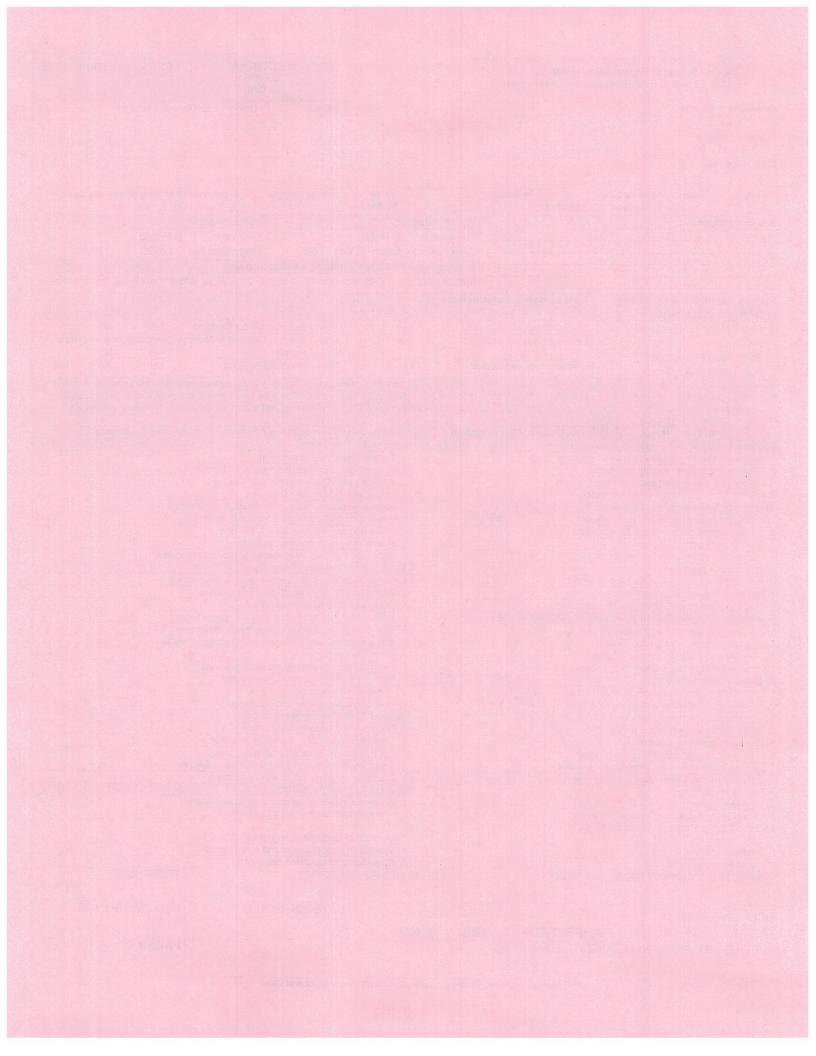
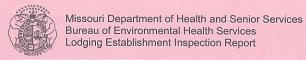


FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

AND SECOND								USE	ONLI							
Establishment Name	LLC	7			4		Nam	tend	Owner	☐ Ge	neral M	lanage	r			
Physical Address						City 5	City 50 lem							Zip 5/00		
Mailing Address					City							Zip	Zip			
County This inspection is a(n)	w. Lil	Tolo	phone			No. of	No.	of Rooms	le f	he currer	at lodgi	na lice	nee die	nlave	42	
□ Initial □ Annual □	Follow-up		Priorie	19-2	5157	Stories	140.	45		Yes 🗆 N				playe	u:	
Rooms Inspected:				Wate	r Supp	ly			Waste	water						
102 HD 109 122 12	- 111	HE	m.	□ Priv		D Public			□ Priva		☐ Pub					
1001, 110, 101, 100, 101	V, 117	thy	ar			le taken □ Y				ted by:	□ DHS	SS		VR.		
30, 509						Pools/Spas										
					r pool	Outdoo	r pool	Spa Spa	a 🗆	Pool lar	ger tha	in 200	0 squ	are fe	et 🗆	
Please check if the following local ordinances apply	New Lo	dging	Estab	lishm	ents	N/	4									
☐ Fire Safety ☐ Electrical Wiring	Smoke de	etector	s hardw	rired		∕es □ No □		Swimmin			□ Yes		No			
□ Plumbing	n syste	m insta	lled						to Nation	lational Standards or Occupancy						
☐ Swimming Pools/Spas			system installed				Permit  es   No   N/A Historical Building			1				No 🗆 N/A		
☐ Fuel Burning Appliances																
Based on an inspection this day, the ite renewal of your lodging license. Failure																
and/or prosecution. Owners may reque (RSMo 315.005-065, 19 CSR 20-3.050	est a hearin															
In=In Compliance Ou	it=Not In C					tional page(s		NO=Not	Observe	d N	A=Not	The same of the sa	-		la constant	
Section A & B: Water Supply & Was		In	Out	NO	N/A	Section E: F			ro			In	Out	NO	N/A	
<ol> <li>Approved source, construction and c</li> <li>Complies with water quality standard</li> </ol>					Loren .	Textiles, had a second of the second of				location			200			
3. Chlorinator maintained and operated					1	3. Vertical op	enings	fire-rated,	self-closi			V				
4. Wastewater operation and maintena					2-	4. Doors, self						100				
Section C: Sanitation/Housekeeping  1. Walls, floors and ceilings in good rep		1	(1899)			<ol><li>Smoke det</li><li>Evacuation</li></ol>							2		1	
Housekeeping practices and furnishi			- Emma			7. Stairs and							1			
3. Towels and bed linens clean	<u> </u>		1			8. Means of e	gress,	number, m	aintaine	d		1				
4. Mattresses and box springs clean		- Branco			1 1 1 2 2	9. Handrails				and appro	priate	11				
Pest control procedures     lee machines, scoops, liners clean &	protected	1	1			Section F: S 1. Fence, gat				mechani	sm					
7. Garbage storage and disposal		1				2. Boundary										
8. Premises maintained, plant growth c	ontrolled	D00 4	005			3. Deck is cle						2				
Food Inspection conducted according 9. Food, equipment and single service/		R20-1.	025			<ol> <li>Lifesaving</li> <li>Pool clarity</li> </ol>						1	-			
10. Food protected from contamination		- Barrers				6. Steps, lade						7				
11. Facilities to wash, rinse and sanitize		V				7. Adequate						2			- burn	
12. Handwashing facilities/hygienic pra Section D: Life Safety	ctices	1			-	Electrical of the seconds in the second in the se						4			1	
Combustible/toxic items usage and s	storage	1				10. First aid k			na postet			6				
2. Building maintained to assure safe c	onditions	90	1			11. Lighting a	dequat	e and in go		ir		2				
3. CO detectors hardwired, installed, go		1				Section G: I							2			
GFCI, outlets & switches installed, good repair     Exit signs installed, good repair		E-				Equipment adequate, good repair     Ventilation adequate, plumbing, restrooms						Barre				
6. Emergency lighting installed, good re	epair	1				3. T & P relie	f valves	adequate	, good re	pair		200				
7. Electric panel protected, labeled, god	od repair		1			4. Relief valv					te		1-			
Required Annual Third Party Inspect  1. Fire Alarm System	tions	1				5. Backflow, Section H: I				ons			V			
2. Sprinkler System					3	1. Unvented				ce heater				Y Day	1	
3. Local Fire and Building Codes/Ordin					1	2. Fire resista									6	
Current Boiler/Pressure Vessels MDPS     Continue       Continue					1	3 Location o	f hoatin	a/cooling :	ınite			V				
Certification 5. Backflow Device(s) Test					1	Location of heating/cooling units     Ventilation of appliances and utility rooms						-				
6. Liquid Propane Leak Test						5. Operation	5. Operation and condition adequate									
					EPHS	NUMBER	AGEN	ICY	1.01		TELE	PHON	1E	211	4	
Koma Jones Jon	yid &	DYU	D			168	Ler	IT LO	WIT	4	510	5-10	9-1-	THE	ALD.	
LICENSING YEAR							DATE	INSPEC	TED	1	FOLL	OW U	P DA	TE		
20 25 /20 do A	PPROV		□ Y	ES	Ŋ N	0	3	-20	- 200	シラ	0	2-1	6	202	25	
RECEIVED BY (PRINT NAME AN	D TITLE a	and SI	GN)								PAGE	= 1 OF				
Louis Prata V		1000			( A.	M				The state of the s						





Establishment Name	otel LLC Physical Address
Section Reference	Observations, comments, and corrective measures
E2	Five extinguisher in laundry noom is a IAIDBC should be 5# 2AIDBC
С3,	Room 102 - Bed # Z. thin top sheet and stain on comforter
CZ D1	#2 Breaker is labeled Open but breaker is on (eastbox)
	West box door is fied shut, several unlabeled breakers, #22 on but not labeled.
	Maintenence Room-Southside Breaker box 2 not labeled # 10, 23 + 25.
G4	Breaker box I not labeled 35-39. Water heater # 2 has CPVC in stead of copper discharge. Pipe. needs to withstard a temperature of 210°, of water.
E5	Room 126-no smoke detector.
C3,CZ	Room 114 - 2nd Bed has Slain on dust niffle and debn's under each bed.
CZ,C5	Maids closet 2nd Floor - debns and and dead bugs on floor
02	Stainway-west side tears on carpet.
C2, 64	Room 201 - debus underbed, missing discharge pipe on not water heater.
C3	Room 302 - Bed # 2 thin top Sheet
DZ	Guest laundry steps leading to top needs remarked.
G4, G5, C2	Room 504-CPVC pipe on hot water heater, no air gap visuble on discharge pipe on hot water heater, (6" off Hor condensation on inside of refrigerator.
INSPECTED BY	RECEIVED BY DATE 3-20-2025
MO 580-2569 (6-1	6) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A

