



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

Establishment Name Tradition Inn	Name of Owner/Contact Person Eagle Lake Restaurant, Inc./Barrett Lewis
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Mailing Address Same as physical	City	Zip Code
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Physical Address 1625 West Columbia	City Farmington, MO	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 573-756-8031	No. of Stories 2	No. of Rooms 60	Rooms Inspected listed below
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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 type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming pools/spas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool		<input checked="" type="checkbox"/>	<input 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.)									
YES	NO	NB	NA		YES	NO	NB	NA	YES	NO	NB	NA		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Approved source, construction & operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Complies with chemical, bacT & rad standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Chlorinator maintained & operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION B: SEWAGE & WASTEWATER					SECTION F: SWIMMING POOLS/SPAS									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Operating satisfactorily	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION C: SANITATION/HOUSEKEEPING					SECTION G: PLUMBING/MECHANICAL									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Proper housekeeping practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Food sources, sound condition, approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Proper facilities to wash, rinse & sanitize	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION D: LIFE SAFETY					SECTION H: HEATING & COOLING									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Combustible/toxic items properly used & stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. CO detectors installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (New Establishment Only)					SECTION I: OPERATIONS & MAINTENANCE									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Smoke detectors hardwired & maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire alarm system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Sprinkler system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (All Establishments)					SECTION J: COMPLIANCE									
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

INSPECTED BY 	EPHS NUMBER 1507	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947
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LICENSING YEAR 2016 - 2017	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 6-6-16	SCHEDULED FOLLOW UP 9-12-16	REVIEWED BY /	DATE June 6, 2016
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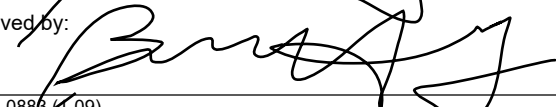


Establishment Name: Tradition Inn	Physical Address: 1625 West Columbia	City: Farmington, MO
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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- C4) A stain was observed on the mattress in room 105. Mattresses and box springs shall be clean.
- D4) An open ground was detected on the outlet beside the vanity outside the toilet room in room 208. Proper wiring shall be installed and in good repair.
- C4) A stain was observed on the mattress in room 208. Mattress and box springs shall be clean.
- E6) The room door is not self-closing in room 129. Room doors shall be fully self-closing.
- F1) The gate to the fence surrounding the outside pool is not fully self-closing. Gates to pool enclosures shall be fully self-closing.
- C5) A dead insects was observed on the floor in the conference room. There shall be not evidence or rodents or insects.
- C5) An visible gap was observed between the front entry doors. The outer openings shall be sealed to the entry of insects and pests.
- C1) A stain was observed on the carpet in hallway A near the front lobby. Walls, floors & ceilings shall be in good repair.
- C10) Sanitation chemicals were observed stored above food items in the laundry/storage room. Food shall be protected from contamination. COS by relocating the chemicals.
- D3) A carbon monoxide detector was not observed in the laundry room. The closest observable detector was in the back office area connected to the laundry room. Carbon monoxide detectors shall be installed and in good repair.
- C6) Mildew was observed inside the Scotsman icemaker in the B-bottom corridor near the lobby. Ice machines shall be clean.
- C1) A stain was observed on the carpet in the B-bottom corridor near the lobby. Walls, floors & ceilings shall be in good repair.
- D4) Exposed wires were observed protruding from an uncovered electrical box in the pool chemical room. Proper wiring shall be installed and be in good repair.
- E1) Current fire, electrical and backflow inspections were not available for the current liscensure period. The facility shall comply with local safety inspection ordinances.
- C10) Rust stains and hard water deposits were observed on the inner surface of the lid of the ice machine located in the kitchen servicing the lobby of the facility. Food shall be protected from contamination.
- F4) The free chlorine concentration of the outside pool water was observed to be in excess of 4 ppm. Pool chlorine concentration shall be in the range of 1.0 ppm to 3.0 ppm.

Rooms Inspected:
 101, 102, 105, 124, 224, 208, 132, 137, 139, 247, 243, 141, 145, 129, 134

Inspected by: 	John Wiseman, Paula Cates	Date: June 6, 2016
Received by: 	Barrett Lewis	Date: June 6, 2016