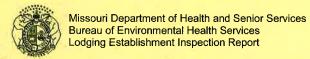
Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report							ENTRAL FICE ONLY	ESTABLISHMENT NUMBER			
Establishment Name		Name Owner General Manager									
Physical Address 211 E Marshor					City	clost	Day Fai	61	Zip	3/3	21
Mailing Address					City	(11/2)10			Zij	ט סכ	
County This inspection is a(n) Telephone No. of No. of Rooms Is the current lodg Stories Yes No.										isplaye	d?
Rooms Inspected: Water Supply Wastewater											
124.111, 112			□ Priv		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										eet 🗆	
Please check if the following Ne	ew Lodging	Estab		31	□ N/A			3			- V
local ordinances apply										-	
							N/A				
☐ Plumbing Fir Swimming Pools/Spas				U 1	☐ Yes ☐ No ☐ N/A ☐ Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No					ЭУ	
□ Fuel Burning Appliances Sp	rinkler syster	n install	ed		∕es □ No □		al Building	□ Yes	□ No		√/A
Based on an inspection this day, the items i	marked "Out"	below	identify	noncom	pliance in opera	tions or facilitie	s which must be	corrected	prior to iss	uance	or
renewal of your lodging license. Failure to											
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=N Section A & B: Water Supply & Wastewa		Out	xplain (on addi N/A	tional page(s) Section E: Fir		Observed I	the same of the sa	Applicable In Out		N/A
Approved source, construction and opera		Out	X	IVA	1. Textiles, han		ors		iii Oui	X	INTA
Complies with water quality standards			X	1	2. Fire extinguis	sher type, insp	ected, and locatio	n		X	1
Chlorinator maintained and operated properly Wastewater operation and maintenance			1	X	3. Vertical openings fire-rated, self-closing 4. Doors, self-closing and fire-rated					×	
Section C: Sanitation/Housekeeping					5. Smoke detec	ctors hardwired	, installed, good r			X	
Walls, floors and ceilings in good repair Housekeeping practices and furnishings	X				Evacuation rStairs and ra		installed, available	е			X
3. Towels and bed linens clean	1		X		8. Means of eg					X	
4. Mattresses and box springs clean			X		Handrails and balconies maintained and appropriate Section F: Swimming Pools/Spas			ropriate			IX.
Pest control procedures lee machines, scoops, liners clean & protections			X				er closure mechai	nism		Т	X
7. Garbage storage and disposal			X		2. Boundary lin	e, pool depth p	roperly marked				
8. Premises maintained, plant growth controlled Food Inspection conducted according to 19CS		025	IX		Deck is clear Lifesaving		epair equate, good re	nair			-
Food, equipment and single service/use				X	5. Pool clarity,	pH, disinfectan	t, & temp. maintai	ned			
10. Food protected from contamination 11. Facilities to wash, rinse and sanitize				X	Steps, ladders, and handrails installed, good repair Adequate ventilation						
12. Handwashing facilities/hygienic practice	es			X			otection & distance	е			
Section D: Life Safety					9. Records mai	ntained and sig					
Combustible/toxic items usage and stora Building maintained to assure safe conditions			×		 First aid kit Lighting add 		good repair				V
3. CO detectors hardwired, installed, good i	repair		×		Section G: Pl	umbing/Mecha	nical				
GFCI, outlets & switches installed, good Exit signs installed, good repair	repair		X	X	 Equipment a Ventilation a 					X	
6. Emergency lighting installed, good repair				X	3. T & P relief v	alves adequate	e, good repair			X	
Electric panel protected, labeled, good re Required Annual Third Party Inspections			X		Relief valve discharge pipes installed, adequate Backflow, air gaps, no cross connections						
1. Fire Alarm System			X		Section H: He	ating & Cooling	ng			12.1	
2. Sprinkler System			1.5	X			iance/space heate	er		_	X
Local Fire and Building Codes/Ordinances Current Boiler/Pressure Vessels MDPS				\$	Fire resistant room or sprinkler head						
Certification				\rightarrow	Location of heating/cooling units Ventilation of appliances and utility rooms						
5. Backflow Device(s) Test 6. Liquid Propane Leak Test				1	Ventilation of 5. Operation ar					X	
INSPECTED BY (PRINT NAME and SIGN)				EPHS	NUMBER A		·	TELEP			
Jodic Marcum & Marcum 1681 Miss. Co. Health 573. 483-2							19				
LICENSING YEAR	16-St. 16-	. ,			D	ATE INSPEC	TED	FOLLO	W UP D	ATE	
20											
RECEIVED BY (PRINT NAME AND TI								PAGE	1 OF <u>2</u>	v -	

Canary/Central Office

Pink/Local Office

E9.02

Distribution: White/Owner



Page of 2

Establishment Name	Deservations, comments, and corrective measures City
Section Reference	Observations, comments, and corrective measures
V'T	All items were corrected
	The factor of the control of the con
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