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EODAINA ESTABLISTIMILAT INSPECTION AT	LFORT							
ESTABLISHMENT NAME NAME OF OWNER/CONTACT PERSON								
MAILING ADDRESS					CITY ZIP CODE	21		
PHYSICAL ADDRESS					CITY ZIP CODE	7.1		
COUNTY / THIS INSPECTION IS A(N) TELEPH					NO, OF STORIES NO, OF ROOMS ROOMS INSPECTED			
□ Initial To Follow-up □ Comple	aint	16	VEO	CIC				
Please check Yes or No next to each item.	4		YES	NO		/ES I	NO	
Was this lodging facility built after October 31, 2005					Is the water supply private Is the water supply public	-		
If built after October 31, 2005, does it have certification to national	al etanda	arde or			Water sample taken			
an occupancy permit	ai stailue	105 01			SEWAGE/WASTEWATER			
Do the following local ordinances apply?					Is the Sewage/Wastewater private	T		
Fire safety					Is the Sewage/Wastewater public			
Electrical wiring					SWIMMING POOLS/SPAS			
Fuel burning appliances					Indoor pool			
Plumbing					Outdoor pool			
Swimming pools/spas					Spa			
Food					Pool larger than 2000 square feet			
Based on an inspection this day, the items marked "No" below ide	entify no	ncomplia	ance in c	peration	ns or facilities which must be corrected by the next routine inspection, or such shorter p	eriod of	time	
as may be specified in writing by the regulatory authority. Failure	to comp	ly with a	ny time l	limits for	r corrections specified in this notice may result in revocation of your lodging license an within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)	d/or pros	secu	
Yes = In Compliance No = Not in Compliance						*		
SECTION A: WATER SUPPLY	YES	NO	NB	NA		NB I	NA	
Approved source, construction & operation	ILO	NO	IND	IVA	2. Doors and locks permitted	ND I	NA	
Complies with chemical, bacT & rad standards					Textiles, hangings and mirrors proper	-		
Chlorinator maintained & operating properly					Textiles, margings and militors proper  4. Fire extinguisher type, inspected, location			
SECTION B: SEWAGE & WASTEWATER			-	-	5. Vertical openings protected	-	-	
Operating satisfactorily				1	6. Doors, self closing & fire rated	-		
SECTION C: SANITATION/HOUSEKEEPING					7. Smoke detectors installed, good repair	-		
Walls, floors & ceilings in good repair					Fire alarm & sprinkler systems tested & approved	-		
Proper housekeeping practices					9. Evacuation route and plan, installed, available	-	-	
3. Towels & bed linens clean					Stairs and ramps maintained, good repair	-		
Mattresses & box springs clean				11. Means of egress, number, maintained	-			
5. No evidence of rodents & insects					SECTION F: SWIMMING POOLS/SPAS			
6. Ice machines, scoops, liners, clean & protected					Fence, gate adequate, proper closure mechanism			
7. Garbage & refuse properly maintained					Boundary line, pool depth properly marked			
8. Premises, plant growth controlled	X				3. Lifesaving equipment adequate, good repair			
9. Food sources, sound condition, approved			4. Pool clarity, pH, disinfectant, temp maintained					
10. Food protected from contamination					5. Steps, ladders, deck installed, good repair			
11. Proper facilities to wash, rinse and sanitize					6. Adequate ventilation			
12. Proper hygienic practices					7. Electrical outlets, proper protection & distance			
SECTION D: LIFE SAFETY					8. Records maintained & signs posted			
Combustible/toxic items properly used and stored					SECTION G: PLUMBING/MECHANICAL		, V	
Building maintained to assure safe conditions					Equipment adequate, good repair			
3. CO detectors installed, good repair					Ventilation adequate, plumbing, restrooms			
4. GFCI and proper wiring installed, good repair					3. Boilers/pressure vessels MDPS certified			
5. Exit signs installed, good repair					4. T & P relief valves adequate, good repair			
6. Emergency lighting installed, good repair					5. Relief valve discharge pipes installed, adequate			
7. Electric panel protected, labeled, good repair					6. Proper air gaps, no cross connections			
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS C	ONLY)				SECTION H: HEATING & COOLING		N.	
Smoke detectors hardwired & maintained					Unvented fuel-burn appliance/space heater approved			
2. Fire alarm system installed & maintained					Fire resistant room or sprinkler head/detector			
3. Sprinkler system installed & maintained					3. Proper location of heating/cooling units			
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)		-			4. Ventilation of appliances & utility rooms			
Complies with local building codes, fire codes & ordinances					Operation & condition adequate     Proper sofety valve, therms control clost, switch			
INSPECTED BY		EPHS N	JUMBER		6. Proper safety valve, thermo control, elect. switch  AGENCY  TELEPHONE			
Chiefon ( elforal			Z-S		Mass Co Health 653 2171			
LICENSING YEAR APPROVED DATE IN:	SPECTF		10.0		ILED FOLLOW UP DATE RECEIVED BY DATE			
YES DNO /	1-7	17			The state of the s			
	RIBUTION:	WHITE-	OWNER	CANAR	Y - CENTRAL OFFICE PINK - LOCAL OFFICE	E9 02	2 (4-13	



Establishment Name	AXE U	Physical Address		City	
Section Reference	Observations, commen	ts, and corrective measures		( and also	
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INSPECTED BY		RECEIN	/ED BY	1)	DATE
MO 580-2569 /6-16	1/61	ribution: White/Owner Congress	(Control Office Dink	// cont Office	141411