MOSCUED DEPARTMENT OF HEALTH & OFFICE OFFICE									
MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES LODGING ESTABLISHMENT INSPECTION REPORT					ESTABLISHMENT NUMBER				
ESTABLISHMENT NAME Som & motel					NAME OF OWNER/CONTACT PERSON CONSTRUCT.				
MAILING ADDRESS				city Charleston Eigen			QE		
SID 3. Story					Chaleston				1
PHYSICAL ADDRESS				CITY		ZIP COI	DE		
COUNTY THIS INSPECTION IS A(N)  THIS INSPECTION IS A(N)  TELEPHONE  (883-2175)					NO OF STORIES NO OF ROOMS ROOMS INSPECTED	05, 215	27.2	1.133	
Please check Yes or No next to each item.			YES	NO	WATER SUPPLY	, ,	1	YES	NO
Was this lodging facility built after October 31, 2005				X	Is the water supply private Is the water supply public			X	X
If built after October 31, 2005, does it have certification to national standards or					Water sample taken				X
an occupancy permit				X	SEWAGE/WASTEWATER				
Do the following local ordinances apply?					Is the Sewage/Wastewater private				X
Fire safety				X	Is the Sewage/Wastewater public			Y	
Electrical wiring				1	SWIMMING POOLS/SPAS				
Fuel burning appliances				1	Indoor pool				X
Plumbing					Outdoor pool				
Swimming pools/spas				1	Spa				
Food			X		Pool larger than 2000 square feet				
Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or tion. 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)								er period and/or p	d of time prosecu
Yes = In Compliance No = Not in Compliance						NA = Not Ar		е	
SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments of		-	NB	NA
Approved source, construction & operation	1.				2. Doors and locks permitted	1/	1		
2. Complies with chemical, bacT & rad standards					3. Textiles, hangings and mirrors proper				
3. Chlorinator maintained & operating properly					4. Fire extinguisher type, inspected, location	1/			
SECTION B: SEWAGE & WASTEWATER		1			5. Vertical openings protected			1/	
Operating satisfactorily					6. Doors, self closing & fire rated	1/	-		
SECTION C: SANITATION/HOUSEKEEPING				7. Smoke detectors installed, good repair	1	4			
1. Walls, floors & ceilings in good repair		1			8. Fire alarm & sprinkler systems tested & approved		/		
2. Proper housekeeping practices	L	_			9. Evacuation route and plan, installed, available	1.	and the same		
3. Towels & bed linens clean	1				10. Stairs and ramps maintained, good repair	1	-		
4. Mattresses & box springs clean	1				11. Means of egress, number, maintained	1			
5. No evidence of rodents & insects	1				SECTION F: SWIMMING POOLS/SPAS		_		
6. Ice machines, scoops, liners, clean & protected	1				1. Fence, gate adequate, proper closure mechanism	1/			
7. Garbage & refuse properly maintained	1				2. Boundary line, pool depth properly marked				V
8. Premises, plant growth controlled		1			3. Lifesaving equipment adequate, good repair				Y
9. Food sources, sound condition, approved	1				4. Pool clarity, pH, disinfectant, temp maintained				
10. Food protected from contamination	11				5. Steps, ladders, deck installed, good repair				1
11. Proper facilities to wash, rinse and sanitize	I				6. Adequate ventilation				
12. Proper hygienic practices	I				7. Electrical outlets, proper protection & distance				
SECTION D: LIFE SAFETY					8. Records maintained & signs posted				
Combustible/toxic items properly used and stored	1	/	-		SECTION G: PLUMBING/MECHANICAL		-		1
2. Building maintained to assure safe conditions	V	1100	D		Equipment adequate, good repair		1,	20	
3. CO detectors installed, good repair	1				2. Ventilation adequate, plumbing, restrooms	1/800	1		
4. GFCI and proper wiring installed, good repair	1				3. Boilers/pressure vessels MDPS certified	L			
5. Exit signs installed, good repair	1	-			4. T & P relief valves adequate, good repair	1-1			
6. Emergency lighting installed, good repair	1				5. Relief valve discharge pipes installed, adequate	V			
7. Electric panel protected, labeled, good repair	2011111				6. Proper air gaps, no cross connections	منا	1		
					SECTION H: HEATING & COOLING		12		1
Smoke detectors hardwired & maintained     Size clarm gratem installed & maintained	1				Unvented fuel-burn appliance/space heater approved	1			
2. Fire alarm system installed & maintained	1				2. Fire resistant room or sprinkler head/detector		-		
3. Sprinkler system installed & maintained	1				3. Proper location of heating/cooling units		1		

4. Ventilation of appliances & utility rooms

6. Proper safety valve, thermo control, elect. switch

TELEPHONE

DATE

E9.02 (4-13)

5. Operation & condition adequate

SCHEDULED FOLLOW UP DATE RECEIVED BY

CANARY CENTRAL OFFICE PINK - LOCAL OFFICE

AGENCY

EPHS NUMBER

1209

DATE INSPECTED

SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)

APPROVED

YES

NO

1. Complies with local building codes, fire codes &

ordinances

INSPECTED BY

LICENSING YEAR

2018-19 MO 580-0883 (4-13) PART A



Establishment Name	Physical Address City
Scotlan Bafarana	Observations, comments, and corrective measures  Observations, comments, and corrective measures
	Observations, comments, and corrective measures
RM	
101 (0)	Coding Cally can be a second to the last
101 (0)	certify and the extremity would shape one to
	Ceiling falling and in extremy load shape due to
103	None
	*(C8) Pool over dilapidales
	w/weed growth and
	particular alcained pool filles
107	None w/trush enal struggent
	matter surving as part
	howbarnete.
	The restor to
110	Å l
117	Nove
177 7	A A A VANCOUS SARSO COMMANDA BALANDA B
_127	Toilet tast lid missing.
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133 (01)	Ceiling Falling and wall danged.
135 (4)	THE RESIDENCE OF THE PROPERTY
	Certing talling and wall danged.
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	1910150
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215/CI)	
	Ceiling is falker in the room.
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- 6-67	Nac
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(CI)	End of nain tall wall came lifting from the little wall
(0,1	alie to maisting will a distribute to
/	mold.
	Woldy,
~	
	Hot water healer storage room has no working
(44)	ventilation
INSPECTED BY	RECEIVED BY DATE
$(\mathcal{V})$	1 10 1 2 10
MO 500 0500 (0.1)	on Walton Milly Mills
MO 580-2569 (6-10	6) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A