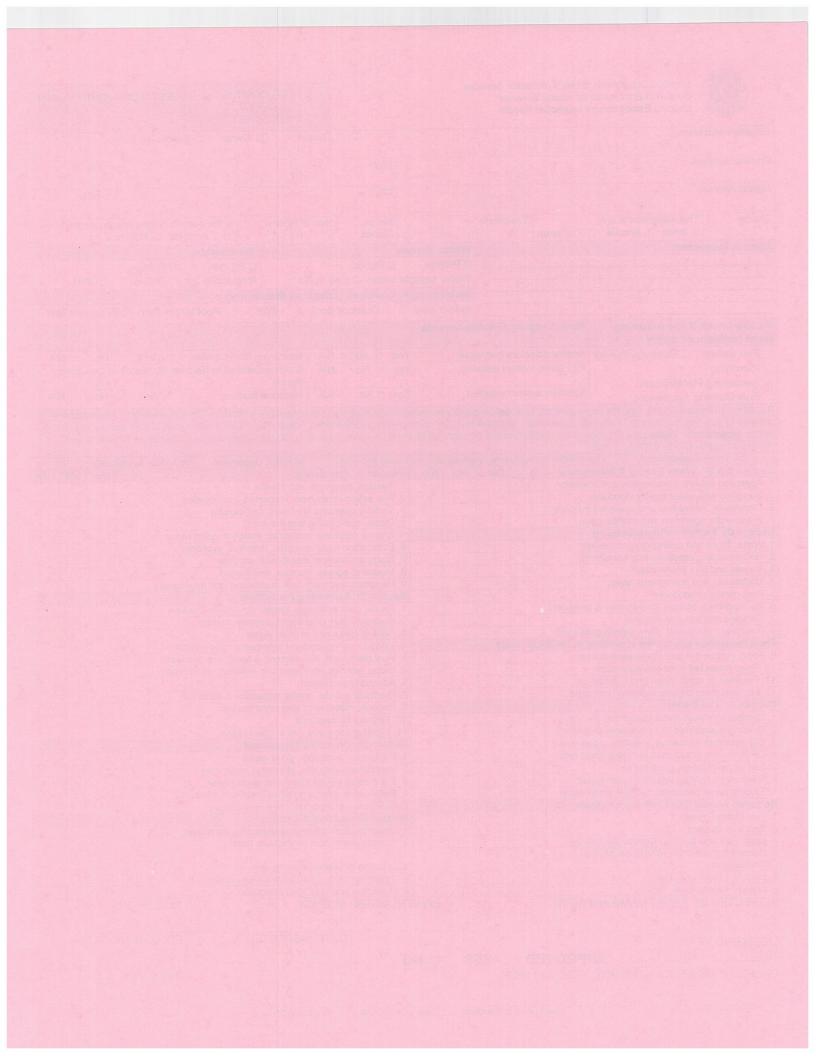
Missouri Department of Bureau of Environmer Lodging Establishmen		FOR CENTRAL OFFICE USE ONLY ESTABLISHMENT NUMBER				UMBER					
Establishment Name Owner OGeneral Manager											
Physical Address 420 CP 6670				<u> </u>		City	Salam Zip-Elo				
Mailing Address			10		City	Juli	())		DD' Zip	260	
County This inspection is a(n) Telephone				0		No. of	No. of Rooms	Is the our	opt lodging lig		
Come Instal ▲ Annual □ Follow-up 573-548-3434 Stories → 48 Annual △ Yes □ No □ N/A- new											
Roma Malalia	L Pol	1.05		Vvate		□ Public		Wastewater	D. Duch I're		
					Regulated by: □ DHSS □ DNR					,	
Swimming Pools/Spas (check all that apply)											
Please check if the following	New Lo	daina	Estab		or pool		bool 🗆 Spa	a 🗆 Pool la	rger than 20	00 squar	e feet 🗆
local ordinances apply					ents	ji≰ N/A					
<ul> <li>Fire Safety</li> <li>Electrical Wiring</li> <li>Plumbing</li> </ul>											
<ul> <li>Swimming Pools/Spas</li> </ul>										s or Occup	ancy
Fuel Burning Appliances	Sprinkler					Yes 🗆 No 🗆 N	I/A Historical		□ Yes	□ No [	N/A
Based on an inspection this day, the iter renewal of your lodging license. Failure and/or proceeding. Queense and/or proceeding.	ns marke	d "Out"	below i	dentify	noncon	pliance in operat	ions or facilities	which must be	corrected prio	r to issuan	ice or
and/or prosecution. Owners may reque	st a hearir	ng befo	re the D	epartm	or corre	ector upon filing a	written reques	ly result in revoc t within ten days	ation of your l	odging lice	ense
(NONO 313.003-003, 19 COR 20-3.030)						itional page(s)					
Section A & B: Water Supply & Wast	ewater	In	Out	NO	N/A	Section E: Fire		Observed I	N/A=Not App		
1. Approved source, construction and op 2. Complies with water quality standards	peration	V				1. Textiles, hang	ings and mirror	°S	-		
3. Chlorinator maintained and operated				-	E	<ol> <li>Fire extinguish</li> <li>Vertical openi</li> </ol>	her type, inspec	cted, and locatio	n l		
4. Wastewater operation and maintenan					have	4. Doors, self-clo	osing and fire-rated	ated	V		
Section C: Sanitation/Housekeeping						5. Smoke detect	ors hardwired, i	installed, good re	epair	1	
1. Walls, floors and ceilings in good repa 2. Housekeeping practices and furnishin	ur	6				6. Evacuation ro	ute and plan, in	stalled, available	e V	2	
3. Towels and bed linens clean	90	V		-		7. Stairs and ram 8. Means of egre	ss number m	aintained			
4. Mattresses and box springs clean		P				9. Handrails and	balconies mair	ntained and appr		L	
<ul><li>5. Pest control procedures</li><li>6. Ice machines, scoops, liners clean &amp; page 1</li></ul>	rotoctod				1	Section F: Swin	mming Pools/S	Spas			
Z. Garbage storage and disposal	Jolecleu	V			L	1. Fence, gate ac 2. Boundary line,	pool depth proper	closure mechar	nism		
8. Premises maintained, plant growth controlled			V			3. Deck is clean	and in good rep	pair			
9. Food, equipment and single service/us	Food Inspection conducted according to 19CSF		025	and service of		4. Lifesaving ed	quipment adec	quate, good rej	oair		1/1
10. Food protected from contamination	se				5	5. Pool clarity, pl 6. Steps, ladders	H, disinfectant,	& temp. maintain			
11. Facilities to wash, rinse and sanitize					-	7. Adequate vent		installed, good	repair		
12. Handwashing facilities/hygienic pract	ices				-	8. Electrical outle	ets, proper prote	ection & distance	9		
Section D: Life Safety 1. Combustible/toxic items usage and sto	orago	1				9. Records maint	tained and sign	s posted			
2. Building maintained to assure safe con	nditions		100			10. First aid kit at 11. Lighting adec		od repair			
3. CO detectors hardwired, installed, goo	d repair	V				Section G: Plur	nbing/Mechan	ical			
4. GFCI, outlets & switches installed, goo 5. Exit signs installed, good repair	od repair	1.0	have			1. Equipment add	equate, good re	pair	6	H	
6. Emergency lighting installed, good rep	air	F			-	<ol> <li>Ventilation ade</li> <li>T &amp; P relief val</li> </ol>	equate, plumbin	ig, restrooms	V		
7. Electric panel protected, labeled, good	repair	V				4. Relief valve dis	scharge pipes i	nstalled, adequa	ite	L	-
Required Annual Third Party Inspection 1. Fire Alarm System	ons	1				5. Backflow, air g					
2. Sprinkler System					lum	Section H: Heat 1. Unvented fuel-			r l		T
3. Local Fire and Building Codes/Ordinar						2. Fire resistant r					Landersont
<ol> <li>Current Boiler/Pressure Vessels MDP: Certification</li> </ol>	5	1			1.				1		
5. Backflow Device(s) Test				V	9	<ol> <li>Location of heat</li> <li>Ventilation of a</li> </ol>					
6. Liquid Propane Leak Test		~	1			5. Operation and	condition adeq			~	
INSPECTED BY (PRINT NAME and SIGN)					EPHS	NUMBER AG	ENCY	110.0.1	TELEPHON		Dta
KOMAJONES GIDMALTONED 116B Dentio. Health lenter 573-72.9-3106											
LICENSING YEAR DATE INSPECTED FOLLOW UP DATE											
	PROV			S	X NO	0	8-1-0	Day	Dept. 1	18,00	04
RECEIVED BY (PRINT NAME AND TITLE and SIGN) PAGE 1 OF 2											
Delissa Wildhab	cr.	GI	M	1	10010	so bil	Shabe	~			
MO 580-0883 (6-16)		ibution:	White/O	wner	Canary	/Central Office	Pink/Local Office			E9.0	)2





## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

ABCCCKA	ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)					
ESTABLISHMENT NAME	PHYSICAL ADDRESS CITY					
Montauk	DNP,LLC 420 CR 6670 Salem					
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS					
H5,C5	Motel Room 12 - Ptactiller divty, dead spiderin sink.					
H5	Motel Room 14 - Ptac filter diving + cracked on the edge.					
E5	Boilernoom-Smoke detector missing ?					
H5	Cabin 7-cold air return vent dirty.					
C8 C5	Cabin9+10-service closet behind Cabins-drain clogged, mouse droppings present.					
C4, C8	Cabin 39 - damage to screen on door, outlet to right of kitchen sink not working.					
H5,C8	Cabin 14 - Ptac filter dirty, glass laying behind Windows behind Cabin, bathroom sink leaking.					
C-8	Cabin 13+14 - utility closet to these to cabins Floor is wet.					
E9,H5	Cabin 13-retaining wall on left side of cabin leaning, Ptac filter dirty + moldy and unit has debris on it.					
CI	Cabin 25-cold air return vent is dirty,					
E9, D2, C1, C5	Cabin 29-First postput on deck to the left is losse. Utility closef is divty and has dead bugs on Floor,					
61	No current Propaneleak test.					
INSPÉCTED BY	DATE 8-7-2024					
RECEIVED BY     DATE       Mo 580-2569 (3-10)     DISTRIBUTION: WHITE - OWNER       CANARY - CENTRAL OFFICE     PINK - LOCAL OFFICE						