

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

|  |             |  |           |  | Totallus and a state of the sta |  |  |                       |                  |  | 5-9-   |        |  |  |
|--|-------------|--|-----------|--|--|--|--|-----------------------|------------------|--|--|--------|--|--|
| Establishment Name   |             | Name   | Owner 🗆 🤇 | General M  |  |  |  |                       |                  |  |  |        |  |  |
| Dhysical Address   |             |  |           |  |  |  | DHAK   | NKIK                  | DIDE?            | 13   | 1  |        |  |  |
| Physical Address   |             |  |           |  |  | City   | NONA.  | Mo                    |                  |  | Zip  | ,55    | RX   |  |
| Mailing Address  |             |  |           |  |  | City   |  | 1,                    |                  |  | Zip  |        |  |  |
| SAME   |             |  |           |  |  |  | **   |                       |                  | - ANNIE - LANGE  |  |        |  |  |
| County This inspection is a(n) Telephone   |             |  |           |  | No. of Stories No. of Rooms Is the curr  |  |  |                       |                  |  |  | playe  | d?   |  |
| □ Initial □ Annual □ Follow-up   |             |  |           | Mata   |  |  |  | Yes 🗆                 | NO 🗆 I           | WA- ne   | W  |        |  |  |
| Rooms Inspected:   |             |  |           | □ Pri  | r Supp   | □ Public   |  | Wastewater  ☐ Private | ☐ Pub            | lio  | Maper  |        |  |  |
| (SEF CAGE # Z)   |             |  |           |  |  | le taken   Yes   | . □ No   | Regulated by          |                  |  | DDN  | ID     |  |  |
|  |             |  |           | A STATE OF THE PARTY OF THE PAR |  |  |  |                       |                  | ,0   | יוטט   | 0.7    |  |  |
|  |             |  |           |  | Swimming Pools/Spas (check all that apply)   |  |  |                       |                  |  |  | aro fo | oot 🗆  |  |
| Indoor pool □ Outdoor pool □ Spa □ Pool larger than 2000 square feet □   |             |  |           |  |  |  |  |                       |                  |  |  |        |  |  |
| Please check if the following local ordinances apply   |             |  |           |  |  |  |  |                       |                  |  |  |        |  |  |
| ☐ Fire Safety ☐ Electrical Wiring Smoke detectors hardwired  |             |  |           |  |  | Yes □ No □ I   | N/A Swimmi   | ng Pool Certified     | □ Yes            |  | No   | □N     | I/A  |  |
| □ Plumbing   | Fire alarr  |  |           |  |  | Yes □ No □ i   | THE RESIDENCE OF THE PARTY OF T | Certified to Nation   |                  |  | THE PARTY NAMED IN COLUMN TWO  | upand  | у  |  |
| ☐ Swimming Pools/Spas  |             | o o o o o o o o o o o o o o o o o o o  |           |  |  |  | Permit   |                       |                  | ☐ Yes ☐ No   |  |        |  |  |
| ☐ Fuel Burning Appliances  | Sprinkler   | system installed   |           |  |  | es   No  N/A Historical Building   |  |                       | □ Yes □ No □ N/A |  |  |        | I/A  |  |
| Based on an inspection this day, the iter  | ns marked   | d "Out"  | below i   | dentify  | noncom   | pliance in opera   | tions or facilitie   | es which must be      | corrected        | d prior  | o issu   | ance   | or   |  |
| renewal of your lodging license. Failure   | to comply   | with a   | ny time   | limits f   | or corre   | ctions specified i   | in this notice m   | ay result in revol    | cation of y      | our loc  | lging li   | cense  |  |  |
| and/or prosecution. Owners may reques  | st a hearin | ng befo  | re the E  | Departm  | ent Dire   | ector upon filing a  | a written reque  | st within ten days    | s after red      | ceipt of   | this no  | otice. |  |  |
| (RSMo 315.005-065, 19 CSR 20-3.050)  |             |  |           |  |  |  |  |                       |                  |  |  |        |  |  |
|  |             |  |           |  | 1  |  |  | Observed              | N/A=Not          |  | Comment of the last of the las | NO.    | LALIA  |  |
| Section A & B: Water Supply & Waste   1. Approved source, construction and op-   |             | In   | Out       | NO   | N/A  | Section E: Fire<br>1. Textiles, han  |  | ore                   |                  | In   | Out  | NO     | N/A  |  |
| Complies with water quality standards  |             |  |           |  |  |  |  |                       | on **            |  |  |        |  |  |
| Chlorinator maintained and operated in the state of |             |  |           |  | -  |  | <ol> <li>Fire extinguisher type, inspected, and location</li> <li>Vertical openings fire-rated, self-closing</li> </ol>  |                       |                  |  |  |        |  |  |
| 4. Wastewater operation and maintenan  |             | The second second  |           |  |  | 4. Doors, self-cl  |  | 15.00                 |                  |  | Salar Control  |        |  |  |
| Section C: Sanitation/Housekeeping   |             |  |           |  | 10000  |  | 5. Smoke detectors hardwired, installed, good i  |                       |                  |  |  |        |  |  |
| Walls, floors and ceilings in good repair  |             | and the same of  |           |  |  | 6. Evacuation re   | 6. Evacuation route and plan, installed, available   |                       |                  | Same and the same of the same  |  |        |  |  |
| Housekeeping practices and furnishings   |             | and the ball of the last   | 7-15      | -  |  | 7. Stairs and ramps, maintained, storage   |  |                       |                  | Sandard Street   |  |        |  |  |
| Towels and bed linens clean  |             | A STATE OF THE PARTY OF  |           |  |  | 8. Means of egr  |  |                       |                  | SHIP THE PARTY NAMED IN  |  | W-1-   |  |  |
| 4. Mattresses and box springs clean  |             | The same of the sa |           |  |  | <ol> <li>Handrails and balconies maintained and appropria<br/>Section F: Swimming Pools/Spas</li> </ol>              |  |                       |                  | The Control  |  |        |  |  |
| Pest control procedures     le lice machines, scoops, liners clean & protected   |             |  |           |  | Mary Service   |  |  |                       | niem             |  |  | - L    |  |  |
| 7. Garbage storage and disposal  |             | Called Stranger of the State of |           |  | The second   | <ol> <li>Fence, gate adequate, proper closure mechanis</li> <li>Boundary line, pool depth properly marked</li> </ol> |  |                       | IIIISIII         |  |  |        |  |  |
| Remises maintained, plant growth controlled  |             | The state of the s |           |  |  | 3. Deck is clean   | and in good r  | epair epair           |                  |  |  |        | No. of the last of |  |
| Food Inspection conducted according to 19CS  |             | R20-1.   | 025       |  |  |  |  | equate, good re       | epair            |  |  | 46     | W.   |  |
| 9. Food, equipment and single service/use  |             |  |           |  | - State of the last of the las | 5. Pool clarity, p   | oH, disinfectan  | t, & temp. mainta     | ined             |  |  |        |  |  |
| 10. Food protected from contamination  |             |  |           |  | The state of the s |  |  | ils installed, good   | repair           |  |  | 0      | Sarly  |  |
| 11. Facilities to wash, rinse and sanitize   |             |  |           |  | Sept. Sept. Co.  | 7. Adequate ver  |  |                       |                  |  |  | *      | System .   |  |
| 12. Handwashing facilities/hygienic prac   | tices       | 400000000000000000000000000000000000000  |           |  |  |  |  | otection & distance   | ce               |  |  |        | 36   |  |
| Section D: Life Safety   | orage       |  |           |  |  | <ol><li>Records main</li><li>First aid kit a</li></ol>   |  | jns posted            |                  |  |  |        | Charge and   |  |
| Combustible/toxic items usage and stage.     Building maintained to assure safe co   |             |  |           |  |  | 11. Lighting ade   |  | ood repair            |                  |  |  |        |  |  |
| 3. CO detectors hardwired, installed, good   |             |  |           |  | The state of the s | Section G: Plu   |  |                       |                  |  |  |        |  |  |
| 4. GFCI, outlets & switches installed, god   |             | -  |           |  |  | 1. Equipment ad  |  |                       | 40               | No. of the last of |  |        |  |  |
| 5. Exit signs installed, good repair   |             | Service .  |           |  |  | 2. Ventilation ac  | dequate, plumb   | oing, restrooms       |                  |  |  |        |  |  |
| 6. Emergency lighting installed, good rep  |             | and the same   |           |  |  | 3. T & P relief v  |  |                       | ***              | > -  | 2  |        |  |  |
| 7. Electric panel protected, labeled, good   | d repair    |  |           |  |  |  |  | s installed, adequ    | iate             |  |  |        |  |  |
| Required Annual Third Party Inspection   | ons         |  |           | l e e  |  | 5. Backflow, air   | gaps, no cross   | s connections         |                  |  |  |        |  |  |
| Fire Alarm System     Sprinkler System   |             |  |           |  |  | Section H: Hea   | aling & Coom   | iance/space heat      | or %             |  |  |        |  |  |
| Local Fire and Building Codes/Ordinal  | nces        |  |           |  |  | 2. Fire resistant  |  |                       | CI               | FRI  |  |        |  |  |
| 4. Current Boiler/Pressure Vessels MDP   |             |  |           |  | -  |  |  |                       |                  | - 23 6   |  |        |  |  |
| Certification  |             |  | Print I   | -  |  | 3. Location of h   | eating/cooling   | units                 |                  | ><   |  |        |  |  |
| 5. Backflow Device(s) Test   |             |  |           |  |  | 4. Ventilation of  |  |                       |                  | Marine Control   |  |        |  |  |
| 6. Liquid Propane Leak Test  |             |  |           | ţ  | 1000   | 5. Operation an  |  | equate                |                  | See See  |  |        |  |  |
| INSPECTED BY (PRINT NAME and SIGN)   |             |  |           |  | EPHS   | NUMBER A   | GENCY  | 011.                  | TELE             | PHON   | E  |        |  |  |
| KON GASTON (Von / Late   |             |  |           | Com  | 170 5  | MARAN  | COHD   | 573                   | - 71             | 4-4  | 1/4  |        |  |  |
| LICENCINO VEAD   |             |  |           |  |  | D.   | ATE INSPEC   | TED                   | FOLL             | OW U   | PDAT   | E      |  |  |
| LICENSING TEAR .   |             |  |           |  |  |  |  |                       |                  |  |  |        |  |  |
| 20 APPROVED MYES INO 5/21/21   |             |  |           |  |  |  | NA   | 1                     |                  |  |  |        |  |  |
| RECEIVED BY (PRINT NAME AND TITLE and SIGN)  |             |  |           |  |  |  |  |                       | PAGE             | PAGE 1 OF  |  |        |  |  |
|  |             |  |           | 1  |  |  |  |                       |                  |  |  |        |  |  |



| Establishment Name   | Physical Address  Bukun Dz City  William Mo                                  |     |
|--|--|-----|
| Section Reference  | Observations, comments, and corrective measures                              |     |
|  |  |     |
| W- 0   | DMS TASPETTED: 1,2,10,12,11,9,7,5,3  |     |
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|  | NOVIOLATIONS   |     |
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| INSPECTED BY   | RECEIVED BY DATE   |     |
| D. T   | 91-1 5/1/11  |     |
| MO 580-2569 (6-16  | 6) Distribution: White/Owner Canapy/Central Office Pink/I ocal Office F9 02A |     |