

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

| Establishment Name Owner General Manager | | | | | | | | | | | | | | |
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| Physical Address 17 154 Cold Water R City Emigrace | | | | | | | | Zip 5 466 | | | | | | |
| Mailing Address | | U/S | V | | / \ | City | ** // | | | | | Zip | | |
| | | | | | | | | | | | | | | |
| County This inspection is a(n) Telephone No. of Stories No. of Rooms Is the current lodging license displayed? Stories No. of Rooms Yes \(\text{No.} \) No. of Rooms Yes \(\text{No.} \) No. of Rooms | | | | | | | | | | | | | | |
| Rooms Inspected: Water Supply Wastewater | | | | | | | | | | | | | | |
| Private Public Private Public | | | | | | | | | | | | | | |
| Water sample taken \(\tilde{\bar}\) Yes □ No Regulated by: □ DHSS \(\tilde{\bar}\) DNR | | | | | | | | | | | | | | |
| Swimming Pools/Spas (check all that apply) | | | | | | | | | | | | | | |
| Please check if the following New Lodging Establishments □ N/A Outdoor pool □ Spa □ Pool larger than 2000 square feet □ | | | | | | | | | | | | | | |
| Please check if the following local ordinances apply | New Lo | aging | Estat | nishme | ents | UN | Α | | | | | | | |
| ☐ Fire Safety ☐ Electrical Wiring | | | | | | | No | | | | | | | |
| □ Plumbing | Fire alam | Fire alarm system installed | | | | | | r Occupancy No | | | | | | |
| | Swifffilling Pools/Spas | | | | | | No | | J/A | | | | | |
| ☐ Fuel Burning Appliances Based on an inspection this day, the item The state of | * ** | 2,38 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 Ou Section A & B: Water Supply & Wast | | In | Out | | N/A | Section E: | | | Observed | N/A-NOL | In | | NO | N/A |
| Approved source, construction and op- | | 1 | | | | 1. Textiles, h | | | rs | | V | | | |
| 2. Complies with water quality standards | | 1 | | | | | | | cted, and location | on | y | | | |
| 3. Chlorinator maintained and operated | the same of the sa | V | | | | 3. Vertical or | | | | | V | | | 1 |
| 4. Wastewater operation and maintenance Section C: Sanitation/Housekeeping | | | | | | Doors, self-closing and fire-rated Smoke detectors hardwired, installed, good repair | | | | 100 | | | - | |
| Walls, floors and ceilings in good repair | | | | | | 6. Evacuation route and plan, installed, available | | | | | | | 600 | |
| 2. Housekeeping practices and furnishings | | V | | | | 7. Stairs and ramps, maintained, storage | | | / | | | V | | |
| Towels and bed linens clean Mattresses and box springs clean | | | | | | Means of egress, number, maintained Handrails and balconies maintained and appropriate | | | | | | | V | |
| 5. Pest control procedures | | 1 | | | | Section F: Swimming Pools/Spas | | | | | | | | |
| 6. Ice machines, scoops, liners clean & protected | | | | | / | 1. Fence, gate adequate, proper closure mechanism | | | | | | | 1 | |
| 7. Garbage storage and disposal | | | | | | Boundary line, pool depth properly marked Deck is clean and in good repair | | | | | | | 1 | |
| 8. Premises maintained, plant growth co Food Inspection conducted according | a to 19CS | R20-1. | 025 | | | | | | | epair | | | | |
| 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 | | | | | | | | 1 |
| 11. Facilities to wash, rinse and sanitize | | | | | | 7. Adequate ventilation 8. Electrical outlets, proper protection & distance | | | | | | | | 1 |
| 12. Handwashing facilities/hygienic practices Section D: Life Safety | | | | | | Records maintained and signs posted | | | | | | | | |
| 1. Combustible/toxic items usage and st | | V | | | | 10. First aid kit available | | | | | | | | |
| Building maintained to assure safe conditions Conditions hardwired installed good renain. | | | | - | 11. Lighting adequate and in good repair Section G: Plumbing/Mechanical | | | | | | | | | |
| CO detectors hardwired, installed, good repair GFCI, outlets & switches installed, good repair | | 1 | | | 1. Equipment adequate, good repair | | | v , | | | | | | |
| 5. Exit signs installed, good repair | | | V, | 2. Ventilation adequate, plumbing, restrooms | | | ~ | | | | | | | |
| 6. Emergency lighting installed, good repair | | | V | o. r ar roller tarree adoquate, good repair | | | 7 | | | | | | | |
| 7. Electric panel protected, labeled, goo Required Annual Third Party Inspecti | | | | | | Relief valvBackflow, | | | | iale | 0 | | | |
| Fire Alarm System | | | | | Y | Section H: | Heating | & Coolin | g | | | | | |
| 2. Sprinkler System | | | | | 1 | | | | ance/space heat | er | | | | V |
| Local Fire and Building Codes/Ordina Current Boiler/Pressure Vessels MDF | | | | | | 2. Fire resist | ant room | or sprink | ler head | | | | | in |
| Certification | | | | Y | 3. Location of heating/cooling units | | 1 | | | | | | | |
| 5. Backflow Device(s) Test | | | | × | 4. Ventilation of appliances and utility rooms | | | 1 | | | | | | |
| 6. Liquid Propane Leak Test | | | X | 5. Operation and condition adequate | | | DUON | | | | | | | |
| INSPECTED BY (PRINT NAME and SIGN) EPHS NUMBER AGENCY TELEPHONE | | | | | | | 51/ | 11- | , | | | | | |
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| LICENSING YEAR | | | | | DATE INSPE | | | INSPEC. | TED | FOLLOW UP DATE | | | | |
| 20 120 120 120 APPROVED YES NO 130/25 8/2 | | | | | | | 6 | | | | | | | |
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| Section Reference | Observations, commen | ts, and corrective i | measures | | |
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