



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Hickory House Inn & Suites</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Spirit Capital</i>	
Physical Address <i>9177 Hwy 99</i>		City <i>Birch tree</i>	Zip <i>65438</i>
Mailing Address <i>Same</i>		City	Zip
County <i>203</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone	No. of Stories <i>2</i> No. of Rooms <i>15</i> Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: <i>105, 107, 108, 111, 112, 114</i>	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

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

INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P Durody</i>	EPHS NUMBER <i>1773</i>	AGENCY <i>TCHP</i>	TELEPHONE <i>417/967/4171</i>
LICENSING YEAR 20 <i>23</i> / 20 <i>24</i>	DATE INSPECTED <i>6/22/23</i>		FOLLOW UP DATE <i>7/20/23</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>na jr</i>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PAGE 1 OF <i>3</i>



Establishment Name <i>House</i>	Physical Address <i>5177 Hwy 91</i>	City <i>Birch tree</i>
Section Reference	Observations, comments, and corrective measures	
C1	Missing light bulbs in 105 107 109 112 114	
	All Light sockets must have a light bulb in them	
D-5 D-6	Exit Sign & Emergency Exit lights at the top of the stairway do not work. ✓	
	Fix or Replace them.	
E-2	Fire Extinguishers are out of inspection ✓ All 3 Call France Fire Extingisher Co and have them tested	
E-6	No Fire/Emergency Evacuation Route Posted in Rooms	
G-2	Mechanical Ventilation in Rooms 107 106 NOT Functioning or Just Missing	
Annex 3, ↓	Party Inspections	
G	Liquid Propane Leak test. ✓ Call Propane Company to schedule this test	
INSPECTED BY <i>[Signature]</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>6/22/23</i>