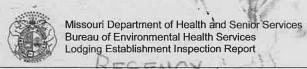
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Missouri Department o	of Health &	Senior	Service	00		man mys	9	
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Lodging Establishment						1		
Establishment Name	0.00			-	-		Nan	ne
KEGEMON RA	VEI	. 1	ATA	3			4 /	VI
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County This inspection is a(n) Initial I Annual I	Follow		phone	501		No. of Stories	No.	of R
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Rooms Inspected:	04	15	10		r Supp			
104,104,106,108,11	$II \cap II$	21	10	□ Priv		Public		
112 119 12/2 (100 N.	127	,		Wate	r samp	le taken □ \	′es 🏻 l	No
111111111111111111111111111111111111111				Swim	ming	Pools/Spas	(checl	k al
		V1.196		Indoc	r pool	□ Outdoo	or pool	D
Please check if the following	New Lo	ndaina	Fetal	lishm	ents	1 N/	Δ	2.5
local ordinances apply		, ugg		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
☐ Fire Safety ☐ Electrical Wiring	Smoke o	detector	s hardy	vired	30	Yes No	N/A	Sv
☐ Plumbing					Yes No	N/A	Ви	
	i ile alaitti systetti itistali				273			Pe
Swimming Pools/Spas	Sprinkler system installed				Yes No	N/A	Hi	
☐ Fuel Burning Appliances	ems marked "Out" below identify noncompliance in operations							
renewal of your lodging license. Failure								
and/or prosecution. Owners may reque								
(RSMo 315.005-065, 19 CSR 20-3.050)		ng bolo	C the t	ocparai	ioni bir	sotor aport iiii	ig a wiii	LLCII
		Compli	ance, e	xplain	on add	itional page(s	s)	NO
Section A & B: Water Supply & Wast		In /	Out	NO	N/A	Section E:		fety
1. Approved source, construction and o	peration	1//			-	1. Textiles, h	angings	s an
Complies with water quality standard		1				2. Fire exting		
Chlorinator maintained and operated		-/			V	3. Vertical of		
Wastewater operation and maintenar		14				4. Doors, sel		
Section C: Sanitation/Housekeeping						5. Smoke detectors hard		
Walls, floors and ceilings in good repair						6. Evacuatio		
 Housekeeping practices and furnishir Towels and bed linens clean 	igs	1			1000	7. Stairs and		
Towers and bed linens clean Mattresses and box springs clean		14				8. Means of 9. Handrails		
Nattresses and box springs clean Pest control procedures		4/				Section F:		
o. resi control procedures		121				Section F.	SWILLIII	my

ESTABLISHMENT NUMBER OR CENTRAL **OFFICE USE ONLY** ☐ Owner ☐ General Manager Zip Is the current lodging license displayed? ☑ Yes □ No □ N/A-new Wastewater ☐ Public □ Private Regulated by: DHSS that apply) Spa 🗆 Pool larger than 2000 square feet I vimming Pool Certified

Yes □ No □N/A ilding Certified to National Standards or Occupancy ☐ Yes □ No storical Building 1 Yes □ No □ N/A acilities which must be corrected prior to issuance or ice may result in revocation of your lodging license request within ten days after receipt of this notice. =Not Observed N/A=Not Applicable NO N/A Out In mirrors inspected, and location rated, self-closing d fire-rated wired, installed, good repair plan, installed, available ntained, storage ber, maintained es maintained and appropriate Pools/Spas 1. Fence, gate adequate, proper closure mechanism 2. Boundary line, pool depth properly marked 3. Deck is clean and in good repair 4. Lifesaving equipment adequate, good repair 5. Pool clarity, pH, disinfectant, & temp, maintained 6. Steps, ladders, and handrails installed, good repair 7. Adequate ventilation 8. Electrical outlets, proper protection & distance 9. Records maintained and signs posted 10. First aid kit available 11. Lighting adequate and in good repair Section G: Plumbing/Mechanical 1. Equipment adequate, good repair 2. Ventilation adequate, plumbing, restrooms 3. T & P relief valves adequate, good repair 4. Relief valve discharge pipes installed, adequate 5. Backflow, air gaps, no cross connections Section H: Heating & Cooling 1. Unvented fuel-burning appliance/space heater 2. Fire resistant room or sprinkler head 3. Location of heating/cooling units 4. Ventilation of appliances and utility rooms 5. Operation and condition adequate TELEPHONE EPHS NUMBER AGENCY MEALT FOLLOW UP DATE DATE INSPECTED APPROVED □ NO PAGE 1 OF



Page of

Establishment Name	Physical Address	W &H	City HANT	
Section Reference	Observations, comments, and corrective m	neasufes	11/1/11	
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