



Establishment Name: Crossroads Inn + Suites  
 Physical Address: 1700 S. Main St. City: Salem Zip: 65560  
 Mailing Address: same as above City: Zip:  
 County: 065 This inspection is a(n)  Initial  Annual  Follow-up Telephone: 615-729-4700 No. of Stories: 4 No. of Rooms: 65 Is the current lodging license displayed?  Yes  No  N/A- new

Rooms Inspected: 123, 116, 323, 332, 314, 300, 201, 203, 227, 132

Water Supply:  Private  Public Water sample taken  Yes  No  
 Wastewater:  Private  Public Regulated by:  DHSS  DNR  
 Swimming Pools/Spas (check all that apply):  
 Indoor pool  Outdoor pool  Spa  Pool larger than 2000 square feet

Please check if the following local ordinances apply:  
 Fire Safety  Electrical Wiring  Plumbing  Swimming Pools/Spas  Fuel Burning Appliances

New Lodging Establishments  N/A

Smoke detectors hardwired  Yes  No  N/A  
 Fire alarm system installed  Yes  No  N/A  
 Sprinkler system installed  Yes  No  N/A  
 Swimming Pool Certified  Yes  No  N/A  
 Building Certified to National Standards or Occupancy Permit  Yes  No  
 Historical Building  Yes  No  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
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>	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				
<b>Section C: Sanitation/Housekeeping</b>				
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				
<b>Food Inspection conducted according to 19CSR20-1.025</b>				
9. Food, equipment and single service/use				
10. Food protected from contamination				
11. Facilities to wash, rinse and sanitize				
12. Handwashing facilities/hygienic practices				
<b>Section D: Life Safety</b>				
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				
<b>Required Annual Third Party Inspections</b>				
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				
<b>Section E: Fire Safety</b>				
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				
<b>Section F: Swimming Pools/Spas</b>				
1. Fence, gate adequate, proper closure mechanism				
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
<b>Section G: Plumbing/Mechanical</b>				
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				
<b>Section H: Heating &amp; Cooling</b>				
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): Koma Jones EPHS NUMBER: 1168 AGENCY: Dent Co. Health TELEPHONE: 573-729-3106  
 LICENSING YEAR: 2026 / 2027 APPROVED  YES  NO DATE INSPECTED: June 30, 2026 FOLLOW UP DATE: July 27, 2026  
 RECEIVED BY (PRINT NAME AND TITLE and SIGN): Kim Thomas Gini Key PAGE 1 OF 2





