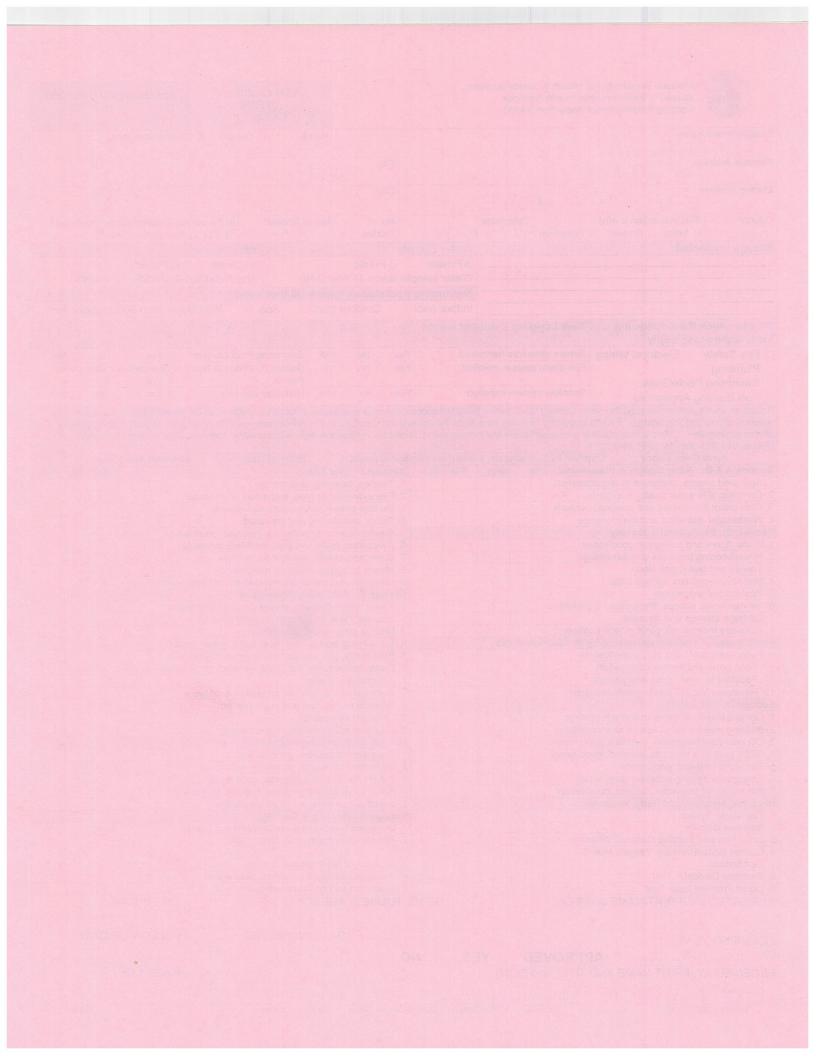


Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

**ESTABLISHMENT NUMBER** 

Establishment Name								OOL	ONE I					
Montauk ONPILC					Name									
Physical Address					City 6 1				Zin	7.				
420 CR 6670					Salem 1				<i></i>	Zip	55/	()		
Mailing Address	<u> </u>	A				City		2111				Zip	يال ال	シレノ
5ame as	5 a	100	VP			Oity						Zip		
County This inspection is a(n)		Tole	phone			No. of	No. o	f Rooms	I lo tho	ourrent lede	na lina			-10
065   Initial   Annual	Follow-u	p 57	3-56	18-7	424	Stories 2	140. 0	ROOMS		current lodgi			playe	a?
Rooms Inspected:		P   ) +		Wate	r Supp			10	Wastewat		11// 116	; VV	Sales of the	10-10-20-71
A 1 - 10 11 10	2 = 21	2 00		Priv		□ Public		Mark 1750 12	□ Private	200	lia			
Cabins 7, 7, 16, 17,	LO, L	1,50	7					_		□ Pub			ID	
Water sample taken   Yes   No   Regulated by:   DHSS   DN						VIK								
Swimming Pools/Spas (check all that apply) Indoor pool  Outdoor pool  Spa Pool larger than 2000 square feet														
					•		1000	⊔ Spa	a l Poc	ol larger tha	an 200	0 squ	are te	et 🗆
Please check if the following	New Lo	dging	Estab	lishm	ents	N/A								
local ordinances apply														
☐ Fire Safety ☐ Electrical Wiring	Smoke d					Yes 🗆 No 🗆 N	V/A	Swimmin	g Pool Certif	ied 🗆 Ye		No		
□ Plumbing	Fire alarr	n syste	m insta	lled				Certified to National Standards or Occupancy					су	
☐ Swimming Pools/Spas	Sprinkler	system	inetall	od	п,	Permit  es  No N/A Historical Building				☐ Yes ☐ No ☐ N/A				
☐ Fuel Burning Appliances		and the second					70000000		-	1077	-			
Based on an inspection this day, the iter	ns marked	Out"	pelow i	dentify	noncom	pliance in operat	tions o	or facilities	which must	be correcte	d prior	to issu	ance	or
renewal of your lodging license. Failure and/or prosecution. Owners may reques	st a hearir	with a	ny ume	imits i	or corre	ctions specified i	n this	notice ma	ly result in re	vocation of	your loc	dging I	icense	Э
(RSMo 315.005-065, 19 CSR 20-3.050)	ot a ricarii	ig beloi	e tile L	cpartin	IGHT DIE	scior upon ming a	a wille	errreques	t within ten d	lays alter re	seipt of	this n	otice.	
In=In Compliance Out	=Not In C	omplia	ince, e	xplain	on add	tional page(s)		NO=Not 0	Observed	N/A=Not	Applia	cable		
Section A & B: Water Supply & Waste	ewater	In	Out	NO	N/A	Section E: Fire					In	Out	NO	N/A
1. Approved source, construction and op		1				1. Textiles, hang					1			
<ol> <li>Complies with water quality standards</li> <li>Chlorinator maintained and operated parts</li> </ol>					1	2. Fire extinguis	her ty	pe, inspec	cted, and loc	ation		-		
Wastewater operation and maintenance	ce				1 -	<ol> <li>Vertical openi</li> <li>Doors, self-cle</li> </ol>	ings fil	re-rated, s	self-closing		1			
Section C: Sanitation/Housekeeping	CE					5. Smoke detect	tors ha	and lire-ra	installed do	nd renair	EDAN	1		-
1. Walls, floors and ceilings in good repa	ir	I	سا			6. Evacuation ro	oute ar	nd plan, in	stalled avai	lable	1	1		
2. Housekeeping practices and furnishin			1			7. Stairs and ran								
3. Towels and bed linens clean		1			*	8. Means of egre	ess, n	umber, m	aintained		1	4		
Mattresses and box springs clean     Pest control procedures				-		9. Handrails and				appropriate	1-			
6. Ice machines, scoops, liners clean & p	protected					Section F: Swi	mmin	g Pools/S	Spas	-1				
7. Garbage storage and disposal	notected				- Land	<ol> <li>Fence, gate a</li> <li>Boundary line</li> </ol>	aequa	denth pro	r closure med	chanism		-		
8. Premises maintained, plant growth co	ntrolled	1				3. Deck is clean				u				-
Food Inspection conducted according	to 19CS	R20-1.0	025			4. Lifesaving e				repair				/
9. Food, equipment and single service/us	se				laren .	5. Pool clarity, p	H, dis	infectant,	& temp. mail	ntained				
10. Food protected from contamination						6. Steps, ladders	s, and	handrails	installed, go	ood repair				
<ul><li>11. Facilities to wash, rinse and sanitize</li><li>12. Handwashing facilities/hygienic pract</li></ul>	licos				1_	7. Adequate ven								
Section D: Life Safety	lices					<ol><li>Electrical outle</li><li>Records main</li></ol>	ets, pr	oper prote	ection & dista	ance				_/
1. Combustible/toxic items usage and sto	orage	1				10. First aid kit a		-	is posted					/
2. Building maintained to assure safe cor	nditions		1			11. Lighting ade			od repair					(
3. CO detectors hardwired, installed, goo			i-			Section G: Plui							60	
4. GFCI, outlets & switches installed, good	od repair	1 0	V			1. Equipment ad						James 1		
<ol> <li>Exit signs installed, good repair</li> <li>Emergency lighting installed, good rep</li> </ol>	oir					2. Ventilation ad				S	1			
7. Electric panel protected, labeled, good	l renair		9			<ol><li>T &amp; P relief va</li><li>Relief valve di</li></ol>	icobor	adequate,	good repair			1		
Required Annual Third Party Inspection	ons	200000		E VOLUME	- (	5. Backflow, air	nans	no cross o	connections	equate		1		
1. Fire Alarm System		1				Section H: Hea	ting 8	& Cooling	I		ALCOLD I			Market State
Sprinkler System					L	1. Unvented fuel	-burni	ing appliar	nce/space he	eater				-
3. Local Fire and Building Codes/Ordinar					1	2. Fire resistant	room (	or sprinkle	er head		*			Emm
<ol> <li>Current Boiler/Pressure Vessels MDP: Certification</li> </ol>	S	KIND	1			0.1					1			1
Backflow Device(s) Test		400				<ol> <li>Location of he</li> <li>Ventilation of</li> </ol>					1			
6. Liquid Propane Leak Test		1				5. Operation and					~	1		
INSPECTED BY (PRINT NAME and	SIGN)				EPHS	NUMBER AC	SENC	Y	1	TELER	PHONI	=		
Some Tongs home bone	,				11/2	3 00	mt	(mu	Th/	572	720	7-2	106	~
WILL WIND OF DY OF	)				110		7 1 1	WW	FD /	210	10	- m	INC	/
LICENSING YEAR					. /	DA	VIE II	VSPECT	ED	FOLLO	JVV UF	DAT	E	75
20 00 /20 0 AF	PROV	ED	□ YE	ES	N N	0	1101	ch	4 107	DAD	0,0	-6-	4	15
RECEIVED BY (PRINT NAME AND			N)		/	111	1001	1	+	PAGE	1 OF	4		
beardy H.	0	10.1	11						and the second second					
-cienny margrane	tell	Max	AAGU	1440	Vinne	and the same of th	Lecentrib paceries	AND STREET, ST						
MO 580-0883 (6-16)	Diet	ribution:	White	)wner	Canan	/Central Office	Pink/I	ocal Office				Г	0 02	



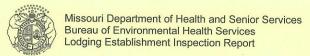


## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES

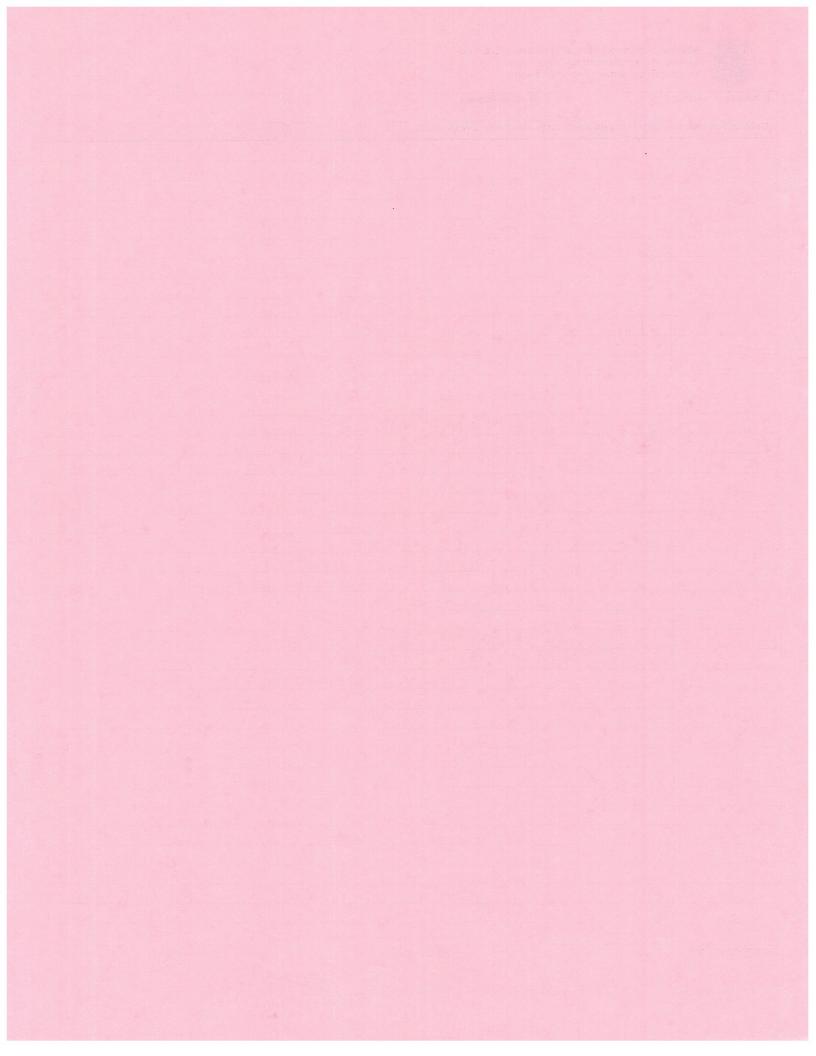
LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

PAGE 7 OF 4

ESTABLISHMENT NAME	water the state of	PHYSICAL ADDRESS		CITY	
Montauk O	VP LLC	420 CR 66	070	Sale	m
SECTION REFERENCE		OBSERVATION	S AND ADDITIONA	AL COMMENTS	
G5 D3 C5	COz detec	tor not hard er not tight air gap on bi	wired-m	ust be h	pardwired
DH, D7, G4 CZ	Cabin 4 - C	lamaged shingle preakers le 7, 8, rest at reinspec	s. no cove	ronliah	+ Switch no
G1,D4,EZ	hiadloourd bedroom Murphu bi	ed dobus on	big stau as and ri mattres	d on ma nousedu s of Mu	thréssin oppings behind
G5		15 Cross Cont			
CZ, EZ, GI	where here	eter room be refire exting PA-IDBC, CPV (Need to test	isher (IA Cpipe no	10BC) Sof allow spection	noud be: ed and is
C5, H5, C1	abin 16- Ctoilet still bathvoor	holes in screet unning after cabinet.	en door, exflushed	111	Iters divty, stains under
D4, C1, CZ	Cabin 17- inside b	GFCT in ba athroom cabin	throom net, divty		king, shelf upiped.
RECEIVED BY	UQ	N. WHITE OWNED CANADY CE	NITRAL OFFICE DINK . LC	DATE  OATE	7-2025 7-2025



Establishment Name Physical Address City alem Section Reference Observations, comments, and corrective measures **INSPECTED BY** RECEIVED BY DATE Distribution: White/Owner Canary/Central Office Pink/Local Office MO 580-2569 (6-16) E9.02A





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

Page of 4

Establishment Name	DAIDILE	Physical Address	1150	City Golland	
Section Reference	Observations, commen	ts, and corrective m	easures	5alem	
D4			d9-ay he	Rive Blight	- alva a Ha
	Sink that	Contains	5 an outlet	This outle	et is not
	protected		GFCI - Con	nect to GF	CLor
	replace in			no outle	of .
		)			71 3
	1				
	No current	boiler G	ertificates - 12 1034 has bee	a bill for or	re but not
	tor the oth	Lev MOIT	1034 has bee	en inspected	d mo 128939
_	not inspect	ed.			
1	4				
	7				
*					
	2				
				The second secon	
		v in the second			
INSPECTED BY	1	-	RECEIVED BY		DATE
Aloma (	KOURO		The state of the s	and the same of th	3-14-6065
MO 580-2569 (6-16	Dist	ribution: White/Owner	Canary/Central Office Pink/	Local Office	E9.02A

