



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY ESTABLISHMENT NUMBER

Establishment Name Motel 60 Name  Owner  General Manager Sharon K Roberts

Physical Address 17513 Buckner City Winona Zip 65585

Mailing Address City Zip

County 203 This inspection is a(n)  Initial  Annual  Follow-up Telephone 573/325/4410 No. of Stories 2 No. of Rooms 10 Is the current lodging license displayed?  Yes  No  N/A- new

Rooms Inspected: 2, 6, 1, 3, 8, 10  
Water Supply  Private  Public Water sample taken  Yes  No  
Wastewater  Private  Public 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 local ordinances apply  
 Fire Safety  Electrical Wiring  Plumbing  Swimming Pools/Spas  Fuel Burning Appliances  
New Lodging Establishments  N/A  
Smoke detectors hardwired  Yes  No  N/A  
Fire alarm system installed  Yes  No  N/A  
Sprinkler system installed  Yes  No  N/A  
Swimming Pool Certified  Yes  No  N/A  
Building Certified to National Standards or Occupancy Permit  Yes  No  
Historical Building  Yes  No  N/A

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
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>		<b>Section E: Fire Safety</b>	
1. Approved source, construction and operation	In <input checked="" type="checkbox"/>	1. Textiles, hangings and mirrors	In <input checked="" type="checkbox"/>
2. Complies with water quality standards	In <input checked="" type="checkbox"/>	2. Fire extinguisher type, inspected, and location	In <input checked="" type="checkbox"/>
3. Chlorinator maintained and operated properly	In <input checked="" type="checkbox"/>	3. Vertical openings fire-rated, self-closing	N/A <input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	In <input checked="" type="checkbox"/>	4. Doors, self-closing and fire-rated	N/A <input checked="" type="checkbox"/>
<b>Section C: Sanitation/Housekeeping</b>		5. Smoke detectors hardwired, installed, good repair	In <input checked="" type="checkbox"/>
1. Walls, floors and ceilings in good repair	In <input checked="" type="checkbox"/>	6. Evacuation route and plan, installed, available	In <input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings	In <input checked="" type="checkbox"/>	7. Stairs and ramps, maintained, storage	In <input checked="" type="checkbox"/>
3. Towels and bed linens clean	In <input checked="" type="checkbox"/>	8. Means of egress, number, maintained	In <input checked="" type="checkbox"/>
4. Mattresses and box springs clean	In <input checked="" type="checkbox"/>	9. Handrails and balconies maintained and appropriate	In <input checked="" type="checkbox"/>
5. Pest control procedures	In <input checked="" type="checkbox"/>	<b>Section F: Swimming Pools/Spas</b>	
6. Ice machines, scoops, liners clean & protected	In <input checked="" type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	
7. Garbage storage and disposal	In <input checked="" type="checkbox"/>	2. Boundary line, pool depth properly marked	
8. Premises maintained, plant growth controlled	In <input checked="" type="checkbox"/>	3. Deck is clean and in good repair	
<b>Food Inspection conducted according to 19CSR20-1.025</b>		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	
<b>Section D: Life Safety</b>		9. Records maintained and signs posted	
1. Combustible/toxic items usage and storage	In <input checked="" type="checkbox"/>	10. First aid kit available	
2. Building maintained to assure safe conditions	In <input checked="" type="checkbox"/>	11. Lighting adequate and in good repair	
3. CO detectors hardwired, installed, good repair	In <input checked="" type="checkbox"/>	<b>Section G: Plumbing/Mechanical</b>	
4. GFCI, outlets & switches installed, good repair	In <input checked="" type="checkbox"/>	1. Equipment adequate, good repair	In <input checked="" type="checkbox"/>
5. Exit signs installed, good repair	In <input checked="" type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	In <input checked="" type="checkbox"/>
6. Emergency lighting installed, good repair	In <input checked="" type="checkbox"/>	3. T & P relief valves adequate, good repair	In <input checked="" type="checkbox"/>
7. Electric panel protected, labeled, good repair	In <input checked="" type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	In <input checked="" type="checkbox"/>
<b>Required Annual Third Party Inspections</b>		5. Backflow, air gaps, no cross connections	In <input checked="" type="checkbox"/>
1. Fire Alarm System		<b>Section H: Heating &amp; Cooling</b>	
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	In <input checked="" type="checkbox"/>
5. Backflow Device(s) Test		4. Ventilation of appliances and utility rooms	In <input checked="" type="checkbox"/>
6. Liquid Propane Leak Test		5. Operation and condition adequate	

INSPECTED BY (PRINT NAME and SIGN) Kevin P Darden EPHS NUMBER 1713 AGENCY Texas Co Health TELEPHONE 417/967/4121

LICENSING YEAR 20 26 / 20 27 APPROVED  YES  NO DATE INSPECTED 3/24/26 FOLLOW UP DATE NA

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Sharon Roberts owner PAGE 1 OF 1