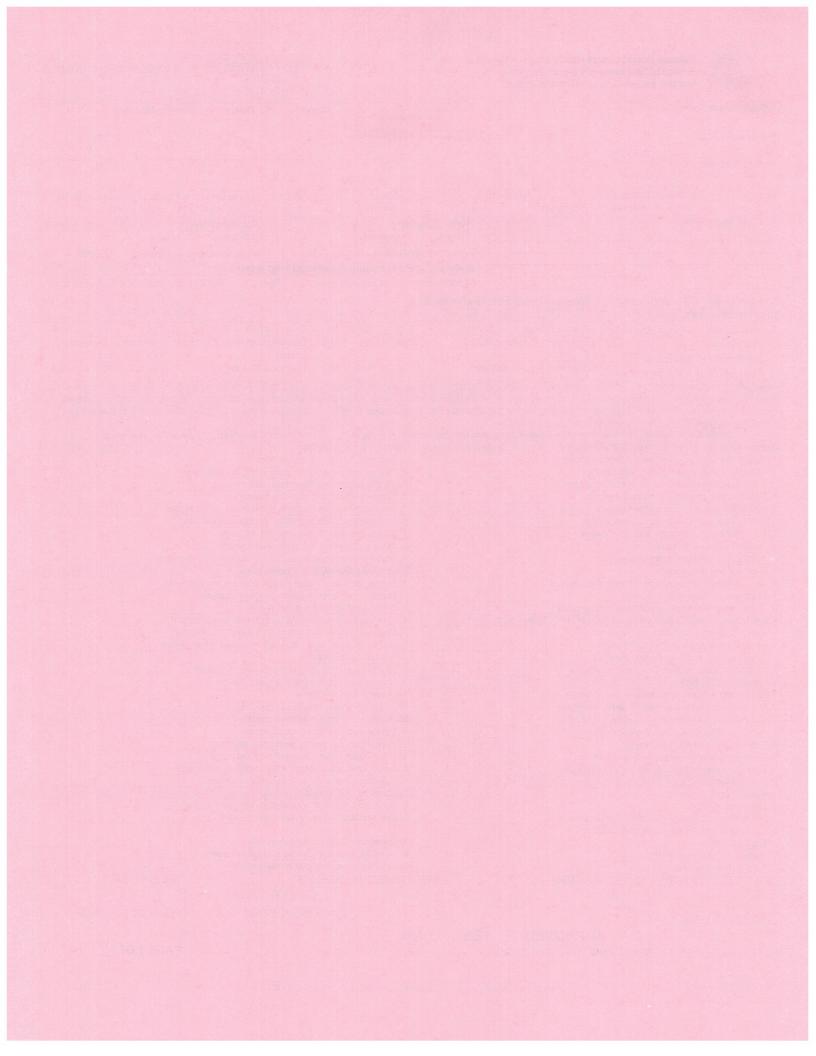


FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

								GOE GIVET								
Establishment Name																
Physical Address City City Zip							35	10								
Mailing Address					City						Zip					
County This is a 11 in 12	No	VA	A)V													
County This inspection is a(n) Telephone No. of Stories No. of Rooms Is the current lodging license dis								se dis _l v	olayed	1?						
Rooms Inspected:				Wate	r Suppl	У		Wastewate								
501-503-301-20	199	110		□ Priv		☐ Public		□ Private	□ Pub	lic	A. A.					
112 123 1211 125					Water sample taken ☐ Yes ☐ No Regulated by: ☐ DHSS								□ DNR			
Swimming Pools/Spas (check all that apply)																
				Indoo	r pool	Outdo	or pool 🗎	Spa D Pool	larger tha	n 2000	squa	re fe	et 🗆			
Please check if the following local ordinances apply	New Lo	dging	Estab	lishmo	ents) N	'A									
☐ Fire Safety ☐ Electrical Wiring	Smoke de	etectors	hardy	vired	ПУ	es 🗆 No	N/A Swi	imming Pool Certifie	d 🗆 Yes		No	□ N	/Δ			
□ Plumbing	Fire alarm					es 🗆 No	The second secon	Iding Certified to Nat								
☐ Swimming Pools/Spas								mit	☐ Yes		No					
☐ Fuel Burning Appliances	Sprinkler	system	install	ed	□Y	es 🗆 No	□ N/A His	torical Building	□ Yes		No	□N	/A			
Based on an inspection this day, the ite	ms marked	d "Out"	below i	dentify	noncomp	liance in op	erations or fa	cilities which must b	e corrected	d prior to	issua	ance o	or			
renewal of your lodging license. Failure	e to comply	with ar	ny time	limits fo	or correc	tions specifie	ed in this noti	ce may result in revo	ocation of v	our lode	aina li	cense				
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	t=Not In C				on addit	ional page(s	s) NO:	=Not Observed	N/A=Not	-	-	- N. S.				
Section A & B: Water Supply & Wast 1. Approved source, construction and o		In	Out	NO		Section E:				In	Out	NO	N/A			
Complies with water quality standard							angings and	inspected, and locat	ion							
Chlorinator maintained and operated								ated, self-closing	1011							
4. Wastewater operation and maintenar							f-closing and									
Section C: Sanitation/Housekeeping								vired, installed, good	l repair							
1. Walls, floors and ceilings in good rep		1						olan, installed, availa	ble							
2. Housekeeping practices and furnishing	ngs	1						ntained, storage								
Towels and bed linens clean Mattresses and box springs clean								per, maintained								
Pest control procedures							and balconle Swimming P	s maintained and ap	propriate							
6. Ice machines, scoops, liners clean &	protected							proper closure mech	anism							
7. Garbage storage and disposal								oth properly marked								
8. Premises maintained, plant growth co						B. Deck is cle	ean and in go	ood repair								
Food Inspection conducted according		R20-1.0)25					t adequate, good i								
 Food, equipment and single service/u Food protected from contamination 	use							ctant, & temp. maint								
11. Facilities to wash, rinse and sanitize						7. Adequate	ders, and na	ndrails installed, goo	a repair				7			
12. Handwashing facilities/hygienic practices						3. Electrical	outlets prope	er protection & distar	nce				1			
Section D: Life Safety								nd signs posted		V						
1. Combustible/toxic items usage and s	torage					10. First aid	CAN STATE OF THE S									
2. Building maintained to assure safe co								d in good repair					Lorent			
3. CO detectors hardwired, installed, go							Plumbing/M									
4. GFCI, outlets & switches installed, go5. Exit signs installed, good repair	ood repair	1					t adequate, g	lumbing, restrooms								
Emergency lighting installed, good re	nair							quate, good repair								
7. Electric panel protected, labeled, good								pipes installed, adeq	uate							
Required Annual Third Party Inspect					!	5. Backflow,	air gaps, no	cross connections					1,000			
1. Fire Alarm System					100	Section H:	Heating & C	ooling								
2. Sprinkler System					Lane 1	I. Unvented	fuel-burning	appliance/space hea	ater				in the			
3. Local Fire and Building Codes/Ordina	ances				1	2. Fire resist	ant room or s	prinkler head					Loren			
 Current Boiler/Pressure Vessels MDF Certification 	-5				~	R Location o	f heating/coo	olina units								
Backflow Device(s) Test								es and utility rooms								
6. Liquid Propane Leak Test							and conditio									
INSPECTED BY (PRINT NAME and SIGN)						NUMBER				PHONE		No.				
Kamadones Go	ma	10)	126	2		168	Dent Le	o. Health Cent		3-T		100	6			
LICENSING YEAR							DATE INS	PECTED	FOLL	OW UP	DAT	E				
	PPROV	ED	V	ES)	4-1	-2024								
RECEIVED BY (PRINT NAME AND						6		0001	PAGE	1 OF	1					
	Orm.		,			- d	Hetcal									
									Account to the second s				AND DESCRIPTION OF THE PARTY NAMED IN			



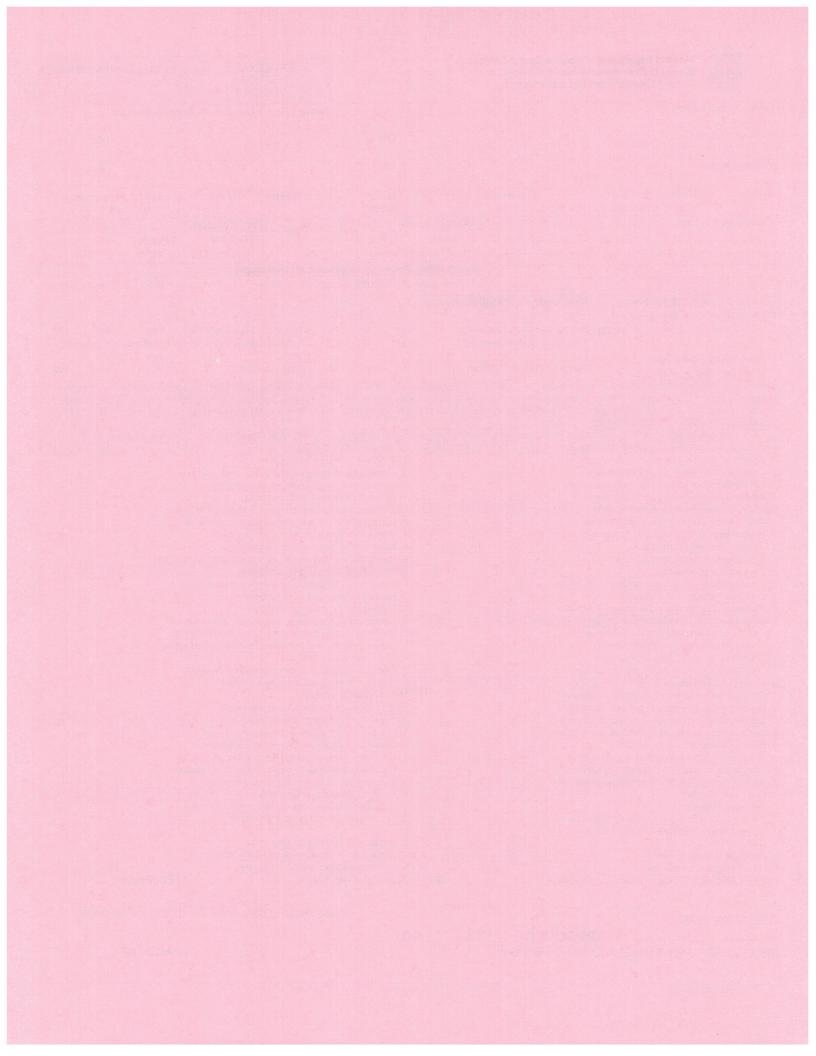


Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Total Control								USE	ONLY								
Establishment Name																	
KUNCH HOTEL LILE THEODER (TO NOTE)																	
Physical Address						City						Zip	Zip				
2400 Kanch Hotel Dave						allen						(ry					
Mailing Address					City							Zip	Zip				
County This inspection is a(n)		Tele	phone		No. of No. of Rooms Is the current lodging license of							aco dir	nlavo	43			
□ Initial □ Annual □	Follow-u		23			Stories	140. 01	11001113			No 🗆						
Rooms Inspected:		The state of		Mato	r Suppl		Marie Committee				The state of the s	W//\- ITE	; VV				
Tell was 301 300									Waste								
1914 503. OU JUJ	104)		Private ☐ Public ☐ Private ☐ Public ater sample taken ☐ Yes ☐ No Regulated by: ☐ DHSS												
11/ 10/ 10/19	In me	1	1									SS	DNR				
Swin						Pools/Spas (check all that apply)											
				Indoo	r pool	Outdoor	oool I	Spa		Pool la	arger tha	an 200	0 sau	are fe	et 🗆		
Please check if the following	New Lo	daina	Fetah	lichm	onte	V N/A			Name of Street								
local ordinances apply	NOW LO	aging	LStar	ni Silili	ciits	XIVA											
☐ Fire Safety ☐ Electrical Wiring	Smoke d	otootor	hardu	irod		oo 🗆 No 🗆 N	1/0		- D1 C) - UE - I			NI				
		THE RESERVE OF THE PERSON	AND THE RESERVED			es 🗆 No 🗆 N		Swimming					No				
□ Plumbing	Fire alarr	n syste	m insta	llea	LY	es 🛮 No 🗆 N	Contract of the Contract of th		Certified	to Nati			rds or Occupancy				
□ Swimming Pools/Spas	Sprinkler	custom	inatall	od		N N	-	Permit	D 11 11		☐ Yes		No				
☐ Fuel Burning Appliances							No □ N/A Historical Building □ Yes □ No □ N/A										
Based on an inspection this day, the iter	ns marked	d "Out"	below i	dentify	noncomp	liance in operat	tions or	facilities	which r	nust be	correcte	d prior	to issu	ance	or		
renewal of your lodging license. Failure	to comply	with a	ny time	limits for	or correct	tions specified in	n this n	otice may	v result	in revoc	cation of	your loc	daina I	icense	Э		
and/or prosecution. Owners may reque	st a hearing	ig befor	e the D	epartm	ent Direc	ctor upon filing a	a writter	n request	t within t	en days	s after red	ceipt of	this n	otice.			
(RSMo 315.005-065, 19 CSR 20-3.050)																	
In=In Compliance Out	=Not in C					ional page(s)		IO=Not C	Observe	d	N/A=Not		_				
Section A & B: Water Supply & Waste 1. Approved source, construction and or		In	Out	NO		Section E: Fire						In	Out	NO	N/A		
Complies with water quality standards		-				1. Textiles, hang				11		Let					
Chlorinator maintained and operated		1				2. Fire extinguis					on	5					
Wastewater operation and maintenan		1				3. Vertical open				ing		1					
Section C: Sanitation/Housekeeping	CE				1	4. Doors, self-cl	osing a	ind fire-ra	netelled			45					
Walls, floors and ceilings in good repart	air	CHAP .	- 600			5. Smoke detec						1			1 0		
Housekeeping practices and furnishing		A September 1	1			 Evacuation ro Stairs and rar 					ile				L.		
Towels and bed linens clean	igo	1	2			B. Means of egr						1					
4. Mattresses and box springs clean		-				9. Handrails and					ropriato	100					
5. Pest control procedures						Section F: Swi				and app	ropriate						
6. Ice machines, scoops, liners clean & protected						I. Fence, gate a				mecha	niem	1					
7. Garbage storage and disposal						2. Boundary line					arnom						
8. Premises maintained, plant growth co	ntrolled					B. Deck is clean						1					
Food Inspection conducted according		R20-1.	025			1. Lifesaving e				good re	epair	100					
9. Food, equipment and single service/u		V.				. Pool clarity, p							11				
10. Food protected from contamination					(S. Steps, ladder	s, and I	handrails	installe	d, good	repair	1					
11. Facilities to wash, rinse and sanitize		W				7. Adequate ver									E.		
12. Handwashing facilities/hygienic prac	tices	V			8	3. Electrical outl	ets, pro	per prote	ection &	distanc	ce				Land !		
Section D: Life Safety					9	Records mair	ntained	and signs	s posted	d			1				
1. Combustible/toxic items usage and st		1				10. First aid kit a											
2. Building maintained to assure safe co					1	Lighting ade	quate a	and in goo	od repai	ir					1		
3. CO detectors hardwired, installed, god		1				Section G: Plu											
4. GFCI, outlets & switches installed, go	od repair		1			 Equipment ac 						W					
5. Exit signs installed, good repair		V				2. Ventilation ad						1000					
6. Emergency lighting installed, good rep		-				B. T & P relief va						2-1					
7. Electric panel protected, labeled, good						Relief valve d					ıate	L.M.					
Required Annual Third Party Inspection	ons				1	Backflow, air	gaps, r	o cross c	connecti	ons					1		
1. Fire Alarm System						Section H: Hea						- SS 1					
Sprinkler System Local Fire and Building Codes/Ordina	nane					I. Unvented fue				ce neat	er	4887					
Current Boiler/Pressure Vessels MDP					V 4	2. Fire resistant	room o	r sprinkie	er nead			Contract of the Contract of th			J		
Certification	0				6	B. Location of he	ating/	cooling un	nite			1					
Backflow Device(s) Test						4. Ventilation of				ome		100					
6. Liquid Propane Leak Test		17				5. Operation and				31113	-26	100	200				
INSPECTED BY (PRINT NAME and	SIGNI					NUMBER AC			date		TELE	PHON	F				
THE LOTED DI (I MINT WANTE AND	(3334)				LITIO	TOWNELL AC	00 17	2011-				7101	4 =				
KUTU JUNEO (1)	7/11/1	-4	HX	//)	1	(CF) D	am	WITH	7HM	(n)	19/19	11	1 -	21()	0		
LICENSING YEAR		in f				DA	ATE IN	ISPECT	ED		FOLL	IU WC	PDAT	ΓE	11		
	2000	FF	- 10		- NO							4	-	(A)	4		
	PPROV			ES	I NC		1	0	ak	77				al.A	1		
RECEIVED BY (PRINT NAME AND	TITLE a	nd SIC	SN)								PAGE	1 OF	2				
In Portal																	





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

PAGE a of a

Ranch Motel	L. L. C	5400 Ranch N	40tel Drive	CITY	Salem
SECTION REFERENCE		OBSERVATI	ONS AND ADDITION	IAL COM	IMENTS
	No Warn		+ theve is	NO	lifeguard oriduty
F-5	¥	onts show			ot being maintained
1 5 May 10 F Add	between has he	ien for th	e Month	OFJ	who howest it
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ca	Room al	7a-debris	ender Hu	o Dec	J.
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E5, Da			just bed	- Boli	-no light buts
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INSPECTED BY	0100				1-8-2024
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