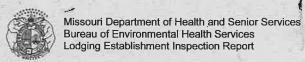


Missouri Department of Health & Senior Services Bureau of Environmental Health Services Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name	A - 1				2017		Name 1	□ Owner □ G	eneral M	anager			
Physical Address	BIN	6				City	PATER	SCVTII	F		Zip	28	(2)
TAL THURSDAY	CALV	No.				- V-W/M	MALLIE	101717	- from		L (A)	20	1 1
Mailing Address	BOL	J.F	VA	RI		City	RUTHI	FRSVT	LLE		Zip	38	3
County This inspection is a(n)    Initial   Annual	Follow-ur		phone	573	3-	No. of Stories	No. of Rooms	Is the curre				layed?	2
Rooms Inspected:	1 Ollow up	1. 7	20	Water	r Supp		-30	Wastewater	110	UN TIC	· ·		
20001018 3	1	15 -	-	□ Priv		☐ Public			□ Publ	ic			
-12/1/10/2X	UMA	No	W.	Water	sampl	e taken   Yes	s □ No	Regulated by:	□ DHS	S	□ DNF	3	
				Swim	ming f	Pools/Spas (c	heck all that		Ť				
				Indoo	r pool	Outdoor	pool Sp	a Pool la	rger tha	n 2000	) squa	re fee	it 🖂
Please check if the following local ordinances apply	New Lo	dging	Estab	lishme	ents								
☐ Fire Safety ☐ Electrical Wiring	Smoke de	etectors	hardw	rired	ΞS	∕es □ No □ I	N/A Swimmir	ng Pool Certified	□ Yes	73	No	□ N/A	4
Plumbing				led Yes No I									
Swimming Pools/Spas	Sprinkler	cyctom	inetall	od	= 1	′es ⊃ No □ I	Permit	al Building	☐ Yes		No No	□ N/A	^
☐ Fuel Burning Appliances		•								-//			
Based on an inspection this day, the iter renewal of your lodging license. Failure	ns marked	with a	oelow I	dentity i	noncom	pliance in opera	in this notice m	s which must be	corrected	prior t	o issua aina lia	nce or	
and/or prosecution. Owners may reque (RSMo 315.005-065, 19 CSR 20-3.050)	st a hearin												
In=In Compliance Out	t=Not In C	omplia	псе, е	xplain (		tional page(s)		Observed 1	N/A=Not	Applic	able		
Section A & B: Water Supply & Wast		In /	Out	NO	N/A	Section E: Fire				In /	Out	NO I	N/A
<ol> <li>Approved source, construction and or</li> <li>Complies with water quality standards</li> </ol>		4/			1	<ol> <li>Textiles, han</li> <li>Fire extinguis</li> </ol>		ors ected, and location	ni	4/			
Chlorinator maintained and operated		1			1	3. Vertical open					1		1
4. Wastewater operation and maintenant	ice	V				4. Doors, self-c				1)			
Section C: Sanitation/Housekeeping 1. Walls, floors and ceilings in good repart	nir I	1						, installed, good re installed, available		~/			1
Housekeeping practices and furnishir		7/				7. Stairs and ra			8			74	1
3. Towels and bed linens clean		1				8. Means of egi	ress, number, n	maintained					11
4. Mattresses and box springs clean		W/						intained and appr	opriate				4
<ul><li>5. Pest control procedures</li><li>6. Ice machines, scoops, liners clean &amp;</li></ul>	protected	-		-	1	Section F: Sw 1 Fence gate:		rspas er closure mechar	nism			-1-	7
Garbage storage and disposal	protoctod	11			~	2. Boundary line							1
8. Premises maintained, plant growth co		V			1	3. Deck is clear							1
Food Inspection conducted according 9. Food, equipment and single service/u		R20-1.	025					equate, good re t, & temp. maintai					1
10. Food protected from contamination	156				3//			is installed, good					7
11. Facilities to wash, rinse and sanitize					1/	7. Adequate ve							3/1
12. Handwashing facilities/hygienic prac	ctices	-	C		1			otection & distance	е				1
Section D: Life Safety  1. Combustible/toxic items usage and st	forage	-/			r	<ol><li>Records mai</li><li>First aid kit</li></ol>		Jis posteu				-	4
2. Building maintained to assure safe co		1				11. Lighting add	equate and in g	good repair					V
3. CO detectors hardwired, installed, go		1			1	Section G: Plu				1			
<ol> <li>GFCI, outlets &amp; switches installed, go</li> <li>Exit signs installed, good repair</li> </ol>	oo repair	-	/-		1	Equipment a     Ventilation as				3/		-	
6. Emergency lighting installed, good re	pair					3. T & P relief v				1			
7. Electric panel protected, labeled, goo								s installed, adequa	ate	4			
Required Annual Third Party Inspecti 1. Fire Alarm System	ions			-	1 6	<ol><li>Backflow, air</li><li>Section H: He</li></ol>				N		_	- /
Sprinkler System					1/			iance/space heate	ег	1	7		1
3. Local Fire and Building Codes/Ordina					1	2. Fire resistant				1)			
4. Current Boiler/Pressure Vessels MDF	PS				11	2		ita		- 14		-  -	
Certification  5. Backflow Device(s) Test					1	<ol> <li>Location of h</li> <li>Ventilation of</li> </ol>	f appliances an	d utility rooms		3/)			
6. Liquid Propane Leak Test		0.			1	5. Operation an				1			
INSPECTED BY (PRINT NAME an	d SIGN)	1907	1	1	EPHS	NUMBER A	GENCY	WIDCLI	TELE	PHON	=31%	-5-	9
WONI (2) MEFOR!	) W	YEJ	kn	IN		11241	SUBATT	Y HEALT	TH (	F	177	ER	16
LICENSING YEAR		VA				D	ATE INSPEC	TED	FOLL	NC WC	DAT	E	
	PPROV	/ED	E(Y	ES	□N	0	09-3	20-22		-			
RECEIVED BY (PRINT NAME AND									PAGE	1 OF	3		
MANY CPATEL	102	1102	1)										





Establishment Name	TAIN	Physical Address	an BIVA	Citý	RSVILLE
Section Reference	Observations, commen	ts, and corrective measur	es	CARCILLE	NOV LLL
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MO 580-2569 (6-1)	6) Oygane			VLocal Office	E9.02A
3	- 00	January Can	07-C/C	lec	L3.02A