

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name														
Courty	Establishment Name	D.		11				Name	Owner D G	Seneral M	lanager	344		
Courty	Lidden WALLE	Physical Property (1997)	1 1000	The same				-	THY-VI	1,11	100			
This inspection is a(n)	Physical Address	0		11/	7 2		City		1 A		1	Zip	years y	101
This inspection is a(n)	TENDY COM WAT	W. W.	MAN	AK			In A	I'NEN(	6 1 Nh			1	55	1619
This inspection is a(n)	Mailing Address						City	1.				Zip	1	
Initial   Annual   G Follow-up    Stories   Dives   No   Dividence   Private   Public		1	1											
Initial   Annual   G Follow-up    Stories   Dives   No   Dividence   Private   Public			1					T 75	11. 0			1		10116
Booms Inspected:		"	100	100		s ares were		No. of Rooms	100			and the second	played	J. Compac
Private   Public   Public   Public   Public   Public   Public   DNR	☐ Initial ☐ Annual	」 ⊢ollow-u	p9 /	5-2	Season Secret	AND STREET		10		No 🗆 I	WA- ne	W		
Water sample taken   Yes   No	Rooms Inspected:				Wate	r Supp	ly		Wastewater					
Swimming Pools/Spas (check all that apply)	SEE TAIR + 2				□ Pri	ate	□ Public		☐ Private	□ Pub	lic			
Swimming Pools/Spas (check all that apply)	- Hamil				Wate	r sampl	e taken 🗆 `	/es □ No	Regulated by	прня	SS	ПОМ	IR	
Please check if the following   New Lodging Establishments   Now Lodging Stablishments   Now Lodging Stablishmen			Marie II											
Please check if the following local ordinances apply   Electrical Wiring   Fire Safety   Electrical Wiring   Smoke detectors hardwired   Yes   No   N/A   Swimming Pool Certified   Yes   No   N/A   Swimming Pool Certified   Yes   No   N/A   Swimming Pool Certified   Yes   No   N/A   Swimming Pool Safe   N/A   Swimmi											elar elar			
Fire Safety   Electrical Wiring   Pulmbing					Indoo	r pool	Outdo	or pool 🗆 Sp	a   Pool la	irger tha	in 2000	) squa	are te	et 🗆
Fire Safety   Electrical Wiring   Pulmbing	Please check if the following	New Lo	daina	Estab	lishm	ents	THE N	'A						
Fire Safety   Electrical Wiring   Fire alarm system installed   Yes   No   N/A   Numming Pool Certified   Yes   No   N/A   Numming Pool Certified   Yes   No   N/A   Swimming Pool Certified   Yes   No   N/A   N/A   Historical Building   Yes   No   N/A   N/			~ 9.00											
Plumbing   Poles/Spas   Sprinker system installed   Yes   No   NA   Pluding Certified to National Standards or Occupancy Permit   Yes   No   NA   Plational Building   Yes   No   Plational Building   Yes   No   Plational Building   Yes   No   Plational Building   Yes		Cmoke c	lotootor	o hordu	irod		/oo □ No	NI/A Curimonoi	na Dool Cortified	El Voc	. п	NIo	m N	10
Swimming Pools/Spas   Permit   Yes   No   N/A   Historical Building   Yes   No   N/A   Section E   Smith let ocomply with any time limits for corrections specified in this notice may result in revocation of your loading license and/or prosecution. Owners may request a hearing before the Department Director upon filing a winter request within the days after receptor of this notice. (RSMo 315 030-065, 19 CSR 26-308)   The Compliance   Quarter of														
Symbol Device   Sprinting		Fire alar	m syste	m insta	iled	LY	es LI No		Certified to Natio				upanc	У
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 imits for corrections specified in this notice may result in rovecation of your dodging license and/or prosecution. Owners may request a hearing before the begaring the provided of the part o	□ Swimming Pools/Spas	0 111												
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ronewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may reguest a hearing before the Department Director upon filling a written request with ten days after receipt of this notice. (RSMo 315.005-065.19 CSR 20-3.050)  In-III Compliance  Out-Not In Compliance  Section & B. B: Water Supply & Wastewater  In Out Not Not Not In Tender of the Compliance of the Complian		ems marke	d "Out"	below i	dentify	noncom	pliance in on	erations or facilitie	s which must be	corrected	d prior t	o issu	ance o	or
and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after recept of this notice. (RSMo 315.005-565, 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 Se Water Supply & Wastewater In Out NO N/A Section E: Fire Safety In Out NO N/A 1. Textiles, hangings and mirrors 1. Provided out-one of the Not														
In-In-Compliance														
In=In Compliance														
Section A & B: Water Supply & Wastewater   In Out NO N/A			Compli	ance, e	xplain	on addi	tional page(	s) NO=Not	Observed	N/A=Not	Applic	able		
1. Textiles, hangings and mirrors 2. Complies with water quality standards 3. Chlorinator maintained and operated properly 4. Wastewater operation and maintenance 5. Section C: Sanitation/Housekeeping 5. Smoke detectors hardwired, installed, good repair 6. Invalis, floors and ceilings in good repair 7. Invalis, floors and ceilings in good repair 8. Means of egress, number, maintained, storage 8. Means of egress, number, maintained and appropriate section Proceedings and provided and section Proceedings and provided and											Total Control	The second secon	NO	N/A
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6. Emergency lighting installed, good repair 7. Electric panel protected, labeled, good repair 8. Required Annual Third Party Inspections 9. Backflow, air gaps, no cross connections 9. Section H: Heating & Cooling 9. Sprinkler System 9. Local Fire and Building Codes/Ordinances 9. Certification 9. Backflow Device(s) Test 9. Location of heating/cooling units 9. Backflow Device(s) Test 9. Location of appliances and utility rooms 9. Location and condition adequate 9. Spection and condition adequate 9. DATE INSPECTED 9. FOLLOW UP DATE 1. Unvented fuel-burning appliance/space heater 9. Fire resistant room or sprinkler head 9. Ventilation of appliances and utility rooms 9. Location of heating/cooling units 9. Operation and condition adequate 1. Ventilation of appliances and utility rooms 1. DATE INSPECTED 1. DATE INSPECTED 1. FOLLOW UP DATE 1. DATE INSPECTED 2. DATE INSPECTED 3. DATE INSPECTED 4. PPROVED 4. PPROVED 5. DATE INSPECTED 5. DATE INSPECTED 5. DATE INSPECTED 6. FOLLOW UP DATE 6. DATE INSPECTED 6. FOLLOW UP DATE 6. DATE INSPECTED 6. FOLLOW UP DATE		ood ropuii	732											
7. Electric panel protected, labeled, good repair  Required Annual Third Party Inspections  1. Fire Alarm System  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)  4. Relief valve discharge pipes installed, adequate  5. Backflow, air gaps, no cross connections  5. Backflow, air gaps, no cross connections  5. Backflow H: Heating & Cooling  1. Unvented fuel-burning appliance/space heater  2. Fire resistant room or sprinkler head  3. Location of heating/cooling units  4. Ventilation of appliances and utility rooms  6. Liquid Propane Leak Test  INSPECTED BY (PRINT NAME and SIGN)  DATE INSPECTED  FOLLOW UP DATE		enair									-			
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Establishment Name	TER CANAL Physical Address Cold WATER RANGE (D) EMINENCE, 11/6
Section Reference	Observations, comments, and corrective measures
UNITS	INSPECTIO: CABIN#1, 2,3,5,6
X	# 4 Occupies
	Stream Control and
	As also
	APPRINCE NO VIOLATIONS OBSERVED
*	
7 8	
INSPECTED BY	RECEIVED BY DATE
COLD	Shills.
MO 580-2569 (6-16	Distribution: White/Owner Canary/Central Office Pink/Local Office   F9.02A