



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Ranch Motel LLC Name: Owner General Manager Jitendra (Jay) Patel

Physical Address: 5400 Ranch Motel Dr. City: Salem Zip: 65560

Mailing Address: same as above City: Zip:

County: 065 This inspection is a(n) Initial Annual Follow-up Telephone: 573-729-3157 No. of Stories: 1-2 No. of Rooms: 45 Is the current lodging license displayed? Yes No N/A- new

Rooms Inspected: 124, 125, 114, 115, 107, 103, 105, 201, 302, 504

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

INSPECTED BY (PRINT NAME and SIGN): Koma Jones EPHS NUMBER: 1168 AGENCY: DentCo. Health Ctr TELEPHONE: 573-729-3106

LICENSING YEAR: 20 22 / 20 24 APPROVED YES NO DATE INSPECTED: 8-23-2023 FOLLOW UP DATE:

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Jitendra Patel ASST Manager PAGE 1 OF 1

