

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

								USE	ONLI								
Establishment Name							Na	me / E	Owner	☐ Gene	ral Ma	anage	r				
Physical Address						City _	City - Kobert IIILitia							Zip.			
19105 Hun 19						FMINERCE						Zip 65 + 166					
Mailing Address					City						Zip						
County 3 (27) This inspection is a(n) Telephone				,		NI- of	LNI-	-f Danier	I to 4h					-1	10		
County 203 This inspection is a(n) Telephone Square Initial Annual Follow-up 5/1					1385	No. of Stories 2		No. of Rooms Is the curre						playe	a?		
Rooms Inspected: Water Supply Wastewater																	
76.0 1.14 1.4				□ Priv		□ Public			☐ Private		Publi						
					Nater sample taken ☐ Yes ☐ No Regulated by: ☐ DHSS							S	□ DN	NR .			
					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															eet 🗆		
Please check if the following local ordinances apply	New Lo	dging	Estab	olishme	ents	□ N/	Α										
☐ Fire Safety ☐ Electrical Wiring	al Wiring Smoke detectors hardwi			ired			□ N/A	N/A Swimming Pool Certified Yes					□ No □ N/A				
□ Plumbing Fire alarm system installe				d Yes No N/A Building Certified to Na					National :	tional Standards or Occupancy							
Swimming Pools/Spas			-d	Permit Yes No N/A Historical Buildi					☐ Yes ☐ No ☐ N/A								
Fuel Burning Appliances Sprinkler system installed Based on an inspection this day, the items marked "Out" below iden									0								
renewal of your lodging license. Failure																	
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)																	
		ompli	ance e	xplain (on addit	tional page(s	s)	NO=Not (Observed	N/A=	-Not	Applic	cable				
Section A & B: Water Supply & Wast	ewater	In	Out	NO	N/A	Section E:	Fire Sa	afety			-	In	Out	NO	N/A		
1. Approved source, construction and o						 Textiles, h Fire extino 				acation							
Complies with water quality standards Chlorinator maintained and operated properly					3. Vertical or												
Wastewater operation and maintenance					Doors, self-closing and fire-rated Smoke detectors hardwired, installed, good repair												
Section C: Sanitation/Housekeeping 1. Walls, floors and ceilings in good repair					Smoke deEvacuatio					Г							
Walls, floors and ceilings in good repair Housekeeping practices and furnishings				7. Stairs and				raliable									
3. Towels and bed linens clean					8. Means of	egress,	, number, m	aintained									
Mattresses and box springs clean Pest control procedures						9. Handrails Section F:				d appropri	ate						
6. Ice machines, scoops, liners clean & protected					1. Fence, ga				nechanism								
7. Garbage storage and disposal					2. Boundary				ked								
8. Premises maintained, plant growth controlled Food Inspection conducted according to 19CSR20-1.025					 Deck is cle Lifesavin 				od repair								
9. Food, equipment and single service/use				5. Pool clarit	y, pH, c	disinfectant,	& temp. m	naintained									
10. Food protected from contamination 11. Facilities to wash, rinse and sanitize				Steps, ladders, and handrails installed, good repair Adequate ventilation													
12. Handwashing facilities/hygienic practices				8. Electrical			ection & di	istance									
Section D: Life Safety				-	9. Records n			ns posted									
Combustible/toxic items usage and storage Building maintained to assure safe conditions					10. First aid kit available 11. Lighting adequate and in good repair												
3. CO detectors hardwired, installed, good repair					Section G:	Plumb	ing/Mechar	nical									
4. GFCI, outlets & switches installed, good repair X 5. Exit signs installed, good repair				 Equipmen Ventilation 				ms		N							
6. Emergency lighting installed, good repair				3. T & P relie	ef valve	s adequate,	good repa	air	d	/^\							
7. Electric panel protected, labeled, good repair				4. Relief valve discharge pipes installed, adequate													
Required Annual Third Party Inspections 1. Fire Alarm System					5. Backflow, air gaps, no cross connections Section H: Heating & Cooling												
2. Sprinkler System				Unvented fuel-burning appliance/space heater Fire resistant room or sprinkler head													
Local Fire and Building Codes/Ordinances Current Boiler/Pressure Vessels MDPS					2. Fire resist	ant roo	m or sprinkl	er head									
Certification				3. Location of	of heating	ng/cooling u	nits										
5. Backflow Device(s) Test				4. Ventilation of appliances and utility rooms													
6. Liquid Propane Leak Test INSPECTED BY (PRINT NAME and SIGN)				5. Operation			quate	T	IED	HON	F						
1 1/ 11 1 9/ 1/60					EPHS NUMBER AG			1	11,14			9/1		1/3			
Nown P Durder K 811							DATE	E INSPECT	FD.				P DA	TE.			
LICENSING YEAR 20 /20 /25						S	126/	I	1-0		11/1	, DA	lan.				
ATTROVED ATTEC									-1								
REGEIVED BY (PRINT NAME AND TITLE and SIGN) PAGE 1 O										TOF	-						
Kobert Marting																	
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