

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name		Name														
Physical Address	City / (a Zip 22)															
310 South Story							Marieston				103834				2/	
Mailing Address						City		200-10	J1				Zip	,,,,,	′	
County This inspection is a(n) Initial Annual	Follow-up		phone (427	-200	No. of Stories		of Rooms		ne currei				played	1 ?	
Rooms Inspected:	1 ollow up		,	Wate	r Supp			00	Wastev		10 0	W/A- 110	VV			
101 101 105				□ Priv		□ Public			□ Privat		□ Pub	lic				
101,100,101,100				Water										DNR		
Swimming Pools/Spas (check all that apply)																
- 00) 01. 01.1	/				r pool		pool	□ Spa	a 🗆 F	Pool lar	ger tha	n 200	0 squa	are fe	et 🗆	
Please check if the following local ordinances apply	New Loc	lging	Estab	lishme	ents	□ N/A										
☐ Fire Safety ☐ Electrical Wiring	Smoke de						N/A		g Pool Ce		□ Yes		No	□ N		
☐ Plumbing	Fire alarm system installe			lled	ed 🗆 Yes 🗆 No 🗈							nal Standards or Occupancy □ Yes □ No				
Swimming Pools/Spas Sprinkler system ins		installe	ed	ПΝ						□ Ye				/A		
Fuel Burning Appliances		•							_	uet he c						
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 reque	st a hearing	g befor	re the D	epartm	ent Dire	ctor upon filing a	a writt	ten reques	t within te	n days a	after re	ceipt of	this no	otice.		
(RSMo 315.005-065, 19 CSR 20-3.050)		omplia	nce e	volain (on addi	tional page(s)		NO≃Not (Ohserver	ł N	/A=Not	Applic	abla	-	90	
Section A & B: Water Supply & Wast		In	Out	NO	N/A	Section E: Fire	e Safe		Observed		/A-140)	In	Out	NO	N/A	
1. Approved source, construction and o				X		1. Textiles, han								X		
 Complies with water quality standards Chlorinator maintained and operated 				X		2. Fire extinguis								X		
Wastewater operation and maintenant				V	X	Vertical openDoors, self-cl				ig				Q		
Section C: Sanitation/Housekeeping				^		5. Smoke detec				good re	pair			X		
Walls, floors and ceilings in good repair			X,			6. Evacuation ro							1	X		
Housekeeping practices and furnishings Towels and bed linens clean			X	V		Stairs and raiMeans of egr								X		
Mattresses and box springs clean				X		9. Handrails and					priate			Ŷ	- 50	
5. Pest control procedures		X				Section F: Swi	immi	ng Pools/	Spas					- P		
6. Ice machines, scoops, liners clean &	protected			X		1. Fence, gate a					sm	X				
Garbage storage and disposal Premises maintained, plant growth controlled				V		 Boundary line Deck is clean 				гкеа	-			-	×	
Food Inspection conducted according	g to 19CSF	R20-1.	025	()		4. Lifesaving e	quip	ment ade	quate, go						Ŷ	
9. Food, equipment and single service/u	ise			X		5. Pool clarity, p									X	
10. Food protected from contamination11. Facilities to wash, rinse and sanitize				X		Steps, ladderAdequate ver			sinstalled	, good r	epair		-		-X	
12. Handwashing facilities/hygienic practices				V		8. Electrical out			tection & d	distance					V	
Section D: Life Safety						9. Records mair	ntaine	ed and sigr							X	
Combustible/toxic items usage and st Pullding maintained to assure sets.				X		10. First aid kit a									X	
 Building maintained to assure safe co CO detectors hardwired, installed, go 				X		11. Lighting add				20 7 6					X	
4. GFCI, outlets & switches installed, go	od repair			X		1. Equipment ac	dequa	ate, good r	epair					8		
5. Exit signs installed, good repair	n n la			X		2. Ventilation ac								3		
 Emergency lighting installed, good re Electric panel protected, labeled, goo 				♦		3. T & P relief valve of					6		-	\rightarrow		
Required Annual Third Party Inspecti						5. Backflow, air								X		
1. Fire Alarm System				X	1	Section H: Hea	ating	& Cooling	9							
Sprinkler System Local Fire and Building Codes/Ordina	nces			V	Х	 Unvented fue Fire resistant 				e heater				X		
Current Boiler/Pressure Vessels MDF Certification				X		Location of he								Ŷ		
5. Backflow Device(s) Test				X	245	4. Ventilation of				oms				X		
6. Liquid Propane Leak Test				- 283	X	5. Operation and	d con	dition ade	quate					X		
INSPECTED BY (PRINT NAME and SIGN) EPHS NUMBER AGENCY TELEPHONE 513-83-391																
LICENSING YEAR	Jus	~ /	1 (9)		1.1	D	ATE	INSPECT	TED		FOLL	OW U	DAT	E	Value of	
LICENSING YEAR		ED		FC	W.		Λ-	110-	200	5	7	-8	- 1	700	1	
A	PPROVI			ES	N		9	10	000	ر	DAGE	1.05	20	00)	
RECEIVED BY (PRINT NAME AND	\ IIILE ar	0 510	8			han					PAGE	1 OF	4			
MO 580-0883 (6-16)	Distr	Dution:	White/	mole Owner		/Central Office	Pink	/Local Office	A		_		F	9.02		



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

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Establishment Name	8 Physical Address South Story City Marks ton
Section Reference	Observations, comments, and corrective measures
	4
0	11011000000 100100 100 100 100 100 100
8-1	Wall paper peeling by room 202 and 133
\ - \	Stained Calling tires in aning room
(-	Missing Celling the in hall by your 208
	Gas between doors by rending machine in
<u> </u>	Total date I
(-)	Debris on Carpets M hallman
00	DEPTS AT COLLEGE S IN MATINGE
- 1	
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1 2	
777	
50°E)	
	年.
INSPECTED BY	AMAGERIA DATE DATE O -16-2025
Chali	
MO 580-2569 (6-1	6) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A