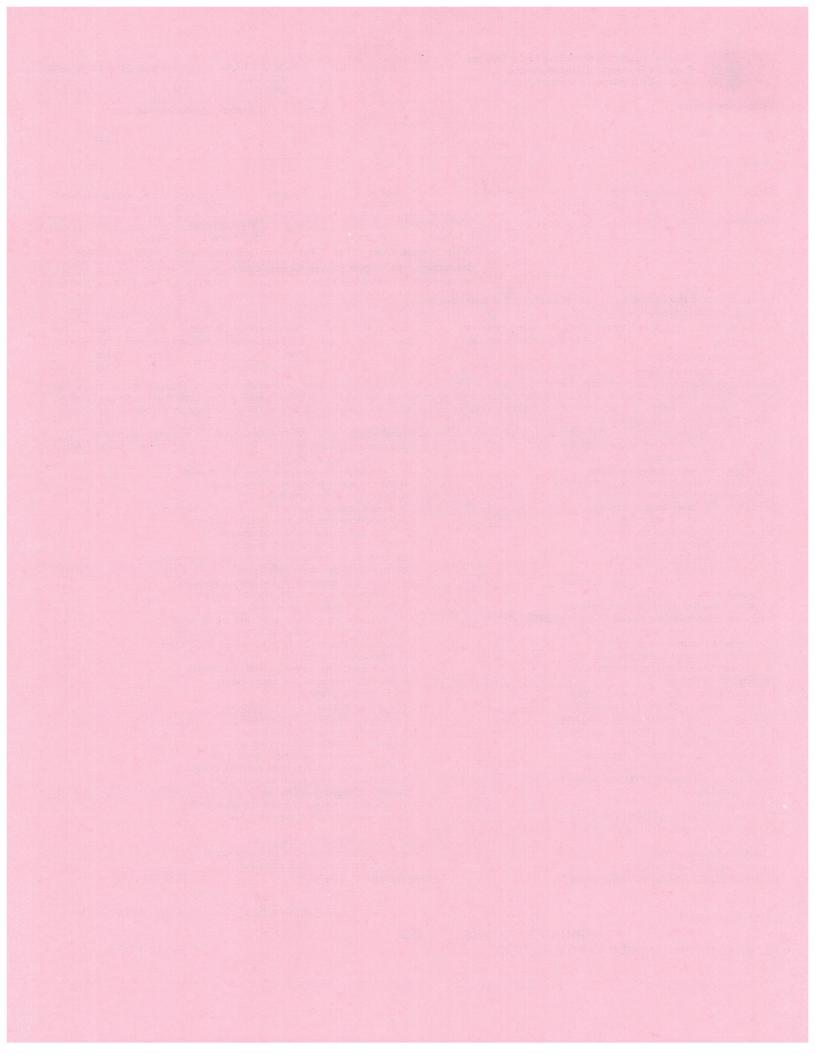


Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name							Non		ONL!					
Name						Name								
Physical Address (130) Havy 119				City Galan				Zip	Zip					
Mailing Address					City	City					10 J JOL J			
bame						City						Zip		
County This inspection is a(r	1)	Tele	phone			No. of	No.	of Rooms	Is the curr	ent lodgi	ina lico	neo die	nlavo	42
□ Initial □ Annual		p 57	3-14			Stories	110.	OI I TOOMIS	Yes 🗆				spiaye	u!
Rooms Inspected:				Wate	r Supp	oly			Wastewater	110 2				The same of
9.44 - 10.10 17 1	2 10	3 - 5-1		□ Priv		□ Public			□ Private	□ Pub	olic			
WANTS 10, 11, 16, 1		2,11	111	Wate	rsamp	le taken 🗆	Yes IN	No	Regulated by			D DI	VR.	
and Ti			-			Pools/Spas			apply)					
					or pool		or pool			rger tha	an 200	0 sau	are fe	eet 🗆
Please check if the following New Lodging Establishments Outdoor pool Spa Pool larger than 2000 square feet N/A														
local ordinances apply	NOW LO	aging	Lotab	ii 31 ii ii	ciits		^							
☐ Fire Safety ☐ Electrical Wirin	g Smoke d	etector	s hardw	rired	Π,	Yes □ No	□ N/A	Swimmin	g Pool Certified	□ Ye	9 [No		Ι/Δ
□ Plumbing	Fire alarr					Yes □ No		Building (Certified to Natio	onal Star	ndards			
☐ Swimming Pools/Spas								Permit		□ Ye		No	арат	,
☐ Fuel Burning Appliances	Sprinkler	system	installe	ed		Yes □ No	es □ No □ N/A Historical Building □ Yes □ No □ N/A							V/A
Based on an inspection this day, the	items marked	d "Out"	below i	dentify	noncom	pliance in op	erations	or facilities	which must be	correcte	d prior	to issu	ance	or
renewal of your lodging license. Fail	ure to comply	/ with a	ny time	limits for	or corre	ctions specific	ed in this	notice ma	v result in revoc	ation of	vour lo	daina I	icense	P
and/or prosecution. Owners may rec	luest a hearir	ng befor	re the D	epartm	ent Dire	ector upon filir	ng a writt	ten reques	t within ten days	after re	ceipt of	this n	otice.	
(RSMo 315.005-065, 19 CSR 20-3.0	50)	`ananli.		on India		hi /	,	NO N .						
Section A & B: Water Supply & Wa	astewater	In	Out	NO	N/A	tional page(s Section E:	S) Eiro Saf	NO=Not (Observed	N/A=Not	1	1	NO	NI/A
1. Approved source, construction and		111	Out	140	IVA	1. Textiles, h			re ·		In	Out	NO	N/A
2. Complies with water quality standa					7				cted, and location	n				
3. Chlorinator maintained and operat					S	3. Vertical or								
4. Wastewater operation and mainter					1	4. Doors, sel	f-closing	and fire-ra	ated					
Section C: Sanitation/Housekeepi									installed, good r					
 Walls, floors and ceilings in good r Housekeeping practices and furnis 						6. Evacuatio	n route a	and plan, in	stalled, availabl	е				
Towels and bed linens clean	illigs					7. Stairs and 8. Means of								
4. Mattresses and box springs clean						9. Handrails	and balo	onies mair	ntained and app	ropriate				
5. Pest control procedures			No.			Section F:				ropriato				
6. Ice machines, scoops, liners clean & protected					1. Fence, ga	te adequ	ate, proper	closure mecha	nism					
7. Garbage storage and disposal	4 11 1								perly marked					
8. Premises maintained, plant growth Food Inspection conducted accord	ling to 1905	P20_1	025			3. Deck is cle			oair quate, good re	nair				
9. Food, equipment and single service	e/use	120-1.	020						quate, good re & temp. maintai					
10. Food protected from contamination									installed, good					
11. Facilities to wash, rinse and sanit						7. Adequate	ventilatio	on						
12. Handwashing facilities/hygienic p	ractices								ection & distanc	е				
Section D: Life Safety	Laterna					9. Records n			s posted					
 Combustible/toxic items usage and Building maintained to assure safe 						10. First aid			ad rapair					
3. CO detectors hardwired, installed,						11. Lighting a Section G:								MESTAL SE
4. GFCI, outlets & switches installed,					(1. Equipmen					100			
5. Exit signs installed, good repair									ng, restrooms					
6. Emergency lighting installed, good						3. T & P relie								
7. Electric panel protected, labeled, g					1				nstalled, adequ	ate				
Required Annual Third Party Inspe 1. Fire Alarm System	ctions					5. Backflow,								
Sprinkler System						Section H: 1			nce/space heate	or				
3. Local Fire and Building Codes/Ord	inances					2. Fire resista				,1				
4. Current Boiler/Pressure Vessels M														
Certification						3. Location o								
5. Backflow Device(s) Test6. Liquid Propane Leak Test						4. Ventilation								
					5. Operation NUMBER			quate	TELE	PHON	E			
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LICENSING YEAR							DATE	INSPECT	ED	FOLL	OW U	P DAT	E	
20	APPROV	ED	YI	ES.		0	1	1-19-	2024		NI	A		
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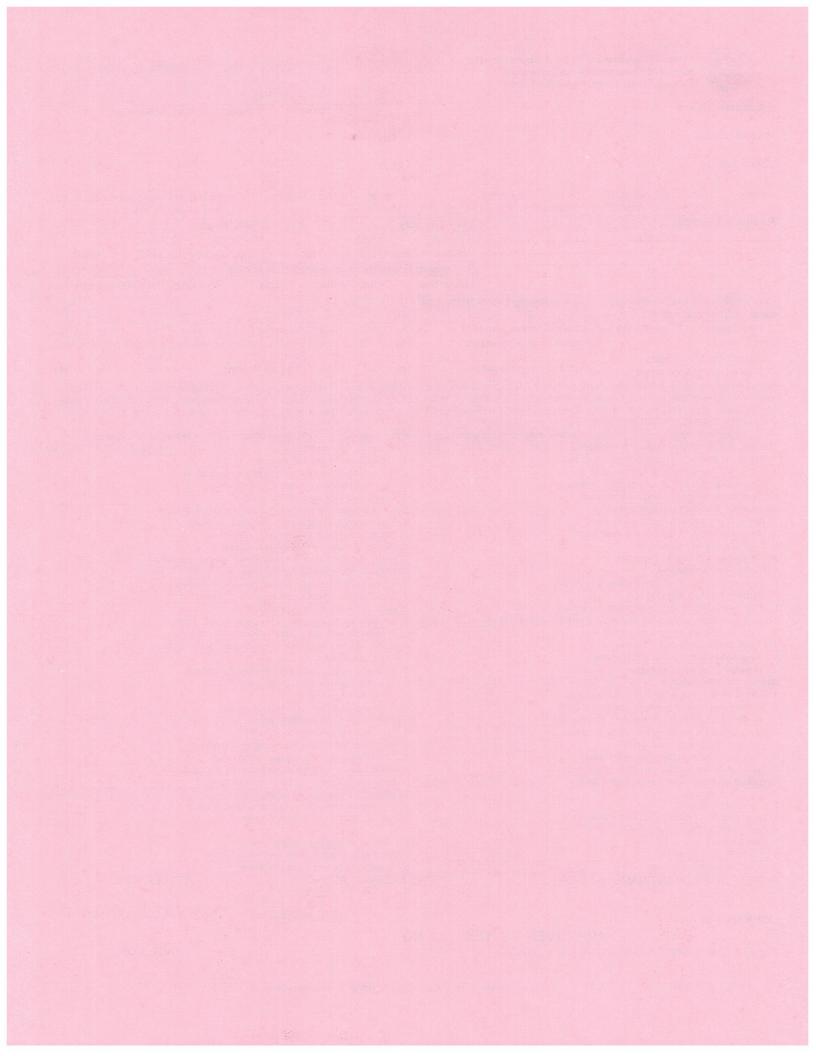


Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name							USE	ONLY					
Establishment Name													
Physical Address City							KERT		Zip				
Friysical Address					City	City							
Mailing Address					City	HILLI.				100	Me	X 1	
Married Ges Charles					City					Zip			
County This inspection is a(n)		Tolo	phone			No of	N- CD	1					
□ Initial □ Annual □	Follow-II	n	prione		222	No. of Stories	No. of Rooms					layed	1?
Rooms Inspected:	1 Ollow u	P	1-17	Wato	r Supp		10	☐ Yes ☐	NO U N	VA- ne	W		
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1.7.1	/	1	The state of the s		□ Public		Wastewater	- 5 11				
CONTINUE TO LET LET LET		10,	11,	100									
10%20 9			1					Regulated by:		S		₹	
- WWW. Colo					wimming Pools/Spas (check all that apply) adoor pool Outdoor pool Spa Pool larger than 2000 squa								
				Indoc	r pool	Outdoor p	pool 🗆 Sp	a 🗆 Pool la	rger than	n 2000) squa	re fe	et 🗆
Please check if the following	New Lo	dging	Estab	lishm	ents	N/A							
local ordinances apply													
☐ Fire Safety ☐ Electrical Wiring	Smoke d	etector	s hardw	rired		res □ No □ N		ng Pool Certified				□ N/	
□ Plumbing	Fire alarr	n syste	m insta	lled	0,	res □ No □ N		Certified to Natio	nal Stand	dards o	r Occup	pancy	y
☐ Swimming Pools/Spas	Coriolde	avat-	Jan to H			(= N = -	Permit		☐ Yes		No		
☐ Fuel Burning Appliances	Sprinkler					/es □ No □ N		al Building	□ Yes		□ No □ N/A		
Based on an inspection this day, the iter	ns marked	d "Out"	below i	dentify	noncom	pliance in operat	tions or facilitie	s which must be	corrected	prior t	o issua	nce c	or
renewal of your lodging license. Failure	to comply	with a	nv time	limits for	or corre	ctions specified in	n this notice m	av result in revoca	ation of vo	our lod	aina lic	onco	
and/or prosecution. Owners may reques (RSMo 315.005-065, 19 CSR 20-3.050)	st a nearin	ig betoi	e the D	epartm	ent Dire	ector upon filing a	written reques	st within ten days	after rece	eipt of	this not	ice.	
	=Not In C	omplia	ince e	xplain i	on addi	tional page(s)	NO=Not	Observed N	N/A=Not	Annlie	abla		
Section A & B: Water Supply & Waste	ewater	In	Out	NO	N/A	Section E: Fire		Observed 1		In	Out	NO	N/A
1. Approved source, construction and op	eration					1. Textiles, hang		ors		10	Out !		13773
2. Complies with water quality standards						2. Fire extinguis	her type, inspe	cted, and location	n	1			
3. Chlorinator maintained and operated p						Vertical openi	ings fire-rated,	self-closing		1			
4. Wastewater operation and maintenand	ce				-	4. Doors, self-clo	osing and fire-	rated					100
Section C: Sanitation/Housekeeping 1. Walls, floors and ceilings in good repa	ie	~						installed, good re		1			
Walls, floors and ceilings in good reparations. Housekeeping practices and furnishing.	as .	1				7. Stairs and ran		nstalled, available	9				10
Towels and bed linens clean						8. Means of egre				1			
4. Mattresses and box springs clean						9. Handrails and	balconies ma	intained and appr	opriate	1-			
5. Pest control procedures		V				Section F: Swi			opilate	Marie .			
6. Ice machines, scoops, liners clean & p	protected				1			er closure mechar	nism	M			
7. Garbage storage and disposal	م المعالم					2. Boundary line				1			
8. Premises maintained, plant growth cor Food Inspection conducted according		D20_1 (125			3. Deck is clean	and in good re	epair					
9. Food, equipment and single service/us		1/20-1.	123			5 Pool clarity of	quipinent auc H disinfectant	equate, good rep , & temp. maintair	pair				
10. Food protected from contamination					1			s installed, good					
11. Facilities to wash, rinse and sanitize						7. Adequate ven	tilation						1
12. Handwashing facilities/hygienic pract	tices				-			tection & distance	Э	10			
Section D: Life Safety						9. Records main		ns posted		1			
 Combustible/toxic items usage and sto Building maintained to assure safe cor 		-				10. First aid kit a		and soc -!-		*			
CO detectors hardwired, installed, good		1				11. Lighting adec Section G: Plui				10			OLE SEE
4. GFCI, outlets & switches installed, good		100				Equipment ad					1		
5. Exit signs installed, good repair					1	2. Ventilation add							
6. Emergency lighting installed, good rep						3. T & P relief va				1			
7. Electric panel protected, labeled, good		Later .						installed, adequa	ate	L			
Required Annual Third Party Inspection	ons		W4565			5. Backflow, air o							-
Fire Alarm System Sprinkler System						Section H: Hea							
Sprinker System Local Fire and Building Codes/Ordinar	nces					Fire resistant in the second sec		ance/space heate	ı I				
Current Boiler/Pressure Vessels MDP:						2. 1 110 10010tal1()	room or sprink	ioi ridad					1
Certification					1	3. Location of he	eating/cooling u	ınits		-			
5. Backflow Device(s) Test				L	4. Ventilation of a	appliances and	d utility rooms		L				
6. Liquid Propane Leak Test 5. Operation and condition adequate													
INSPECTED BY (PRINT NAME and	SIGN)				EPHS	NUMBER AG	SENCY		TELEP	HONE	0 07		
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LICENSING YEAR						DA	TE INSPEC	TED	FOLLO	W UP	DATE		
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

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SECTION REFERENCE			ERVATIONS AND ADDITION	NAL COM	MENTS	
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