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| Establishment Name Tradition Inn | In: 12:48 pm Out: 1:18 pm | Name of Owner/Contact Person Eagle Lake Restaurant, Inc. / Barrett Lewis |
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| Mailing Address Same | 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up | Complaint | Telephone (573)756-8031 | No. of Stories 2 | No. of Rooms 94 | Rooms Inspected |
|---------------|---|-----------|----------------------------|---------------------|--------------------|-----------------|

| 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 | | | | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Doors and locks permitted | | | | <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 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"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION B: SEWAGE & WASTEWATER | | | | | | | | 5. Vertical openings protected | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1. Operating satisfactorily | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Doors, self closing & fire rated | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION C: SANITATION/HOUSEKEEPING | | | | | | | | 7. Smoke detectors installed, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1. Walls, floors & ceilings in good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 8. Fire alarm & sprinkler systems tested & approved | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Proper housekeeping practices | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9. Evacuation route and plan, installed, available | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Towels & bed linens clean | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Stairs and ramps maintained, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Mattresses & box springs clean | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Means of egress, number, maintained | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. No evidence of rodents & insects | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SECTION F: SWIMMING POOLS/SPAS | | | | | | | |
| 6. Ice machines, scoops, liners, clean & protected | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Fence, gate adequate, proper closure mechanism | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Garbage & refuse properly maintained | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Boundary line, pool depth properly marked | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Premises, plant growth controlled | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Lifesaving equipment adequate, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Food protected from contamination | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Steps, ladders, deck installed, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 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"/> | 7. Electrical outlets, proper protection & distance | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION D: LIFE SAFETY | | | | | | | | 8. Records maintained & signs posted | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1. Combustible/toxic items properly used & stored | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | SECTION G: PLUMBING/MECHANICAL | | | | | | | |
| 2. Building maintained to assure safe conditions | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Equipment adequate, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. CO detectors installed, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Ventilation adequate, plumbing, restrooms | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. GFCI and proper wiring installed, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Boilers/pressure vessels MDPS certified | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Exit signs installed, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. T & P relief valves adequate, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Emergency lighting installed, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Relief valve discharge pipes installed, adequate | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Electric panel protected, labeled, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Proper air gaps, no cross connections | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION E: FIRE SAFETY (New Establishment Only) | | | | | | | | SECTION H: HEATING & COOLING | | | | | | | |
| 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 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"/> | 2. Fire resistant room or sprinkler head/detector | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION E: FIRE SAFETY (All Establishments) | | | | | | | | 4. Ventilation of appliances & utility rooms | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 1. Complies with local building codes, fire codes & ordinances | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Operation & condition adequate | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | 6. Proper safety valve, thermo control, elect. switch | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| INSPECTED BY | EPHS NUMBER 880 | AGENCY ST. FRANCOIS COUNTY HEALTH CENTER | TELEPHONE (573) 431 - 1947 |
| LICENSING YEAR 2015-2016 | APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE INSPECTED Sept. 24, 2015 | SCHEDULED FOLLOW UP NA |
| REVIEWED BY | | DATE Sept. 24, 2015 | |



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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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| | <p>NOTE: Previous reinspection report indicated that Jon Peacock was present for the reinspection. by his signature on the report. Mr. Peacock was NOT present for the reinspection.</p> <p>Based on the previous reinspection report issues found in non-compliance during the September 15, 2015 visit conducted by Ms. Mier were corrected on-site.</p> <p>This reinspection was conducted with Mr. Barrett Lewis; G.M, to verify the City of Farmington Fire Department had completed the annual fire inspection survey. That inspection survey was completed on September 22, 2015. According to that report, "All violations corrected from 9/4/15 inspection." A copy was provided for the establishment file.</p> |
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| Inspected by: | Jon Peacock | Date: Sept. 24, 2015 |
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| Received by: | Barrett Lewis | Date: Sept. 24, 2015 |
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