



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name

Name ☐ Owner ☐ General Manager

Physical Address

City

Zip

Mailing Address

City

Zip

County 133 This inspection is a(n) ☒ Initial ☒ Annual ☐ Follow-up Telephone 513-683-3900 No. of Stories 1 No. of Rooms 19 Is the current lodging license displayed? ☐ Yes ☐ No ☐ N/A- new

Rooms Inspected:

Water Supply

Wastewater

☐ Private ☒ Public

☐ Private ☒ Public

Water sample taken ☐ Yes ☐ No

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

New Lodging Establishments

☐ N/A

- ☐ Fire Safety ☐ Electrical Wiring
☐ Plumbing
☐ Swimming Pools/Spas
☐ Fuel Burning Appliances

- 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						
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A	Section E: Fire Safety	In	Out	NO	N/A
1. Approved source, construction and operation			X		1. Textiles, hangings and mirrors			X	
2. Complies with water quality standards			X		2. Fire extinguisher type, inspected, and location			X	
3. Chlorinator maintained and operated properly			X	X	3. Vertical openings fire-rated, self-closing			X	X
4. Wastewater operation and maintenance			X		4. Doors, self-closing and fire-rated			X	
Section C: Sanitation/Housekeeping					5. Smoke detectors hardwired, installed, good repair			X	
1. Walls, floors and ceilings in good repair			X		6. Evacuation route and plan, installed, available			X	X
2. Housekeeping practices and furnishings	X				7. Stairs and ramps, maintained, storage			X	
3. Towels and bed linens clean	X				8. Means of egress, number, maintained			X	
4. Mattresses and box springs clean			X		9. Handrails and balconies maintained and appropriate			X	
5. Pest control procedures	X		X		Section F: Swimming Pools/Spas				
6. Ice machines, scoops, liners clean & protected			X		1. Fence, gate adequate, proper closure mechanism			X	
7. Garbage storage and disposal			X		2. Boundary line, pool depth properly marked			X	
8. Premises maintained, plant growth controlled			X		3. Deck is clean and in good repair			X	
Food Inspection conducted according to 19CSR20-1.025					4. Lifesaving equipment adequate, good repair			X	
9. Food, equipment and single service/use				X	5. Pool clarity, pH, disinfectant, & temp. maintained			X	
10. Food protected from contamination				X	6. Steps, ladders, and handrails installed, good repair			X	
11. Facilities to wash, rinse and sanitize				X	7. Adequate ventilation			X	
12. Handwashing facilities/hygienic practices				X	8. Electrical outlets, proper protection & distance			X	
Section D: Life Safety					9. Records maintained and signs posted			X	
1. Combustible/toxic items usage and storage			X		10. First aid kit available			X	
2. Building maintained to assure safe conditions			X		11. Lighting adequate and in good repair			X	
3. CO detectors hardwired, installed, good repair			X		Section G: Plumbing/Mechanical				
4. GFCI, outlets & switches installed, good repair			X		1. Equipment adequate, good repair			X	
5. Exit signs installed, good repair			X		2. Ventilation adequate, plumbing, restrooms			X	
6. Emergency lighting installed, good repair			X		3. T & P relief valves adequate, good repair			X	
7. Electric panel protected, labeled, good repair			X		4. Relief valve discharge pipes installed, adequate			X	
Required Annual Third Party Inspections					5. Backflow, air gaps, no cross connections			X	
1. Fire Alarm System			X		Section H: Heating & Cooling				
2. Sprinkler System			X		1. Unvented fuel-burning appliance/space heater			X	X
3. Local Fire and Building Codes/Ordinances			X		2. Fire resistant room or sprinkler head			X	
4. Current Boiler/Pressure Vessels MDPS Certification			X		3. Location of heating/cooling units			X	
5. Backflow Device(s) Test			X		4. Ventilation of appliances and utility rooms			X	
6. Liquid Propane Leak Test			X		5. Operation and condition adequate			X	

INSPECTED BY (PRINT NAME and SIGN)

EPHS NUMBER AGENCY

TELEPHONE

LICENSING YEAR

DATE INSPECTED

FOLLOW UP DATE

RECEIVED BY (PRINT NAME and TITLE and SIGN)

PAGE 1 OF 2

