



Establishment Name MOTEL 60		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager SHARON K. ROBERTS	
Physical Address 17513 BUCKNER DR		City WINONA, MO	Zip 65588
Mailing Address SAME		City "	Zip "
County SAYLOR	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone	No. of Stories 10
		Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-new	

Rooms Inspected: (SEE PAGE # 2)	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 checked="" 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	New Lodging Establishments <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			
Section A & B: Water Supply & Wastewater								Section E: Fire Safety							
In	Out	NO	N/A	In	Out	NO	N/A	In	Out	NO	N/A	In	Out	NO	N/A
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