



Establishment Name <b>Holiday Inn Express Hotel &amp; Suites</b>	Name of Owner/Contact Person <b>Premier Management / Scott Perry</b>
In 9:30 am Out: 12:35 pm	

Mailing Address <b>same as physical address</b>	City	Zip Code
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Physical Address <b>820 Market Street</b>	City <b>Farmington</b>	Zip Code <b>63640</b>
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County <b>187</b>	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone <b>(573)701-0505</b>	No. of Stories <b>3</b>	No. of Rooms <b>60</b>	Rooms Inspected <b>104,110,114,210,211,217,301,307,311,313</b>
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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"/>
<b>Do the following local ordinances apply?</b>				<b>Sewage/Wastewater</b>		
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"/>		<b>Swimming Pools/Spas</b>		
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				YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)				YES	NO	NB	NA
1. Approved source, construction & operation				<input 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 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"/>
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>								5. Vertical openings protected				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Operating satisfactorily				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION C: SANITATION/HOUSEKEEPING</b>								7. Smoke detectors installed, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Walls, floors & ceilings in good repair				<input checked="" type="checkbox"/>	<input 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"/>
2. Proper housekeeping practices				<input type="checkbox"/>	<input checked="" 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"/>
3. Towels & bed linens 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"/>
4. Mattresses & box springs clean				<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"/>
5. No evidence of rodents & insects				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECTION F: SWIMMING POOLS/SPAS</b>							
6. Ice machines, scoops, liners, clean & protected				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage & refuse properly maintained				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Premises, plant growth controlled				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair				<input type="checkbox"/>	<input checked="" 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"/>	4. Pool clarity, pH, disinfectant, temp maintained				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, 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"/>	6. Adequate ventilation				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper hygienic practices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Electrical outlets, proper protection & distance				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION D: LIFE SAFETY</b>								8. Records maintained & signs posted				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Combustible/toxic items properly used & stored				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECTION G: PLUMBING/MECHANICAL</b>							
2. Building maintained to assure safe conditions				<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"/>
3. CO detectors installed, good repair				<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"/>
4. GFCI and proper wiring installed, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Exit signs installed, good repair				<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"/>
6. Emergency lighting installed, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>
7. Electric panel protected, labeled, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>
<b>SECTION E: FIRE SAFETY (New Establishment Only)</b>								<b>SECTION H: HEATING &amp; COOLING</b>							
1. Smoke detectors hardwired & maintained				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved				<input checked="" type="checkbox"/>	<input 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"/>	2. Fire resistant room or sprinkler head/detector				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sprinkler system installed & maintained				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Proper location of heating/cooling units				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION E: FIRE SAFETY (All Establishments)</b>								4. Ventilation of appliances & utility rooms				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Complies with local building codes, fire codes & ordinances				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Operation & condition adequate				<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"/>

INSPECTED BY <i>Rose Mier</i>	EPHS NUMBER 1390	AGENCY <b>ST. FRANCOIS COUNTY HEALTH CENTER</b>	TELEPHONE <b>(573) 431 - 1947</b>
LICENSING YEAR 2015-2016	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED May 28, 2015	SCHEDULED FOLLOW UP June 30, 2015
REVIEWED BY <i>Scott Perry</i>		DATE May 28, 2015	



Establishment Name: <b>Holiday Inn Express Hotel &amp; Suites</b>	Physical Address: <b>820 Market Street</b>	City: <b>Farmington</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
THIRD FLOOR	
D6 - Emergency light by room 307	did not light when tested. Please replace batteries or light unit.
D1 - A spray bottle of cleaner,	stored on the housekeeping cart, was not labeled. Please label. CORRECTED ON SITE by disposal of liquid.
C2 - Debris observed beneath the	ice maker. Please clean.
C10 - A box of single-use cups was	stored on the floor in the housekeeping storage. Single-use items shall be stored at least six inches off floor. CORRECTED ON SITE by putting box of cups on shelf.
Room 301 (Cleaned, jacuzzi suite	with kitchenette)
C10 - Utensils and plates stored in	the kitchenette cabinet were not pre-packaged. Single-use items in guests rooms shall be prepackaged. Please remove single-use items that are not pre-packaged from rooms.
C4 - Stains observed on the mattress.	Mattresses shall be clean. Please clean.
C3 - Stain observed on the bottom	side of the mattress protector. Bed linens shall be clean. Please clean.
Room 307 (dirty, standard double)	
E7 - The smoke detector was not	functional when tested. Please replace battery or unit.
Room 311 (clean, standard double)	
G1 - The bathtub bottom surface	had a crack and chip. Equipment shall be in good repair. Please repair.
E7 - The smoke detector was not	functional when tested. Please replace battery or unit.
Room 313 (standard, double, cleaned)	
G1 - The drain stopper in the sink	was not attached to the lift, preventing water from draining. Please repair.
SECOND FLOOR	
Room 217 (standard single, clean)	
E7 - The smoke detector was "chirping,"	indicating a low battery. Please replace battery.
D4 - A light bulb was missing from	the lamp by the television. Please install a bulb.
Room 211 (standard double, clean)	
E7 - The silence button was broken	on the smoke detector. Please replace unit.
C2 - Debris observed beneath the	headboard of the bed closest to the window. Please clean.
Room 210 (double suite, clean)	
H5 - The filter for the AC unit was	missing. Please replace filters.
FIRST FLOOR	
D6 - The emergency light by the	luggage storage closet did not function when tested. Please replace battery or unit.
C2 - The filters in the AC unit in	the conference room were dirty. Please clean.
Room 104 (standard single, clean)	
No violations noted	
Room 110 (Single kitchenette, dirty)	
E7 - The smoke detector was not	functioning when tested. Please replace battery or unit.
C10 - Single-use plates, bowls, and	utensils were stored in the cabinet by the microwave. Please supply only prepackaged single-use items in rooms.
Room 114 (standard double, dirty)	
No violations noted	
Pool and Chlorinator room	
F3 - The rope was not attached to	one of the throwable rings. Please reattach rope.
F4 - The free chlorine was measured	at 0 ppm, and the pH was 6.8. Free chlorine shall be at least 1 ppm and the pH between 7.2 and 7.8. Please adjust chemicals to obtain correct chlorine concentration and pH.
D6 - Neither emergency light	functioned when tested. Please replace batteries or units.
F4 - The alarm on the chlorinator	pump was lit. Please service unit to function properly.
F8 - The last entry in the daily log	for pool chemistry was April 28. Please keep a log in which is recorded daily the pH, free chlorine, water temperature, and the date and time the information was collected.

Inspected by: 	Rose Mier	Date: May 28, 2015
Received by: 	Scott Perry	Date: May 28, 2015



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	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
Mechanical Room G1 - A leak was observed in an unused water heater. Please repair or replace.	
Telephone Room D7 - The electrical box was blocked. Please remove items in front of box to allow access.	
Please provide the following certifications of inspection certification and approval for the 2015-2016 licensing period: E4 - Portable fire extinguishers E8 - Fire alarm system E8 - Sprinkler system G6 - Backflow prevention D2 - Elevator Safety E1 - City of Farmington fire inspection	

Inspected by: <i>Rose Mier</i>	Rose Mier	Date: May 28, 2015
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Received by: <i>Scott Perry</i>	Scott Perry	Date: May 28, 2015
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