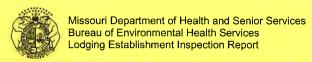
Missouri Department of He Bureau of Environmental H Lodging Establishment Ins		C	CENTRAL DFFICE SE ONLY	ESTABLISHMENT NUMBER									
Establishment Name							Name Owner General Manager						
Physical Address						City		ay pat			Zip	70	211
102 Prake Tree				t		Wo	urles	on			U	38.	54
Mailing Address						City					Zip		-
County This inspection is a(n) Telephone					1201	No. of	No. of Room	is Is the curr				played	1?
Rooms Inspected:					ROC Supp		40	☐ Yes ☐ Wastewater	No □ I	V/A- ne	w		
10(0 108 121 122 202				□ Priv		Public		□ Private	Pub	lic			
						le taken □ Yes		Regulated by				IR	
Swimming Pools/Spas (check all/that apply) Indoor pool Outdoor pool Spa Pool larger than 2000 square feet													
Please check if the following New Lodging Establishments DVA													
local ordinances apply						1000						<u> </u>	
- I ii o caioty - Elocalitoan Italiii	noke det							ning Pool Certified ng Certified to Natio			No or Occ	□ Nanc	
Swimming Pools/Spas	Permit						:	□ Ye	S	No			
☐ Fuel Burning Appliances	rinkler s	•				Yes □ No □ I		cal Building	□ Ye:		No		/A
Based on an inspection this day, the items r renewal of your lodging license. Failure to d	marked '	"Out" vith ai	below i	dentify (noncom	pliance in opera	tions or facili	ties which must be may result in revoc	correcte	d prior vour lo	to issu daina l	ance dicense	or •
and/or prosecution. Owners may request a	hearing	befor	e the D	epartm	ent Dire	ector upon filing	a written requ	est within ten days	s after re	ceipt of	this n	otice.	
(RSMo 315.005-065, 19 CSR 20-3.050) In=In Compliance Out=No	ot In Co	molia	nce. e	xolain d	on addi	itional page(s)	NO=N	ot Observed	N/A=Not	Appli	cable		
Section A & B: Water Supply & Wastewa	ater	In	Out	NO	N/A	Section E: Fire	e Safety			In		NO	N/A
Approved source, construction and opera Complies with water quality standards	ation	×				Textiles, han Fire extinguis	gings and mi	rrors pected, and location	nn.	X			
Compiles with water quality standards Chlorinator maintained and operated properly						3. Vertical open	ings fire-rate	d, self-closing	211	X			
Wastewater operation and maintenance						4. Doors, self-c	losing and fir	e-rated		X			
Section C: Sanitation/Housekeeping								ed, installed, good n, installed, availab		X			
Walls, floors and ceilings in good repair Housekeeping practices and furnishings		_	X			7. Stairs and ra			10	Ž			
3. Towels and bed linens clean		X				8. Means of egi				X			
Mattresses and box springs clean Pest control procedures		S				9. Handrails an Section F: Sw		naintained and app	propriate		4		
6. Ice machines, scoops, liners clean & protected		♦						per closure mecha	nism	X		T	
7. Garbage storage and disposal		X				2. Boundary line	e, pool depth	properly marked				X	
8. Premises maintained, plant growth controlled			025			3. Deck is clear		repair dequate, good re	nair			X	
Food Inspection conducted according to 19CS 9. Food, equipment and single service/use			023	X				int, & temp. mainta				X	
10. Food protected from contamination				X		6. Steps, ladder	rs, and hand	ails installed, good				X	
11. Facilities to wash, rinse and sanitize				X		7. Adequate ve		protection & distance	20			X	
12. Handwashing facilities/hygienic practices Section D: Life Safety				X		Records mai			Je			X	
Combustible/toxic items usage and storage						10. First aid kit	available					X	
2. Building maintained to assure safe conditions						11. Lighting add						X	
CO detectors hardwired, installed, good repair GFCI, outlets & switches installed, good repair						1. Equipment a					X		
5. Exit signs installed, good repair		X				2. Ventilation a	dequate, plur	nbing, restrooms		X			
 Emergency lighting installed, good repair Electric panel protected, labeled, good re 		S						ate, good repair es installed, adequ	ioto	X			
Required Annual Third Party Inspections		×				5. Backflow, air			ale	X			
1. Fire Alarm System		X			. ,	Section H: He							
Sprinkler System Local Fire and Building Codes/Ordinances		X			X	Unvented fue Fire resistant		pliance/space heat	er	Y			
Local Fire and Building Codes/Ordinances Current Boiler/Pressure Vessels MDPS		~			1	Z. I lie lesistani	riodili di apri	TIKIET HEAD					
Certification				1	X	3. Location of h				\Diamond			
5. Backflow Device(s) Test 6. Liquid Propane Leak Test				X	1	Ventilation of Operation an		and utility rooms		√			
INSPECTED BY (PRINT NAME and SIGN)					EPHS	S NUMBER A		мадимо	TELE	PHON	IE ,	-	
(mare market	Code Markey 1681 Miss. Co. Health. Dept 573-683-219										219		
DATE INSPECTED FOLLOW UP DATE													
	POV	ED		EG		IO -	7- 22	- 707K	7.	- 29	7-1	200	100
The second secon													
				- 1		WY STE	Jacks	on	.,,,,,		<u>_</u>		
Mistroackson for MO 580-0883 (6-16)	Distri		White/			y/Central Office	Pink/Local C					E9.02	



Establishment Name	In Physical Address rake Street Charleston
Section Reference	Observations, comments, and corrective measures
	Room 122
C-2 -	Ice build-up in freezer
	RADOM 205
C-2	musty odor in room.
(-2	Retrigerator soiled with debns
G-1	Showethead flashing loose
^ >	Room 221
C-2	Musty odor in room
A. []	Pool
Note:	Pool is remaining closed for the season
N/-1	Breakfast Room
Note:	No sut serve breakfast and room is
	austo auc to covia-19
INSPECTED BY	Marin Prish Jackson 7-22-2020
MO 580-2569 (6-10	