



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: **DEERFIELD INN AND SUITES**
 Name: Owner General Manager **JANJAY CHOWDHURY**
 Physical Address: **144 Hwy. 61** City: **STEELE** Zip: **63877**
 Mailing Address: **144 Hwy. 61** City: **STEELE** Zip: **63877**
 County: **155** This inspection is a(n) Initial Annual Follow-up Telephone: **573-695-9900** No. of Stories: **1** No. of Rooms: **203** Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected: **103, 105, 110, 106, 111, 201, 203, 204 AND 206.**
 Water Supply: Private Public Water sample taken Yes No
 Wastewater: Private Public Regulated by: DHSS DNR
 Swimming Pools/Spas (check all that apply) **NOT APPLICABLE**
 Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

Please check if the following local ordinances apply: Fire Safety Electrical Wiring Plumbing Swimming Pools/Spas Fuel Burning Appliances
 New Lodging Establishments N/A
 Smoke detectors hardwired Yes No N/A
 Fire alarm system installed Yes No N/A
 Sprinkler system installed Yes No N/A
 Swimming Pool Certified Yes No N/A
 Building Certified to National Standards or Occupancy Permit Yes No
 Historical Building Yes No N/A

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 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=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
Section A & B: Water Supply & Wastewater	In Out NO N/A	Section E: Fire Safety	In Out NO N/A
1. Approved source, construction and operation	<input checked="" type="checkbox"/>	1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>
2. Complies with water quality standards	<input checked="" type="checkbox"/>	2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>
Section C: Sanitation/Housekeeping		5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>	6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/>	7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>
3. Towels and bed linens clean	<input checked="" type="checkbox"/>	8. Means of egress, number, maintained	<input checked="" type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>
5. Pest control procedures	<input checked="" type="checkbox"/>	Section F: Swimming Pools/Spas	
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	3. Deck is clean and in good repair	<input checked="" type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025		4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/>
10. Food protected from contamination	<input checked="" type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>	7. Adequate ventilation	<input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>
Section D: Life Safety		9. Records maintained and signs posted	<input checked="" type="checkbox"/>
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	10. First aid kit available	<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	Section G: Plumbing/Mechanical	
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" type="checkbox"/>
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>
Required Annual Third Party Inspections		5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>
1. Fire Alarm System	<input checked="" type="checkbox"/>	Section H: Heating & Cooling	
2. Sprinkler System	<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>
5. Backflow Device(s) Test	<input checked="" type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>
6. Liquid Propane Leak Test	<input checked="" type="checkbox"/>	5. Operation and condition adequate	<input checked="" type="checkbox"/>

INSPECTED BY (PRINT NAME and SIGN): **Jon Wofford** EPHS NUMBER: **1134** AGENCY: **FEMISCOOT Co. HEALTH CENTER** TELEPHONE: **573-359-1654**
 LICENSING YEAR: **2022 / 2023** APPROVED YES NO DATE INSPECTED: **07-28-22** FOLLOW UP DATE: **-**
 RECEIVED BY (PRINT NAME AND TITLE and SIGN): **Lori Hicks Mgr Lori Hicks** PAGE 1 OF **3**



Establishment Name DEERFIELD INN AND SUITES	Physical Address 144 HWY. 61	City STEELE
Section Reference	Observations, comments, and corrective measures	

As a reminder - when buying new smoke detectors and carbon monoxide detectors get the ones that are hardwired into the buildings electrical supply and have a battery backup.

As per the inspection on 07-28-22 Deerfield Inn and Suites is approved for the 2022-2023 lodging licensing year.

Note - when buying new door sweeps get the ones with bristles as they last longer. The ones with rubber tend to split and fall apart.

INSPECTED BY Jim Wofford	RECEIVED BY Lori Hicks mgr.	DATE 07-28-22
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