

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name							Nar	ne /	1 1	Seneral N		r				
Physical Address for Nivis Light							MIII CHEITE Turk									
Physical Address						City	City Eminine					Zip 3466				
Mailing Address						City	and the same of th					Zip				
PO Bx 31						1	=MI	Mote				/		4116		
County 2 This inspection is a(n) Telephone					/	No. of		of Rooms	Is the curr	ent lodgi	ng licer	nse dis	playe	d?		
Shannal   Initial   Annual   F	-ollow-uj	0 57	73/2	240	0450	Stories Z	- 32	7	Yes 🗆	No 🗆	N/A- ne	w				
Rooms Inspected:			7	Wate	r Supp	oly			Wastewater				44 L			
1 1 10 1 4 1 1				□ Priv		Public			□ Private	Pub	olic					
(c5.n 1, 2, 6,4) Wat					er sample taken □ Yes □ No Regulated by: □ DHSS □ DNR											
Ludie 8 10 2 5 2 7 Swi					vimming Pools/Spas (check all that apply)									4-1		
Indo										arger tha	an 200	0 squ	are fe	eet 🗆		
Please check if the following New Lodging Establishments																
local ordinances apply																
	Yes □ No I	N/A	Swimmin	g Pool Certified	□ Ye	s F	No		J/A							
☐ Fire Safety ☐ Electrical Wiring ☐ Smoke detectors hardwired ☐ Plumbing ☐ Fire alarm system installed						res □ No □	***************************************		Certified to Nation							
Swimming Pools/Spas					· ·		Permit			☐ Yes ☐ N						
			n install	ed		res □ No □	es 🗆 No 🗆 N/A Historical Bu							No □ N/A		
Fuel Burning Appliances  Based on an inspection this day, the items marked "Out" below identify					noncom	nliance in one	arations			correcte	d prior	to icen	ance	or		
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 hearin	g befo	re the D	Departm	ent Dire	ector upon filir	ng a writ	ten reques	t within ten days	s after re	ceipt of	this n	otice.			
(RSMo 315.005-065, 19 CSR 20-3.050)																
									Observed	N/A=No	~~~~~~~	-				
Section A & B: Water Supply & Waster		In	Out	NO	N/A	Section E:					In	Out	NO	N/A		
1. Approved source, construction and ope	ration	X				1. Textiles, h					X					
2. Complies with water quality standards		X					2. Fire extinguisher type, inspected, and location							-		
3. Chlorinator maintained and operated properly		¥			X		Vertical openings fire-rated, self-closing     Doors, self-closing and fire-rated							1		
Wastewater operation and maintenance     Section C: Sanitation/Housekeeping										ronair	X			A		
Walls, floors and ceilings in good repair				1		Smoke detectors hardwired, installed, good repair     Evacuation route and plan, installed, available					X					
Housekeeping practices and furnishings		X					7. Stairs and ramps, maintained, storage									
Towels and bed linens clean		Y				8. Means of					X					
4. Mattresses and box springs clean		X			KINE .				ntained and app	ropriate	X					
5. Pest control procedures		X				Section F: 5	Swimm	ing Pools/	Spas							
6. Ice machines, scoops, liners clean & protected					X				r closure mecha	ınism	-			1		
7. Garbage storage and disposal		X							operly marked							
8. Premises maintained, plant growth controlled 3. Deck is clean and in good repair																
Food Inspection conducted according to 19CSR20-1.025									quate, good re							
Food, equipment and single service/use     Food protected from contamination					<u> </u>				& temp. mainta					1		
11. Facilities to wash, rinse and sanitize						7. Adequate			s installed, good	repair		Marie Marie	el superior e			
12. Handwashing facilities/hygienic practices									ection & distance	20				1		
Section D: Life Safety						9. Records n										
Combustible/toxic items usage and storage						10. First aid I	A. V.									
2. Building maintained to assure safe conditions						11. Lighting a										
3. CO detectors hardwired, installed, good repair					X	Section G: Plumbing/Mechanical										
4. GFCI, outlets & switches installed, good repair						1. Equipmen		Y								
5. Exit signs installed, good repair		X							ng, restrooms		X					
6. Emergency lighting installed, good repair		- ^				3. T & P relie		X								
7. Electric panel protected, labeled, good repair X Required Annual Third Party Inspections							Relief valve discharge pipes installed, adequate     Backflow, air gaps, no cross connections									
Fire Alarm System	15		T		A X	Section H:					1					
Sprinkler System					X				nce/space heat	er				X		
3. Local Fire and Building Codes/Ordinances					V			t room or sprinkler head			-			1		
4. Current Boiler/Pressure Vessels MDPS											· ·			***************************************		
Certification					X	3. Location o					X					
5. Backflow Device(s) Test					X.	4. Ventilation					X		42			
6. Liquid Propane Leak Test				X	5. Operation			quate		X						
INSPECTED BY (PRINT NAME and	EPHS	NUMBER	AGEN	ICY	11 11/15	TELE	PHON	E	4.							
Ken P Durden	17	73	lexs	shul	truth Las	+ 4	7/9	1	141	3/						
No.							DATE	INSPECT	ΓED	FOLI	OW U	P DA	ΓE			
EIGENSTING LEAD TO THE STATE OF																
20_23 /20_24 APPROVED X YES \( \text{NO} \) \( \frac{7}{7} \) \( \frac{7}{2} \)								7.3								
RECEIVED BY (PRINT NAME AND TITLE and SIGN)								PAGE	1 OF	11						
MILLIC TO																