	-		
3. Chlorinator maintained and operated			-	2	3. Vertical openi				*	7
4. Wastewater operation and maintenan					4. Doors, self-clo		ated installed, good repair	Anna and an anna and an anna and an	*	The state of the s
Section C: Sanitation/Housekeeping 1. Walls, floors and ceilings in good rep				T			nstalled, available			
2. Housekeeping practices and furnishing					7. Stairs and ran			200 Marian Marianton		
3. Towels and bed linens clean	-	Section Control of the Control of th						Sales State of the last of the		
Mattresses and box springs clean Pest control procedures				1	8. Means of egre	ess, number, m				100000
					Means of egre Handrails and	ess, number, m I balconies mai	ntained and appropria	te		
6 Ice machines, scoops, liners clean &	protected				8. Means of egree 9. Handrails and Section F: Swi	ess, number, m I balconies mai mming Pools/	ntained and appropria Spas	te		
6. Ice machines, scoops, liners clean &7. Garbage storage and disposal	protected		***	-	8. Means of egree 9. Handrails and Section F: Swi	ess, number, m d balconies mai mming Pools/s dequate, prope	ntained and appropria Spas r closure mechanism	te		Z
Garbage storage and disposal Premises maintained, plant growth co	ontrolled				8. Means of egre 9. Handrails and Section F: Swi 1. Fence, gate a 2. Boundary line 3. Deck is clean	ess, number, m d balconies main mming Pools/s dequate, prope e, pool depth pro and in good re	ntained and appropria Spas r closure mechanism operly marked pair	te		Ž
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MO 580-0883 (6-16)

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

LICENSING YEAR 20 1 / 20

Distribution: White/Owner

APPROVED YES

Canary/Central Office

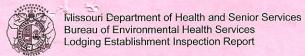
Pink/Local Office

DATE INSPECTED

E9.02

PAGE 1 OF

4513-226-314 FOLLOW UP DATE



Establishment Name Section Reference	Physical Address 9159 Hwy 19 Eminence, Mo. 65466 Observations, comments, and corrective measures
* ROM	5 TNSKETED: MOTEL # 4,2,1,6,8,12, CABN #2,3,4
*	Swimming Pool Closed, LAST VEAR & NOT
	Planning on opening THIS YEAR.
*	NO VIOLATIONS & ROOT ON CABING WILL BE NEEDING REPAIRED SOON
3.5	
INSPECTED BY MO 580-2569 (6-16	RECEIVED BY DATE 5/5/2/ Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A