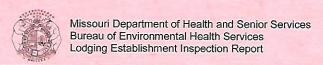


FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name								OOL						
Establishment Name														
Physical Address								14.4						
Physical Address					City					Zip Color				
10 A 11	11/1	201	he.	Las	3/7	ATT TO SERVICE AND ADDRESS OF THE PARTY OF T	919 /4	Y 1				Cor	1 7	04
Mailing Address						City						Zip		
						-							-	
County This inspection is a(n)			phone		-		No. of	Rooms		rrent lodgi			playe	d?
□ Initial □ Annual □	Follow-u	p > 7	17/2	26/	7276	Stories 4	- (6	☐ Yes I	□ No □	N/A- ne	ew		
Rooms Inspected:				Wate	r Supp	oly			Wastewate	r				
were an and a second se				□ Priv	/ate	■ Public			☐ Private	□ Pub	lic			
Ku t C				Wate	rsamp	le taken ☐ Yes	es □ No Regulated by: □ DHSS				DNR			
					Pools/Spas (c									
F // William					or pool					larger tha	n 200	n sau	are f	oot 🗆
The state of the s	Move Le	4.4	F-4-1				DOO! 1	Орс	100	iaigei aic	111 ZOC	o squ	are i	SGL []
Please check if the following	New Lo	aging	Estab	ilisnm	ents	□ N/A								
local ordinances apply	0													
☐ Fire Safety ☐ Electrical Wiring	Smoke d	-	***************************************			Yes No 1			g Pool Certifie		The second second	No	1 []	The second second second
□ Plumbing	Fire alarr	n syste	m insta	ilea	U	Yes No 1	CATALOG SALES		Certified to Nat				upan	СУ
☐ Swimming Pools/Spas	Sprinkler	eveton	n inetall	od	П,	Yes □ No □ N		Permit	Building	☐ Ye		No		LIA
☐ Fuel Burning Appliances										☐ Yes ☐ No ☐ N/A				
Based on an inspection this day, the iter	ns marked	"J "Out"	below i	dentify	noncom	pliance in opera	tions o	r facilities	which must b	e correcte	d prior	to issu	ance	or
renewal of your lodging license. Failure	to comply	with a	ny time	limits t	or corre	ctions specified i	n this r	notice ma	y result in revo	ocation of	your lo	dging I	icens	е
and/or prosecution. Owners may reque (RSMo 315.005-065, 19 CSR 20-3.050)	st a Hearii	ig belo	re me L	peparur	ieni Dire	ector upon ming a	a writte	n reques	t within ten day	ys aπer red	ceipt of	this n	otice.	
		ompli	ance. e	xolain	on add	itional page(s)		VO=Not	Observed	N/A=Not	Δnnli	cable		
Section A & B: Water Supply & Wast	ewater	In	Out	NO	N/A	Section E: Fire					In	Out	NO	N/A
1. Approved source, construction and or		- 1				1. Textiles, hang			rs		X			
2. Complies with water quality standards	3					2. Fire extinguis				ion	1			
3. Chlorinator maintained and operated					1	Vertical open							A	
4. Wastewater operation and maintenan	ce	A				4. Doors, self-cl							1	
Section C: Sanitation/Housekeeping						5. Smoke detec						- X		
 Walls, floors and ceilings in good repa Housekeeping practices and furnishin 	dir	7				6. Evacuation ro				bie	4			-
Towels and bed linens clean	iys	X				Stairs and rarMeans of egr					À			
Mattresses and box springs clean		X								nronriate	3			
Pest control procedures						Handrails and balconies maintained and appropriate Section F: Swimming Pools/Spas								
					e adequate, proper closure mechanism									
7. Garbage storage and disposal						Boundary line, pool depth properly marked								
8. Premises maintained, plant growth co		_X				3. Deck is clean								
Food Inspection conducted according		R20-1.	025			4. Lifesaving e								1
 Food, equipment and single service/u Food protected from contamination 	se				1 5	5. Pool clarity, p								
11. Facilities to wash, rinse and sanitize					- A	Steps, ladderAdequate ver			s installed, goo	d repair				1
12. Handwashing facilities/hygienic prac	tices				- 1	Electrical outl			oction & dictor	200				
Section D: Life Safety	4000					Records main				ice				1
1. Combustible/toxic items usage and st	orage	X				10. First aid kit a	THE RESIDENCE OF THE PERSON NAMED IN	THE RESERVE AND PARTY OF THE PA	io peoted					1
2. Building maintained to assure safe co	nditions	X				11. Lighting ade			od repair					1
CO detectors hardwired, installed, god		No.				Section G: Plu	mbing	/Mechar	nical					
4. GFCI, outlets & switches installed, go	od repair		X			1. Equipment ac					1			
5. Exit signs installed, good repair				A		2. Ventilation ad	lequate	e, plumbi	ng, restrooms		X			
6. Emergency lighting installed, good rep		A		**		3. T & P relief va	alves a	dequate,	good repair		×			
7. Electric panel protected, labeled, good Required Annual Third Party Inspection		A				4. Relief valve d	ischar	ge pipes	installed, adeq	uate	X			
Fire Alarm System	UIIS				Y	5. Backflow, air Section H: Hea	gaps, i	Cooling	connections		X			
2. Sprinkler System					×	Unvented fue				ter				
3. Local Fire and Building Codes/Ordina	nces				×	2. Fire resistant				(10)				K
4. Current Boiler/Pressure Vessels MDP														
Certification					X	3. Location of he					X			
5. Backflow Device(s) Test					Χ	4. Ventilation of					X			
6. Liquid Propane Leak Test	1010111				3/	5. Operation and			quate		Y			
INSPECTED BY (PRINT NAME and	SIGN)	1/			EPHS	NUMBER AC	GENC	Y	111	TELE	PHON	E/		
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	2000	i from Section					91	- 1	27	1	111	-/-	-	,
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RECEIVED BY (PRINT NAME AND	TITLE a	nd SI	SN)		1					PAGE	1 OF	2		
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Establishment Name	Observations, commen	Physical Address	A true	In I Loop	City	Eminora	
Section Reference	Observations, commen	ts, and corrective m	easures				
			The state of the s				
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MO 580-2569 (6-16) Diet	ribution: White/Owner	Canary	Control Office Disk	// ocal Office		E0 02A