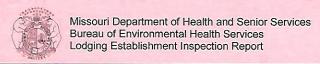


FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Fatablishes and Norma									OILL					
Establishment Name Owner General Manager														
Busker Hill Kespit Great Nowall														
Physical Address						City					Zip	Zip		
6/1/	L) way	Mr.	11,1	1 1		1116	1 6	11000				6	714	X
Mailing Address						City						Zip		
*Billion algebra (see any) Debalation														
County This inspection is a(n) Telephone						No. of No. of Rooms Is the current lodging licens					se dis	playe	d?	
☐ Initial ☐ Annual ☐	Follow-u	p 4/	1/93	4/27	233	Stories	7	0	☐ Yes 🖽					
Rooms Inspected:				Wate	r Sup	oly			Wastewater					
				□ Priv		□ Public			□ Private	□ Pub	lic			
3 4, 5 / 5 8 / 3	16	1 1	1 /4				e II N	0				DI DA	ID	
Water sample taken in 1es into integulated by. II DNN														
Swimming Pools/Spas (check all that apply) Indoor pool □ Outdoor pool □ Spa □ Pool larger than 2000 square feet □														
THE CONTROL OF THE CO				Indoo	r pool	Outdoor	pool	Spa	Pool la	arger tha	an 200	0 squ	are fe	et 🗆
Please check if the following	New Lo	dging	Estab	lishm	ents	™ N/A								
local ordinances apply														
☐ Fire Safety ☐ Electrical Wiring	Smoke d	etector	s hardv	vired	П	Yes No 🗆	N/A	Swimmin	g Pool Certified	□ Yes	; F	No	□N	/A
□ Plumbing	Fire alarr					Yes No D			Certified to Natio		The state of the s	The second second		
Swimming Pools/Spas		0,000	mioto				and the same of th	Permit			Yes No			
	Sprinkler	systen	n install	ed	П	Yes 🛮 No 🗓		Historical	Buildina	☐ Ye		No		/A
Fuel Burning Appliances							The last of		-					
Based on an inspection this day, the iter	to comply	u Out	Delow I	dentilly limits f	noncor	npliance in oper	in thic	or tacilities	which must be	correcte	a prior	to ISSU	ance	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)														
		ilamo	ance, e	xolain	on add	litional page(s)		NO=Not	Observed	N/A=Not	Applie	able		
Section A & B: Water Supply & Wast		In	Out	NO	N/A	Section E: Fi					In	Out	NO	N/A
1. Approved source, construction and or		*				1. Textiles, har			rs		1			
2. Complies with water quality standards	3	1							cted, and location	n	X			
3. Chlorinator maintained and operated	properly	X				3. Vertical oper					1			
4. Wastewater operation and maintenant	ce	×		-		4. Doors, self-o	closing	and fire-ra	ated		×			
Section C: Sanitation/Housekeeping						5. Smoke dete	ctors ha	ardwired,	installed, good	repair	1			
 Walls, floors and ceilings in good repart 	air	X				6. Evacuation	route ar	nd plan, ir	nstalled, availab	le	1			
Housekeeping practices and furnishings		×				7. Stairs and ramps, maintained, storage			X					
3. Towels and bed linens clean		X				8. Means of egress, number, maintained								
Mattresses and box springs clean						Handrails and balconies maintained and appropriate								
5. Pest control procedures Section F: Swimming Pools/Spas										****				
6. Ice machines, scoops, liners clean & protected						Fence, gate adequate, proper closure mechanism Boundary line, pool depth properly marked								
7. Garbage storage and disposal														
8. Premises maintained, plant growth co		D20 4	025			3. Deck is clea								
9. Food, equipment and single service/u		K20-1.	023						quate, good re & temp. mainta					-
10. Food protected from contamination	30													
11. Facilities to wash, rinse and sanitize				-	-	Steps, ladders, and handrails installed, good repair Adequate ventilation						-	-	
12. Handwashing facilities/hygienic prac	tices								ection & distance	Δ.				-
Section D: Life Safety						9. Records ma								
1. Combustible/toxic items usage and st	orage	1				10. First aid kit			io pootou					
2. Building maintained to assure safe co		X				11. Lighting ad			od repair					
3. CO detectors hardwired, installed, go		X				Section G: PI								
4. GFCI, outlets & switches installed, go			X			1. Equipment a	dequat	e, good r	epair		A	T	T	
Exit signs installed, good repair				X		2. Ventilation a	dequat	e, plumbi	ng, restrooms		-\			
Emergency lighting installed, good rej				X		3. T & P relief v	valves a	adequate,	good repair		X			
7. Electric panel protected, labeled, goo									installed, adequ	ate	X			
Required Annual Third Party Inspecti	ons					5. Backflow, air					X			
1. Fire Alarm System						Section H: He					191.74			
2. Sprinkler System									nce/space heat	er			1	
3. Local Fire and Building Codes/Ordina					-1-	2. Fire resistan	t room	or sprinkl	er head				7	
 Current Boiler/Pressure Vessels MDF Certification 	0					3. Location of h	natina	localina	nite		X			
Backflow Device(s) Test						4. Ventilation o	f applie	nces and	utility rooms		X			
6. Liquid Propane Leak Test						5. Operation ar					V			
INSPECTED BY (PRINT NAME and	SIGNI	1/2/	1		FDH	S NUMBER A			quate	TELE	PHON	E		
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RECEIVED BY (PRINT NAME AND	TITLE	ind SI	GN)			1				PAGE	1 OF	2		
XC- H														FE



Page of

Establishment Name		Physical Address		City			
Section Reference	Observations, commen	ts, and corrective n	neasures				
1)-4	Detection	1 61	CI 11 13	1/20 16) + 1	7 34 1/2 1/4		
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7.17					9/13/22		
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MO 580-2569 (6-16)

Distribution: White/Owner Canary/Central Office

Pink/Local Office