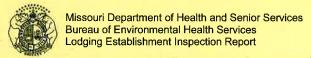


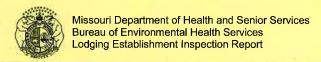
FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Tatable based Name								Va					
Establishment Name							Name	Owner [☐ General N	lanage			
Juper 8								Jaly	patel				
Physical Address	+10 6	1				City	1001				Zip	20	211
310 300	th	3+0	YU			1 (// ()	(12)	\sim			0	20.	27
Mailing Address						City					Zip		
			J										
County This inspection is a(n)		Tolo	nhone			No. of	No. of Rooms	Is the	current lodgi	na licor	see die	nlavad	12
□ Initial Annual □	Follow-ur		12-1	127-	2004	Stories	(00					piayeu	•
	1 Ollow-up	ا ر. ا)	101	000) Otories /	00			WA- HE	w		
Rooms Inspected:					r Supp			Wastewat					
102 111 121 12	2 1	7 7		☐ Priv		Public		☐ Private	⊅ XPub				
103/11/10/11/	011:	200)—	Water	r sampl	e′taken □ Yes	s □ No	Regulated	by: DHS	SS		IR	
709 211 219	777	20		Swim	mina F	Pools/Spas (c	heck all that	apply)		1011			
001,010,010	200)	00	-		r pool				l larger tha	n 200	Оедия	aro for	ot 🗆
							роог 🗆 Ор	74 1 100	n larger the	111 200	o sque	310 100	51
Please check if the following	New Lo	dging	Estab	lishme	ents	□ N/A							
local ordinances apply													
□ Fire Safety □ Electrical Wiring	Smoke de	etector	s hardw	vired	□Y	es 🗆 No 🗆 l	N/A Swimmi	ng Pool Certif	ied 🗆 Yes	s 🗆	No	□ N//	Α
□ Plumbing	Fire alarm	n syste	m insta	lled	□Y	es 🗆 No 🗆 l	N/A Building	Certified to N	ational Stan	dards o	or Occi	upancy	/
□ Swimming Pools/Spas							Permit		□ Ye	3	No		
□ Fuel Burning Appliances	Sprinkler	system	n install	ed	□Y	es 🗆 No 🗆 l	N/A Historica	al Building	□ Ye	s [No	□ N/.	Α
Based on an inspection this day, the iter	mo morkos	L"Out"	holow i	dontific	nanaam	nlianae in enere	tions or facilitie	a which much	ha aamaata	4	ta !aa		
renewal of your lodging license. Failure	to comply	with a	ny time	limite f	or correc	tions enocified i	in this notice m	es which must	vecetion of	u prior	lo issu	ance o	,,
and/or prosecution. Owners may reques	st a hearin	n hefo	re the C	Denartm	ent Dire	ctor upon filing	a written reque	est within ton	lave after re-	your 100 ceint of	thic or	otice	
(RSMo 315.005-065, 19 CSR 20-3.050)	ot a neam	ig belo	ie lile L	<i>J</i> epartin	iciii Diie	ctor upon ming a	a writterr reque	St Within ten C	ays alter re	seibr oi	uns m	nice.	
		ompli	ance. e	xplain	on addit	ional page(s)	NO=Not	Observed	N/A=Not	Applic	able		10
Section A & B: Water Supply & Waste		In	Out	NO		Section E: Fire				In	Out	NO	N/A
1. Approved source, construction and or		X				1. Textiles, han		ors		X			
2. Complies with water quality standards		×				2. Fire extinguis			ation	2			
3. Chlorinator maintained and operated						3. Vertical open			41,011	Ŷ			
4. Wastewater operation and maintenan		X				4. Doors, self-cl				×		5	
Section C: Sanitation/Housekeeping						5. Smoke detec			od repair	Ý			
1. Walls, floors and ceilings in good repa	air		X			6. Evacuation ro				V			
2. Housekeeping practices and furnishing	ngs	- 11	X			7. Stairs and rai				X			-
3. Towels and bed linens clean		X				8. Means of egr				X,			
4. Mattresses and box springs clean		X				9. Handrails and			appropriate	X			- 1
5. Pest control procedures			X.			Section F: Swi			105 6				Terri
6. Ice machines, scoops, liners clean &	protected	- 3	X			1. Fence, gate a	adequate, prop	er closure me	chanism	X			
7. Garbage storage and disposal		X	8			2. Boundary line	e, pool depth p	roperly marke	d				X
8. Premises maintained, plant growth co	ntrolled	X				Deck is clean	and in good r	epair					X
Food Inspection conducted according		R20-1.	025			Lifesaving e							X
9. Food, equipment and single service/u	ise	X				Pool clarity, p							X
10. Food protected from contamination		X				Steps, ladder		ils installed, go	ood repair				X
11. Facilities to wash, rinse and sanitize		X				Adequate ver					77		X
12. Handwashing facilities/hygienic prac	tices	X				Electrical out			ance				×
Section D: Life Safety				r-		Records mair		gns posted					X
Combustible/toxic items usage and st	orage	×				10. First aid kit							\times
2. Building maintained to assure safe co		X				11. Lighting ade							X
3. CO detectors hardwired, installed, god		X	-			Section G: Plu				1	. , ,		
4. GFCI, outlets & switches installed, go	od repair	1	X			1. Equipment ac				, , , , , , , , , , , , , , , , , , ,	X		
5. Exit signs installed, good repair		X				2. Ventilation ac				11	X		
 Emergency lighting installed, good reg Electric panel protected, labeled, good 		0				3. T & P relief va				X,			
Required Annual Third Party Inspecti						4. Relief valve o			equate	X	-	-	
Fire Alarm System	Olio	1	_	i i		Backflow, air Section H: Hea							
2. Sprinkler System						1. Unvented fue			ootor			-	
Local Fire and Building Codes/Ordina	nces	X				2. Fire resistant			eater	X		-	
4. Current Boiler/Pressure Vessels MDP						Z. I II C TOSISTATIC	Toom or spini	Mor riedu		X			
Certification	Ŭ	X				3. Location of h	eating/cooling	units		X		100	
5. Backflow Device(s) Test				×		4. Ventilation of				X			
6. Liquid Propane Leak Test						5. Operation and				-	V		
INSPECTED BY (PRINT NAME and	SIGN)	1				NUMBER A			TELE	PHON	F	-	
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LICENSING YEAR					10	Di	ATE INSPEC	TED	FOLL	OW U	P DAT	Ε	
		ED		FC	V.		5-21-	7173	/	-2	7 -	- 2	Q
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RECEIVED BY (PRINT NAME AND		nd SIC	GN)				- A.		PAGE	1 OF	3		
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MO 580-0883 (6-16)	Dist	ribution:	White/	Owner	Canary	/Central Office	Pink/Local Office	CO			E	9.02	



Establishment Name	Physical Address City Observations, comments, and corrective measures
Section Reference	Observations, comments, and corrective measures
G-1 C-2	Shower head flashing loose Debric on floor
<u> </u>	Roum III Inside of refrigerator dirty Debr. 5 on floor
(-5	Spider in tub Debris on floor
C-2	Room 123 Debrist crumbs on floor
G-2 H-5	Musty odor in roum Alc unit cover missing
C-5 C-1 C-2	Spider in Sink and webs in room Light visible at bottom of door Floors dirty
C-5 -	Room 216 Dead spider in bathroom by toket Walls dirty by sink
C-2 E-1	Boom 218 Bathroom floor and walls dirty Debris on floor Wallpaper around room peeling
D-4 C-3	Room 222 GFCI hat working properly Floors dirty
D-11 C-5 C-2	Spider webs in bathround's Refrigerator and floors diffy
INSPECTED BY MO 580-2569 (6-16	RECEIVED BY A LASSA DAGOS DATE 5/3//33 Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A



Establishment Name	Observations, comments, and corrective measures
Section Reference	Observations, comments, and corrective measures
	K
C1-2	Exhaust fan broken in Water heater room
2 /	
C-5	Gap between doors by rending machine
A HIS	Gap between doors by rending machine
6 1	
C-6	The machine dirty and contains mold
6-1	To the install hours of
L-L	The machine has mold inside it in
	Duriding a
C-1	Stringer Children tille by Storage room
	Stained Certing tiles by storage room and room 2011 in building 2.
(-)	missing ceiling tile and stained ceiling tiles in breakfast room.
	tiles in breakfast room.
A -	
(-5)	Big dead bugs by durat end if building 2
(-5)	Spider webs in labby
	J
C-2	Dicty carpets throughout
The state of the s	
 	
The world	
INSPECTED BY	RECEIVED BY DATE 1 21 22
Godie	Marcum Plussa Dalgas 5/31/23
MO 580-2569 (6-16	