

LICENSING YEAR

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RECEIVED BY (PRINT NAME AND TITLE and SIGN)

APPROVED

FOR CENTRAL **ESTABLISHMENT NUMBER** OFFICE USE ONLY Establishment Name Owner ☐ General Manager Name MELLEN Physical Address Mailing Address City County This inspection is a(n) Telephone No. of No. of Rooms Is the current lodging license displayed? ☐ Initial ☐ Annual ☐ Follow-up Stories-☐ Yes ☐ No ☐ N/A- new Rooms Inspected: Water Supply Wastewater D Public ☐ Private ☐ Private Public Public Water sample taken ☐ Yes ☐ No Regulated by: DHSS DNR Swimming Pools/Spas (check all that apply) Indoor pool Outdoor pool Spa 🗆 Pool larger than 2000 square feet Please check if the following **New Lodging Establishments** □ N/A local ordinances apply Smoke detectors hardwired Yes No N/A Swimming Pool Certified Yes □ No □ N/A Building Certified to National Standards or Occupancy Plumbing Fire alarm system installed ☐ Yes ☐ No ☐ N/A Permit □ No ☐ Yes ☐ Swimming Pools/Spas Historical Building Sprinkler system installed ☐ Yes ☐ No ☐ N/A □ No □ N/A Fuel Burning Appliances 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 Out NO N/A Section E: Fire Safety Out NO N/A 1. Approved source, construction and operation 1. Textiles, hangings and mirrors 2. Fire extinguisher type, inspected, and location 2. Complies with water quality standards 3. Chlorinator maintained and operated properly 3. Vertical openings fire-rated, self-closing 4. Wastewater operation and maintenance 4. Doors, self-closing and fire-rated Section C: Sanitation/Housekeeping 5. Smoke detectors hardwired, installed, good repair 1. Walls, floors and ceilings in good repair 6. Evacuation route and plan, installed, available 2. Housekeeping practices and furnishings 7. Stairs and ramps, maintained, storage 3. Towels and bed linens clean 8. Means of egress, number, maintained 4. Mattresses and box springs clean 9. Handrails and balconies maintained and appropriate 5. Pest control procedures Section F: Swimming Pools/Spas 6. Ice machines, scoops, liners clean & protected 1. Fence, gate adequate, proper closure mechanism 7. Garbage storage and disposal 2. Boundary line, pool depth properly marked 8. Premises maintained, plant growth controlled 3. Deck is clean and in good repair Food Inspection conducted according to 19CSR20-1.025 4. Lifesaving equipment adequate, good repair 9. Food, equipment and single service/use 5. Pool clarity, pH, disinfectant, & temp. maintained 10. Food protected from contamination 6. Steps, ladders, and handrails installed, good repair 11. Facilities to wash, rinse and sanitize 7. Adequate ventilation 12. Handwashing facilities/hygienic practices 8. Electrical outlets, proper protection & distance Section D: Life Safety 9. Records maintained and signs posted 1. Combustible/toxic items usage and storage 10. First aid kit available 2. Building maintained to assure safe conditions 11. Lighting adequate and in good repair 3. CO detectors hardwired, installed, good repair Section G: Plumbing/Mechanical 4. GFCI, outlets & switches installed, good repair 1. Equipment adequate, good repair 2. Ventilation adequate, plumbing, restrooms 5. Exit signs installed, good repair 6. Emergency lighting installed, good repair 3. T & P relief valves adequate, good repair 7. Electric panel protected, labeled, good repair 4. Relief valve discharge pipes installed, adequate Required Annual Third Party Inspections 5. Backflow, air gaps, no cross connections Section H: Heating & Cooling 1. Fire Alarm System 2. Sprinkler System 1. Unvented fuel-burning appliance/space heater 3. Local Fire and Building Codes/Ordinances 2. Fire resistant room or sprinkler head 4. Current Boiler/Pressure Vessels MDPS Certification 3. Location of heating/cooling units 5. Backflow Device(s) Test 4. Ventilation of appliances and utility rooms 6. Liquid Propane Leak Test 5. Operation and condition adequate INSPECTED BY (PRINT NAME and SIGN) EPHS NUMBER AGENCY **TELEPHONE**

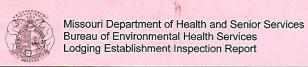
MO 580-0883 (6-16) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02

□ NO

DATE INSPECTED

FOLLOW UP DATE

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