



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
-----------------------------	----------------------

Establishment Name Ranch Motel LLC		Name <input type="checkbox"/> Owner <input checked="" type="checkbox"/> General Manager Jitendra (Jay) Patel	
Physical Address 5400 Ranch Motel Drive		City Salem	Zip 65560
Mailing Address Same as above		City	Zip
County D65	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone 573-729-3157	No. of Stories 2
		No. of Rooms 45	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: 102, 110, 109, 122, 126, 111, 115, 201 302, 504	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input checked="" type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No
	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or 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	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A
1. Approved source, construction and operation	✓			
2. Complies with water quality standards				✓
3. Chlorinator maintained and operated properly				✓
4. Wastewater operation and maintenance				✓
Section C: Sanitation/Housekeeping	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair	✓			
2. Housekeeping practices and furnishings		✓		
3. Towels and bed linens clean		✓		
4. Mattresses and box springs clean	✓			
5. Pest control procedures	✓			
6. Ice machines, scoops, liners clean & protected	✓			
7. Garbage storage and disposal	✓			
8. Premises maintained, plant growth controlled	✓			
Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use	✓			
10. Food protected from contamination	✓			
11. Facilities to wash, rinse and sanitize	✓			
12. Handwashing facilities/hygienic practices	✓			
Section D: Life Safety	In	Out	NO	N/A
1. Combustible/toxic items usage and storage	✓			
2. Building maintained to assure safe conditions	✓	✓		
3. CO detectors hardwired, installed, good repair	✓			
4. GFCI, outlets & switches installed, good repair	✓			
5. Exit signs installed, good repair	✓			
6. Emergency lighting installed, good repair	✓			
7. Electric panel protected, labeled, good repair	✓			
Required Annual Third Party Inspections	In	Out	NO	N/A
1. Fire Alarm System	✓			
2. Sprinkler System				✓
3. Local Fire and Building Codes/Ordinances				✓
4. Current Boiler/Pressure Vessels MDPS Certification				✓
5. Backflow Device(s) Test				✓
6. Liquid Propane Leak Test	✓			
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors	✓			
2. Fire extinguisher type, inspected, and location		✓		
3. Vertical openings fire-rated, self-closing	✓			
4. Doors, self-closing and fire-rated	✓			
5. Smoke detectors hardwired, installed, good repair		✓		
6. Evacuation route and plan, installed, available		✓		✓
7. Stairs and ramps, maintained, storage		✓		
8. Means of egress, number, maintained	✓			
9. Handrails and balconies maintained and appropriate	✓			
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism				Not Open Yet
2. Boundary line, pool depth properly marked				Not Open Yet
3. Deck is clean and in good repair				Not Open Yet
4. Lifesaving equipment adequate, good repair				Not Open Yet
5. Pool clarity, pH, disinfectant, & temp. maintained				Not Open Yet
6. Steps, ladders, and handrails installed, good repair				Not Open Yet
7. Adequate ventilation				Not Open Yet
8. Electrical outlets, proper protection & distance				Not Open Yet
9. Records maintained and signs posted				Not Open Yet
10. First aid kit available				Not Open Yet
11. Lighting adequate and in good repair				Not Open Yet
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, good repair	✓			
2. Ventilation adequate, plumbing, restrooms	✓			
3. T & P relief valves adequate, good repair	✓			
4. Relief valve discharge pipes installed, adequate		✓		
5. Backflow, air gaps, no cross connections		✓		
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater				✓
2. Fire resistant room or sprinkler head				✓
3. Location of heating/cooling units		✓		
4. Ventilation of appliances and utility rooms	✓			
5. Operation and condition adequate	✓			

INSPECTED BY (PRINT NAME and SIGN) Roma Jones (Roma Jones)	EPHS NUMBER 1168	AGENCY Dent County	TELEPHONE 573-729-3106
LICENSING YEAR 20 25 / 20 26	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 3-20-2025	FOLLOW UP DATE 06-16-2025
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Jay Patel (Jay Patel) GM	PAGE 1 OF 2		



Establishment Name	Physical Address	City
Ranch Motel LLC	5400 Ranch Motel Dr	Salem
Section Reference	Observations, comments, and corrective measures	
E2	Fire extinguisher in laundry room is a 1A10BC should be 5# 2A10BC	
C3,	Room 102 - Bed # 2 thin top sheet and stain on comforter	
C2	Maintenance Room - North side cups sitting on the floor.	
D7	#2 Breaker is labeled Open but breaker is on (east box) West box door is tied shut, several unlabeled breakers, #22 "on" but not labeled.	
D7	Maintenance Room - Southside Breaker box 2 not labeled # 10, 23 + 25. Breaker box 1 not labeled 35-39.	
G4	Water heater #2 has CPVC instead of copper discharge pipe. needs to withstand a temperature of 210° of water.	
E5	Room 126 - no smoke detector.	
C3, C2	Room 114 - 2 nd Bed has stain on dust ruffle and debris under each bed.	
C2, C5	Maids closet 2 nd Floor - debris and dead dead bugs on floor	
D2	Stairway - west side tears on carpet.	
C2, G4	Room 201 - debris under bed, missing discharge pipe on hot water heater.	
C3	Room 302 - Bed # 2 thin top sheet	
D2	Guest laundry steps leading to top needs remarked.	
G4, G5, C2	Room 504 - CPVC pipe on hot water heater, no air gap visible on discharge pipe on hot water heater, (6" off floor) condensation on inside of refrigerator.	
INSPECTED BY <i>Joma Jones</i>		
RECEIVED BY <i>J. Patel</i>		
DATE 3-20-2025		

