



Establishment Name Hampton Inn	In: 9:45 am Out: 1:20 pm	Name of Owner/Contact Person Midas Hospitality / Katie Gollaher, Director of Sales
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Mailing Address	City	Zip Code
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Physical Address 850 Valley Creek Drive	City Farmington	Zip Code 63640
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County 187	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone (573)760-8700	No. of Stories 3	No. of Rooms 64	Rooms Inspected 101,110,111,113,117,201,208,301,313,319
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Please check Yes or No next to each item.		Yes	No	Water Supply		Yes	No
Was this lodging facility built after October 31, 2005	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Is the water supply private	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				Is the water supply public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Water sample taken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Do the following local ordinances apply?				Sewage/Wastewater			
Fire safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Is the Sewage/Wastewater private	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Electrical wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fuel burning appliances	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Swimming Pools/Spas			
Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Indoor pool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Swimming pools/spas	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Outdoor pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				Pool larger than 2000 square feet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)

Yes=In Compliance		No=Not in Compliance, explain on additional page(s)				NB=Not Observed				NA=Not Applicable				
SECTION A: WATER SUPPLY					SECTION E: FIRE SAFETY (All Establishments cont.)									
1. Approved source, construction & operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Doors and locks permitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Complies with chemical, bacT & rad standards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Chlorinator maintained & operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SECTION B: SEWAGE & WASTEWATER					SECTION F: SWIMMING POOLS/SPAS									
1. Operating satisfactorily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Vertical openings protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SECTION C: SANITATION/HOUSEKEEPING					6. Doors, self closing & fire rated									
1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Smoke detectors installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Proper housekeeping practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Towels & bed linens clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4. Mattresses & box springs clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Stairs and ramps maintained, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5. No evidence of rodents & insects	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Means of egress, number, maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6. Ice machines, scoops, liners, clean & protected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION G: PLUMBING/MECHANICAL									
7. Garbage & refuse properly maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9. Food sources, sound condition, approved	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10. Food protected from contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11. Proper facilities to wash, rinse & sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Proper air gaps, no cross connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
SECTION D: LIFE SAFETY					SECTION H: HEATING & COOLING									
1. Combustible/toxic items properly used & stored	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. CO detectors installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4. GFCI and proper wiring installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ventilation of appliances & utility rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5. Exit signs installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Operation & condition adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6. Emergency lighting installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Proper safety valve, thermo control, elect. switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION E: FIRE SAFETY (New Establishment Only)									
SECTION E: FIRE SAFETY (All Establishments)					1. Smoke detectors hardwired & maintained									
1. Complies with local building codes, fire codes & ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire alarm system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
INSPECTED BY <i>Rose Mier</i> Rose Mier					EPHS NUMBER 1390					AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947				
TELEPHONE														

LICENSING YEAR 2015-2016	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED April 20, 2015	SCHEDULED FOLLOW UP May 5, 2015	REVIEWED BY <i>Katie Gollaher</i>	DATE April 20, 2015
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Establishment Name: Hampton Inn	Physical Address: 850 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
FIRST FLOOR	
Main Lobby	
C1 - Daylight was observed around the door of the front entry. Please seal to reduce pest entry points.	
North Conference Room	
D5 - The exit sign test failed. Please replace batter or replace sign to ensure sign uses battery power when electrical power is off.	
Guest Vending - first floor	
C6 - Mold observed on the deflector of the ice machine. Please wash, rinse, sanitize daily.	
Hall One, South End	
D6 - The emergency light test indicated it did not work when electrical power was cut. Please replace battery or unit.	
Maintenance Room, Hall One, South End	
C5 - Dead insects observed on the floor of this room. Please remove all evidence of insects and monitor facility for pests.	
Pool Room	
F5 - The pool skimmer was broken. Pool equipment shall be in good repair. Please replace skimmer.	
D5 - The emergency test on the exit sign near the hallway door failed. Please replace battery or sign to make it functional when electrical power is lost	
F4 - The pH of the pool water and the spa water was approximately 6.8. Pool and spa pH shall be maintained between 7.2 and 7.8.	
Pool Mechanical Room	
G1 - A leak was observed around the spa chlorinator pump. Equipment shall be in good repair.	
Laundry Room	
D1 - Two spray bottles of liquid in the linen closet were not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label bottles.	
SECOND FLOOR	
D6 - The emergency light located in the stairwell between floors 2 and 3 (east) was not functioning on the test. Please repair or replace unit.	
Room 201	
C2 - Debris observed beneath the couch cushion. Please clean beneath furniture cushions between guests.	
Room 205	
C4 - Stains observed on the mattress on the bed closest to the window. Mattresses shall be clean. Please remove stains or replace mattress.	
D4 - The GFCI in the bathroom was not working. Please repair or replace outlet.	
THIRD FLOOR	
D1 - A spray bottle on the housekeeping cart was not labeled. Please label working containers of chemicals with the common name of the contents.	
Room 301	
C2 - Debris observed beneath the couch cushion. Please clean beneath cushions between guests.	
OUTSIDE	
C7 - An accumulation of equipment and litter observed in the dumpster enclosure. Please remove all unused items and keep area clean to reduce pest harborage conditions.	
The following third-party or annual inspections need to be conducted for the 2015-2016 licensing year:	
E4 - Fire Extinguishers	
E8 - Fire Alarm System	
E8 - Sprinkler System	
G3 - Boilers, Water Heaters, Storage Tanks	
G6 - Backflow test	

Inspected by: <i>Rose Mier</i>	Rose Mier	Date: April 20, 2015
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Received by: <i>Kalle Golecher</i>		Date: April 20, 2015
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