	Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report
ablishment N	ame Tnn

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name Na							Name	ame D Owner General Manager						
Physical Address 7 (2)						City Classic Stip 2021								
Frilysical Address 703 Drake St				City (Varioston				10	(2824		
Mailing Address				City			1001 196 0 1 01 0				Zip	Zip		
County This inspection is a(n) Telephone No. of Stories No. of Rooms Is the current lodging license dis										played	ქ?			
Initial Annual Follow-up 5 13				90)						V/A- ne	W			
Rooms Inspected:	0				Wastewater ☐ Private									
109,115,116,11	٧.					e taken □ Yes	s □ No	☐ Private				□ DNR		
202 210 2111	219											DIVIN		
203,010,011,017			_	Swimming Pools/Spas (check all that apply) Indoor pool Outdoor pool Spa Pool larger than							0 squ	are fe	et 🗆	
Please check if the following	New Lo	daina	Estah			□ N/A		7						
local ordinances apply	INGW LO	aging	Lotan		CIILO	L IVA							2	
☐ Fire Safety ☐ Electrical Wiring	Smoke de	e detectors hardwired				/es □ No □ N/A Swimming Pool Certified □ Yes □					No	No N/A		
☐ Plumbing	Fire alarn	rm system installed								onal Standards or Occupancy				
□ Swimming Pools/Spas	Cumindalan	system installed					Permi		□ Yes		No			
☐ Fuel Burning Appliances	· ·	,						ical Building	□ Ye:		No	□ N _i		
Based on an inspection this day, the iter renewal of your lodging license. Failure	ns marked	d "Out"	below i	dentify	noncom	pliance in operat	tions or facil	ities which must b	e correcte	d prior	to issu	ance o	or	
and/or prosecution. Owners may reques	st a hearin	g befor	e the D	Departm	ent Dire	ector upon filing a	a written rea	uest within ten da	vs after red	ceipt of	this n	otice.		
(RSMo 315.005-065, 19 CSR 20-3.050)								STATE STATE			- 17			
		omplia In	once, e			tional page(s) Section E: Fire		ot Observed	N/A=Not		-	NO	AL / A	
Section A & B: Water Supply & Waste 1. Approved source, construction and op-		111	Out	NO	N/A	1. Textiles, hang		irrors		In	Out		N/A	
2. Complies with water quality standards	3			X.				spected, and local	tion			X		
3. Chlorinator maintained and operated				X		Vertical open	ings fire-rate	ed, self-closing				X		
4. Wastewater operation and maintenan	ce			X	L	4. Doors, self-cl			J!-			X		
Section C: Sanitation/Housekeeping 1. Walls, floors and ceilings in good repart 1. Walls, floors and ceilings in	air			V		6. Evacuation re	oute and ola	ed, installed, good	ible			X		
2. Housekeeping practices and furnishin		V		^		Evacuation route and plan, installed, available 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				maintained and ap	opropriate			X		
5. Pest control procedures6. Ice machines, scoops, liners clean & protected		X		V		Section F: Swi		oper closure mech	naniem	X	T			
7. Garbage storage and disposal	protected			X				properly marked		^			X	
8. Premises maintained, plant growth controlled				X		3. Deck is clean	and in good	d repair					X	
Food Inspection conducted according		R20-1.	025					adequate, good					X	
 Food, equipment and single service/u Food protected from contamination 	se			X				ant, & temp. main rails installed, god			_	- 1	X	
11. Facilities to wash, rinse and sanitize				Ŷ		7. Adequate ver		rans instancu, got	ou repair				X	
12. Handwashing facilities/hygienic practices				X				protection & distar	nce				X	
Section D: Life Safety				1 ()		9. Records mair		signs posted					X	
 Combustible/toxic items usage and st Building maintained to assure safe co 				X		 First aid kit a Lighting ade 		a good ropoir					X	
CO detectors hardwired, installed, god				2		Section G: Plu					- 4			
4. GFCI, outlets & switches installed, go				X		1. Equipment ac				X		MI		
5. Exit signs installed, good repair	- 1			X				mbing, restrooms				X		
 Emergency lighting installed, good rep Electric panel protected, labeled, good 				X		T & P relief valve d Relief valve d		ate, good repair oes installed, adec	ruato			X		
Required Annual Third Party Inspection						5. Backflow, air			quale			×		
1. Fire Alarm System				X		Section H: Hea								
2. Sprinkler System					X			pliance/space hea	ater			X,		
 Local Fire and Building Codes/Ordina Current Boiler/Pressure Vessels MDP 				X		2. Fire resistant	room or spr	inkler head			-	X		
Certification					X	3. Location of he	eating/coolir	a units				X		
5. Backflow Device(s) Test				X		4. Ventilation of	appliances	and utility rooms			- 1	X		
6. Liquid Propane Leak Test						Operation and		adequate				X		
INSPECTED BY (PRINT NAME and	SIGN)	lie	200	1110	EPHS	NUMBER A	GENCY	HD	TELE	PHON 2 - L	92	-2	101	
Julie March 17 00 7 1 100 1 11 100 1 115 685 0191														
LICENSING YEAR DATE INSPECTED FOLLOW UP DATE														
20 25 /20 APPROVED Y			ES	□N	0 (0-14-2025				^				
RECEIVED BY (PRINT NAME AND TITLE and SIGN) PAGE 1 OF PAGE 1 OF						2								
Alyssa Dargo	1	Tin	20-	10x		Allen	AMA TO	IN OVIA						
MO 580-0883 (6-16)		ribution:	White/	Owner	Canan	//Central Office	Pink/Local C	Office				E9.02		
(O-10)	List	· · · · · · · · · · · · · · · · · · ·	T T TILLO	-111101	Caridi	resilia onice	- marcocal C	/IIIOC				J.UZ		

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Establishment Name	
Section Reference	Observations, comments, and corrective measures
	All items were corrected
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INSPECTED BY	Marcum Alussa Darais Date 6-14-203
MO 500 2560 /6 1/	