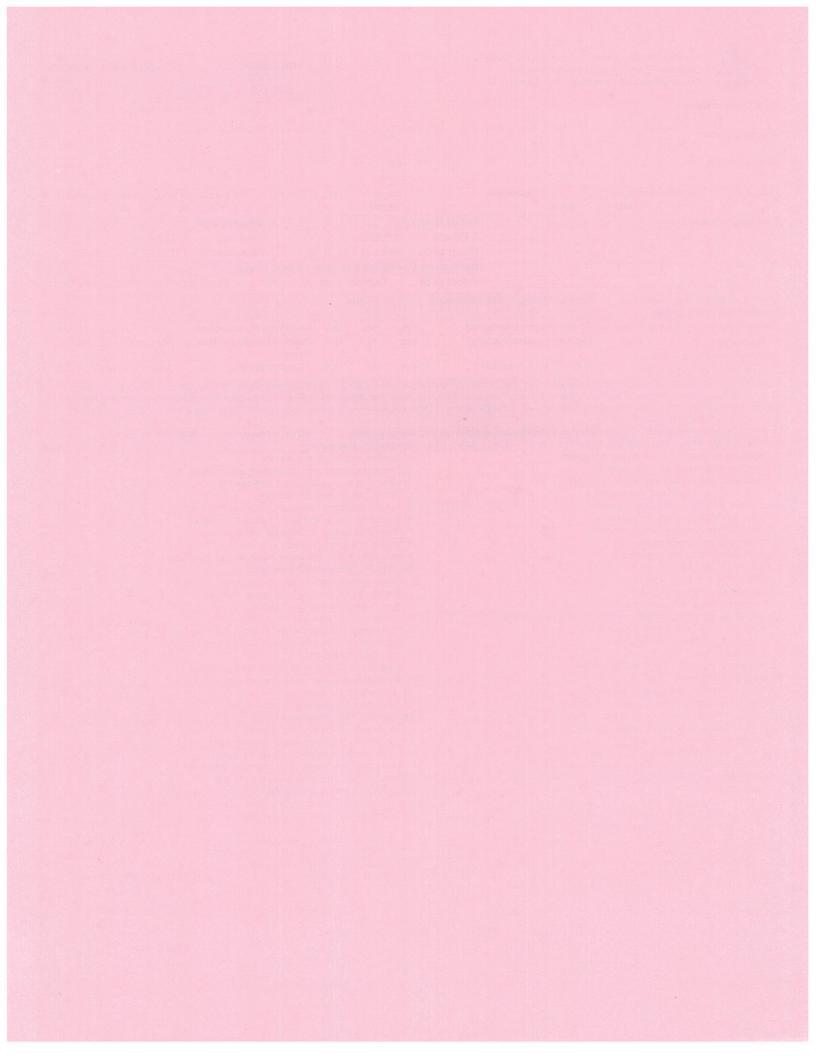


Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

						100		OOL.	OILL					
Establishment Name	tel	L	LC				Nar		Owner 🔟	General N	lanage	er > /		
Physical Address 54 00 Rg	nd	1/1	20	tel	Dr.	City	Sale	200		Jug)	int	Zip	F	0
Mailing Address Same	as	a	bor	1e		City		4				Zip	Access March	
County This inspection is a(n)  □ Initial □ Annual □	Follow-u	Tele	phone	7-2	VI5T	No. of Stories	Z No.	of Rooms		urrent lodgi			playe	d?
Rooms Inspected:		111-	10	Wate	r Supp			1	Wastewate		IN//- III	J V V		
100 .07 100 117 14	~ 77			□ Priv		Public					li -			
19 19 119 119	)	100	1	A COUNTY OF THE PARTY OF THE PA		le taken	Voc W		☐ Private	Pub			ID	
	,, 1								Regulated b	ру: 🗆 рн	55		VK	
105, 201, 302, 50	7				or pool	Pools/Spas  Outdo	or pool			larger tha	an 200	0 squ	are fe	eet 🗆
Please check if the following local ordinances apply	New Lo	dging	Estab	lishm	ents	□N	/A							
	Smoke d	etector	s hardw	vired	П	∕es □ No	□ N/A	Swimmin	g Pool Certifie	ed 🗆 Ye	в 'г	No		Ι/Δ
	Fire alarr					/es □ No		Building (	Certified to Na	tional Star				
□ Swimming Pools/Spas								Permit		□ Ye		No		,
☐ Fuel Burning Appliances	Sprinkler	system	install	ed	ο,	res □ No	□ N/A	Historical	Building	□ Ye	s [	No		I/A
Based on an inspection this day, the item	ns marked	d "Out"	helow i	dentify	noncom	nliance in on	erations			ne correcte	d prior	to iccu	anco	or
renewal of your lodging license. Failure t	to comply	with a	nv time	limits f	or corre	ctions specifi	ed in this	s notice ma	v result in rev	ocation of	vour lo	daina I	icens	P
and/or prosecution. Owners may reques	t a hearir	ng befo	re the D	epartm	ent Dire	ector upon fili	ng a writ	tten request	t within ten da	vs after re	ceint of	this n	otice	
(RSMo 315.005-065, 19 CSR 20-3.050)										ye and to	00.pt 01	tino ii	J.100.	
In=In Compliance Out=	=Not In C					tional page(	s)	NO=Not 0	Observed	N/A=Not	Appli	cable		
Section A & B: Water Supply & Waste		In	Out	NO	N/A	Section E:	Fire Sat	fety			In	Out	NO	N/A
Approved source, construction and operation and operation.	eration	1		100		1. Textiles, I	nangings	s and mirror	s		1	1		
2. Complies with water quality standards		1			(	2. Fire exting	guisher t	type, inspec	ted, and loca	tion		1		
<ol> <li>Chlorinator maintained and operated p</li> <li>Wastewater operation and maintenance</li> </ol>						3. Vertical o					1			
Section C: Sanitation/Housekeeping	е	1				4. Doors, se				1	1			
Walls, floors and ceilings in good repair	ir	1							installed, good		1	77.7	-	
Housekeeping practices and furnishing		-	1_			7. Stairs and			stalled, availa	ible	L	1000		
Towels and bed linens clean	90	10	-			8. Means of					-			
4. Mattresses and box springs clean		Lann							ntained and ap	nronriate	1			
5. Pest control procedures		1				Section F:	Swimmi	ing Pools/S	Spas	propriate				
6, Ice machines, scoops, liners clean & p	rotected		1			1. Fence, ga	te adequ	uate, proper	closure mech	nanism	1			
7. Garbage storage and disposal		1	_						perly marked		1-			
8. Premises maintained, plant growth con		1				3. Deck is cle					1			
Food Inspection conducted according	to 19CS	R20-1.	025			4. Lifesavin	g equip	ment adec	quate, good	repair	1			
<ol> <li>Food, equipment and single service/us</li> <li>Food protected from contamination</li> </ol>	e	1				5. Pool clarit	y, pH, di	isinfectant,	& temp. maint	tained	100			
11. Facilities to wash, rinse and sanitize		1							installed, goo	d repair	1			
12. Handwashing facilities/hygienic practi	ces	1				7. Adequate	ventilati	on oronor prote	ection & distar	200	100			1
Section D: Life Safety	000	NAME OF TAXABLE PARTY.			(	9) Records n	naintaine	and sign	e noeted	ice	á	1	-	1
1. Combustible/toxic items usage and sto	rage	10				10. First aid			a posteu		Chillip			
2) Building maintained to assure safe con	ditions		1			11. Lighting			nd renair					1
3. CO detectors hardwired, installed, good	d repair	1				Section G:	Plumbir	ng/Mechani	ical					
4. GFCI, outlets & switches installed, good	d repair	1		14		1. Equipmen	t adequa	ate, good re	pair		V			
5. Exit signs installed, good repair		-							g, restrooms		- depter	1		
6. Emergency lighting installed, good repa	air	-				3. T & P relie	fvalves	adequate,	good repair		1-			
7. Electric panel protected, labeled, good Required Annual Third Party Inspection		1							nstalled, adeq	uate	1		-	
Fire Alarm System	115					5. Backflow,			connections					1
2. Sprinkler System				- 10	1	Section H: I	fuel-hur	ning applian	nce/space hea	tor				
Local Fire and Building Codes/Ordinand	ces				1	2. Fire resista	ant room	or sprinkle	r head	itel .				1
4. Current Boiler/Pressure Vessels MDPS					1			. or opining	. riodd					1
Certification						3. Location o	f heating	g/cooling un	its		1			
5. Backflow Device(s) Test					1	<ol> <li>Ventilation</li> </ol>	of appli	ances and	utility rooms		-			
6. Liquid Propane Leak Test		1	(200			5. Operation			uate			1-		
INSPECTED BY (PRINT NAME and	SIGN)				EPHS	NUMBER	AGEN	CY		TELEF	PHONI			
Koma longs / hon	na )	MM	00	•	1	168		200	00	573	-77	9	310	16
I IOENOINO VEAD	1	101	40		-		DATE	INSPECTI	ED	FOLLO	4 40			
LICENSING YEAR	U				V		DATE		0000	I-OLL	2 01	DAI	200	17
	PROV		☐ YE	S	N		10-	00	0003	1	10	10-	10	10
RECEIVED BY (PRINT NAME AND T	TITLE ar	nd SIG	iN)		1		4			PAGE	1 OF	2		
1 2	00				9,	and and						0		
toy late		wele		No.	AK	N. C.				,			14	12/2
MO 580-0883 (6-16)	Distr	inition.	White/C	Wher	Canary	Central Office	Pink	/ ocal Office					0.02	





## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

LODGING ESTABLISHMEN	INSPECTION PEDODT	(COMMENTO DA OF)
LODGING LSTADLISHIVIEN	I INSPECTION REPORT	(COMMENTS PAGE)

PAGE OF a

ESTABLISHMENT NAME	PHYSICAL ADDRESS CITY
Kanchmo	tel LLC 5400 Ranch Motel Dr. Salem
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
<u>C6</u>	Obs: mold up inside of shoot area of ice machine,
E2	Obsi five extinguishers have not been ispected since May
115	
H5	Rooms 124, 125, 114, 115 PTAC filters dirty.
Ga	Room 105 - exhaust fan not working.
Da	marking on steps between Building 1+ Building 2 needs repainted
	The state of the s
CZ.	Inside top of microwave has some debris and Freezer of refrigerator needs de froskd. Room 302
	or remgerator needs he mosked. Koom 302
F9	Swimming pool sign that Says "No lifeguard on duty" they word NO has faded out.
	word NO has raised by.
F5	Pool records indicate that on June 24th PH was 7.1 on June 25th 6-2 and on June 20th 6-8 Should
	be between 7-2 and 7-8.
n en	
INSPECTED BY	DATE
soma x	mes 6-26-2023
RECEIVED BY	DATE 6/26/23
O 580-2569 (3-10)	DISTRIBUTION, WHITE OWNED CAMARY CENTRAL OFFICE PARK LOCAL STATE