



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <b>HICKORY HOUSE INN &amp; SUITES</b>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <b>SPIRIT CAPITAL</b>	
Physical Address <b>9177 Hwy 99</b>		City <b>BIACH TREE, MO.</b>	Zip <b>65438</b>
Mailing Address <b>"</b>		City <b>"</b>	Zip <b>"</b>
County <b>203 SHANNON</b>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <b>573-226-1101</b>	No. of Stories <b>2</b>
		No. of Rooms <b>15</b>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

<b>Rooms Inspected:</b> <b># 112, 114, 115, 117, 109</b>	<b>Water Supply</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wastewater</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
<b>Swimming Pools/Spas (check all that apply)</b>		
Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

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

INSPECTED BY (PRINT NAME and SIGN) <b>RON EASTON Ron Easton</b>	EPHS NUMBER <b>920</b>	AGENCY <b>SHANNON CO. H.D.</b>	TELEPHONE <b>573-226-3914</b>
LICENSING YEAR 20 <b>21</b> / 20 <b>22</b>	<b>APPROVED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <b>8/24/21</b>	FOLLOW UP DATE <b>—</b>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <b>SWAGLIE SIMON</b>			PAGE 1 OF <b>1</b>