Missouri Department o Bureau of Environment Lodging Establishment	ces	es			FOR CENTRAL OFFICE USE ONLY		ESTABLISHMENT NUMBER					
Establishment Name	1111 ×	111	111		·c	Name	□ Owne	r 🛭 General M	lanagei	in D	V	
Physical Address	NN A	NDS	101	15	City	JAM	YACU	CHOU	DIT	170	7	
Prilysical Address 144 H	V. 6	1			City	TEE	1 =			Zip	35	27
Mailing Address	100				City	LEF	hL		_	Zip		21
HAN HUN	. (2)				Oity	TEE	1 =			7	39	37
County This inspection is a(n)	0 44	Telephone	5/13	- 69	No. of	No. of Ro	oms Is	the current lodgi	ng licer	se dis	played	?
☐ Initial ☐ Annual ☐	Follow-up	9	900		Stories	8	The state of the s	Yes 🗆 No 🗆 I	V/A- ne	W		
Rooms Inspected:				r Suppl			Wast	ewater				
163, 105, 110, 106, 111, 301		☐ Private ☐ Public			□ Private □ Pu							
	1 1 1 1	10/13	Water	sample	e taken 🗆 Ye	s □ No	Regul	ated by: DHS	SS		1R	
203, 204 AND 0	1060		Swim	ming P	Pools/Spas (c	heck all t	that apply)	NOT AM		CA	BL	E
			Indoo	r pool [Outdoor	pool 🗓	Spa 🗆	Pool larger that	an 200	o squ	are fe	et 🗓
Please check if the following	New Loc	lging Esta	blishme	ents	> N/A							
local ordinances apply		J										
☐ Fire Safety ☐ Electrical Wiring	Smoke de	tectors hard	wired	ЭĽÝ	es □ No □	N/A Swii	mming Pool	Certified Yes	s 🗆	No	>= N/	Α
☐ Plumbing	Fire alarm	system inst	alled	ΠÝ	es 🛮 No 😥	N/A Buil	ding Certified	d to National Stan	dards o	or Occ	upancy	1
Swimming Pools/Spas						Perr	mit	☐ Ye	s >\s	No		
☐ Fuel Burning Appliances	Sprinkler s	system insta	lled	ΠY	es 🗉 No 🔟	N/A Hist	orical Buildin	ng Te	s 🗽	No	□ N	A
Based on an inspection this day, the iter	ms marked	"Out" below	identify i	noncomi	pliance in opera	ations or fac	cilities which	must be correcte	d prior	to issu	ance c	or
renewal of your lodging license. Failure	e to comply	with any tim	e limits fo	or correc	ctions specified	in this notic	ce may result	t in revocation of	your loc	iging I	icense	
and/or prosecution. Owners may reque	est a hearing	before the	Departm	ont Diro	otor upon filing	a written re	auest within	ten days after re-	ceipt of	this no	otice	
		, 201010 1110	Departin	ent Dire	ctor upon ming	a winton ic	quoot milimi	tori days after re-			otioo.	
(RSMo 315.005-065, 19 CSR 20-3.050))											
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FOLLOW UP DATE 011/1 DATE INSPECTED LICENSING YEAR 20 / 20 / 3 APPROVED YES ■ NO PAGE 1 OF RECEIVED BY (PRINT NAME AND TITLE and SIGN)

MO 580-0883 (6-16)

4. Current Boiler/Pressure Vessels MDPS

INSPECTED BY (PRINT NAME and SIGN)

Certification

5. Backflow Device(s) Test 6. Liquid Propane Leak Test

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

3. Location of heating/cooling units

EPHS NUMBER AGENCY

Ventilation of appliances and utility rooms
 Operation and condition adequate

E9.02

TELEPHONE 378-359



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

Page of

Section Reference Observations, comments, and corrective measures Class a reminder when wuring new small detectors and carriers manyide attellars set the ones that are, hardwired into the wildings tectival upply and have a wattery was the majority and have a wattery was the majority and have a wattery
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