



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT

Establishment Name Holiday Inn Express Hotel & Suites; Arrive: 9:40am Leave: 2:45pm	Name of Owner/Contact Person Kim Gillespie
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Mailing Address 820 Market Street	City Farmington	Zip Code 63640
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Physical Address 820 Market Street	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 573-701-0505	No. of Stories 3	No. of Rooms 60	Rooms Inspected 112,217,215,207,302,304,308,307,309,311
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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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Doors and locks permitted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Complies with chemical, bacT & rad standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Fire extinguisher type, inspected, location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Vertical openings protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained & operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Doors, self closing & fire rated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Smoke detectors installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B: SEWAGE & WASTEWATER					7. Fire alarm & sprinkler systems tested & approved					8. Evacuation route and plan, installed, available				
1. Operating satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Stairs and ramps maintained, good repair					9. Means of egress, number, maintained				
SECTION C: SANITATION/HOUSEKEEPING					9. Stairs and ramps maintained, good repair					10. Means of egress, number, maintained				
1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Stairs and ramps maintained, good repair					11. Means of egress, number, maintained				
2. Proper housekeeping practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Means of egress, number, maintained					SECTION F: SWIMMING POOLS/SPAS				
3. Towels & bed linens clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism					1. Boundary line, pool depth properly marked				
4. Mattresses & box springs clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked					2. Lifesaving equipment adequate, good repair				
5. No evidence of rodents & insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Lifesaving equipment adequate, good repair					3. Pool clarity, pH, disinfectant, temp maintained				
6. Ice machines, scoops, liners, clean & protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Pool clarity, pH, disinfectant, temp maintained					4. Steps, ladders, deck installed, good repair				
7. Garbage & refuse properly maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Steps, ladders, deck installed, good repair					5. Adequate ventilation				
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Adequate ventilation					6. Electrical outlets, proper protection & distance				
9. Food sources, sound condition, approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Electrical outlets, proper protection & distance					7. Records maintained & signs posted				
10. Food protected from contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Records maintained & signs posted					SECTION G: PLUMBING/MECHANICAL				
11. Proper facilities to wash, rinse & sanitize	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair					1. Ventilation adequate, plumbing, restrooms				
12. Proper hygienic practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Ventilation adequate, plumbing, restrooms					2. Boilers/pressure vessels MDPS certified				
SECTION D: LIFE SAFETY					2. Boilers/pressure vessels MDPS certified					3. T & P relief valves adequate, good repair				
1. Combustible/toxic items properly used & stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. T & P relief valves adequate, good repair					4. Relief valve discharge pipes installed, adequate				
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate					5. Proper air gaps, no cross connections				
3. CO detectors installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Proper air gaps, no cross connections					SECTION H: HEATING & COOLING				
4. GFCI and proper wiring installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved					1. Unvented fuel-burn appliance/space heater approved				
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved					2. Fire resistant room or sprinkler head/detector				
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head/detector					3. Proper location of heating/cooling units				
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head/detector					4. Ventilation of appliances & utility rooms				
SECTION E: FIRE SAFETY (New Establishment Only)					3. Proper location of heating/cooling units					5. Operation & condition adequate				
1. Smoke detectors hardwired & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Proper location of heating/cooling units					6. Proper safety valve, thermo control, elect. switch				
2. Fire alarm system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Ventilation of appliances & utility rooms									
3. Sprinkler system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Operation & condition adequate									
SECTION E: FIRE SAFETY (All Establishments)					5. Operation & condition adequate									
1. Complies with local building codes, fire codes & ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Proper safety valve, thermo control, elect. switch									

INSPECTED BY John Wiseman	EPHS NUMBER 1507	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947	TELEPHONE
LICENSING YEAR 2016-2017	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 6-7-16	SCHEDULED FOLLOW UP 8-9-16
		REVIEWED BY	DATE June 7, 2016





MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

Establishment Name: Holiday Inn Express Hotel & Suites; Arrive: 9:40	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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- D2) An extension cord longer than six feet was observed in use in the front lobby to power the lamp and phone. Extension cords shall be six feet or less in length.
- C1) The bath/shower faucet was observed to be leaking in room 309. Plumbing shall be in good repair.
- D7) The electrical access box was inaccessible in the third floor storage/electrical room due to supplies stored in front of them. Electrical breaker boxes shall not be made inaccessible.
- D4) The hot and neutral wiring was observed to be reversed in the outlets located behind the ice machine on the second floor. Proper wiring shall be installed and in good repair.
- D4) An electrical box cover was not in place over exposed wiring in the pool water conditioning room. Proper wiring shall be installed and in good repair.
- D7) The electrical access box was inaccessible in the first floor electrical room due to storage of new equipment in front of the boxes. Electrical breaker boxes shall not be made inaccessible.
- C10) Boxes of coffee were observed stored on the floor in the first floor storage closet next to the meeting room. Food shall be protected from contamination.
- C7) The dumpster provided for outside refuse was observed to have damaged lids that prevent closure of the container. The plug installed in the dumpster was observed to be broken, preventing the container from being sealed to leakage. Garbage and refuse shall be properly maintained.
- E1) The facility does not have a current approved fire inspection for the licensure period. The facility shall comply with local building codes, fire codes & ordinances.

Inspected by:  John Wiseman	Date: June 7, 2016
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Received by:  Kim Gillespie	Date: June 7, 2016
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