



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

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

Mailing Address: " City: " Zip: "

County: 511/hamm 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: 117, 115, 113, 111, 109, 112, 108, 114

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

**Swimming Pools/Spas (check all that apply)**

Indoor pool  Outdoor pool  Spa  Pool larger than 2000 square feet

<b>Please check if the following local ordinances apply</b>	<b>New Lodging Establishments</b> <input checked="" type="checkbox"/> 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
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	Swimming Pool Certified <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
	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

INSPECTED BY (PRINT NAME and SIGN): RON GASTON EPHS NUMBER: 920 AGENCY: SABANON CO. HD TELEPHONE: 573-226-3914

LICENSING YEAR: 20 21 / 20 22 APPROVED  YES  NO DATE INSPECTED: 3/31/21 FOLLOW UP DATE: 4/30/21

RECEIVED BY (PRINT NAME AND TITLE and SIGN): CHARLIE SINGH PAGE 1 OF 2







Establishment Name <b>Hickory Lake</b>	Physical Address <b>9177 Hwy 99</b>	City <b>BIRCH TREES, MO</b>
Section Reference	Observations, comments, and corrective measures	

* -	Rm #117 CAR TRAY FRONT / 4/11/21 Remodel
E5 D7	#113 Smoke Alarm NOT working - light cover missing bathroom / OPEN SOCKET TABLE LOOSE #114 ALSO
E5	#115 Smoke Alarm - GONE
E5	#111 Smoke Alarm - NO BATTERY
E5	#109 " " - " " + A/C COND. COVER
E5	#112 NOT BATTERY Smoke alarm
D6/D7	EXIT SIGN NOT LITE AS REQUIRED + Emergency light NOT WORKING ON STAIRS / upper landing
* -	NEED TO provide ANNUAL PROPANE LEAK TEST REPORT GAS CO.?
* -	ROOMS ARENT Ready TO RENT IF life/Fire/SAFETY ISNT MET. - WORKING SMOKE ALARMS

INSPECTED BY <b>Ronnie Mahto</b>	RECEIVED BY <b>[Signature]</b>	DATE <b>3/31/21</b>
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