	Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report
ablishment N	ame K Card Rolls

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

A STATE OF THE STA								USE	UNLY							
Establishment Name Rolls								Name Owner General Manager								
Physical Address 36225 Bis Roch Conty					Mr. City			Tscivin					Zip SSDI			
Mailing Address						City	City			Zi			Zip			
County This inspection is a(n) Telephone No. of No. of No. of Rooms Is the current lodging Stories No. of Stories No. of									ng licer	se dis	playe	d?				
203 Initial Annual Follow-up 4/7/932/						Stories		Yes No N/A-new								
Rooms Inspected: Water Supply Wastewater																
61,62,5~Risas	Tourit	Va-	1	▶ Priv		- Public	PN/ Private □ Public									
61,66, Scalkist Sunsci, van						le taken □ Ye						ADV	DNR			
		Swim	ming		check all that apply)											
Indoor pool □ Outdoor pool Å Spa □ Pool larger than 2000 square fe												et 🗆				
Please check if the following local ordinances apply																
☐ Fire Safety ☐ Electrical Wiring	Smoke de	etectors	hardw	ired		Yes 🗆 No 🗆	N/A Swimming Pool Certified Yes				s 🗆	□ No □ N/A				
☐ Plumbing				lled		Yes 🗆 No 🗆						ds or Occupancy				
Swimming Pools/Spas						\$2 	Permit			☐ Yes ☐						
☐ Fuel Burning Appliances Sprinkler:			installe	ed		Yes 🗆 No 🗆	N/A	Historical	Building	□ Ye	s 🗆	No	No 🗆 N/A			
Based on an inspection this day, the iter	ms marked	"Out"	below i	dentify	noncon	pliance in open	ations o	or facilities	which must be	e correcte	d prior	to issu	ance	or		
renewal of your lodging license. Failure														a		
and/or prosecution. Owners may reque		g befor	e the D	epartm	ent Din	ector upon filing	a writte	en reques	t within ten day	s after re	ceipt of	this no	tice.			
(RSMo 315.005-065, 19 CSR 20-3.050)						Hovel vere(e)		NO-Not (Observed	NUA-NI-	Analie	abla				
Section A & B: Water Supply & Wast		In ,	Out		N/A	itional page(s) Section E: Fi			Observed	N/A=No	In /	Out	NO	N/A		
1. Approved source, construction and or		"/	Out	110	NUA	1. Textiles, har			rs		"V,	Out	NO	IVA		
Complies with water quality standards		V				2. Fire extingui				ion	V					
Chlorinator maintained and operated properly		-			-	3. Vertical ope					V					
4. Wastewater operation and maintenance		V				4. Doors, self-o					1,					
Section C: Sanitation/Housekeeping			- 6			5. Smoke dete					· V,					
1. Walls, floors and ceilings in good repa		~				6. Evacuation				ble	1					
2. Housekeeping practices and furnishings		1					and ramps, maintained, storage of egress, number, maintained									
Towels and bed linens clean Mattresses and box springs clean		-				9. Handrails ar				propriate	V					
5. Pest control procedures		V				Section F: Sv										
6. Ice machines, scoops, liners clean &	protected	V				1. Fence, gate				anism	V					
7. Garbage storage and disposal		V				2. Boundary lir					V,					
8. Premises maintained, plant growth co		700.4	005			3. Deck is clea					V					
9. Food, equipment and single service/u		K20-1.1	J25			4. Lifesaving 5. Pool clarity,					7					
10. Food protected from contamination	156					6. Steps, ladde					1					
11. Facilities to wash, rinse and sanitize						7. Adequate ve			motanou, goo	a ropun	1					
12. Handwashing facilities/hygienic practices						8. Electrical ou	ıtlets, p	roper prot	ection & distan	ice	V.					
Section D: Life Safety					- 1	9. Records ma			ns posted		V,					
Combustible/toxic items usage and st		V,				10. First aid kit			and an article		1					
 Building maintained to assure safe co CO detectors hardwired, installed, go 					1	11. Lighting ad Section G: Pl										
4. GFCI, outlets & switches installed, go		V				1. Equipment a										
Exit signs installed, good repair		- V			V	2. Ventilation a					V.					
6. Emergency lighting installed, good repair					V	3. T & P relief					V					
7. Electric panel protected, labeled, good repair					V	4. Relief valve				uate	V					
Required Annual Third Party Inspections					V	5. Backflow, ai	r gaps,	no cross	connections							
Fire Alarm System Sprinkler System					V	1. Unvented fu				ter				1		
Local Fire and Building Codes/Ordinances					/	2. Fire resistan				101				/		
4. Current Boiler/Pressure Vessels MDPS					/											
Certification					V	3. Location of I					1					
5. Backflow Device(s) Test					-	4. Ventilation of					1					
6. Liquid Propane Leak Test		1	9		EDL	5. Operation a			quate	/ TELE	DLION					
INSPECTED BY (PRINT NAME and SIGN)					EPHS	S NUMBER	GENC				PHONE / / / 7/					
Koy's P Purdin R 9 1/m 1773 lexes Co Health Wept 47/967/41									2/							
LICENSING YEAR							DATE	NSPECT	ED	FOLL	OW ÚI	PAT	E			
- 37			XY	FS		0	7/79/25				W/+.					
A	voiene vo					1/2/L				SE 1 OF						
RECEIVED BY (PRINT NAME AND TITLE and SIGN) PAGE 1 OF																
reanting CAND Host																
MO 580-0883 (6-16)	Distr	ibution:	White/0	Owner	Canar	y/Central Office	Pink/l	Local Office)			E	9.02			