



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

Establishment Name Holiday Inn Express; Arrive 12:57pm, Depart 2:25pm	Name of Owner/Contact Person Kim Tucker
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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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Complaint	Telephone 573-701-0505	No. of Stories 3	No. of Rooms 60	Rooms Inspected 220, 217, 219, 102
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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					SECTION F: SWIMMING POOLS/SPAS									
1. Operating satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
SECTION C: SANITATION/HOUSEKEEPING					SECTION G: PLUMBING/MECHANICAL									
1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, 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"/>
2. Proper housekeeping practices	<input checked="" type="checkbox"/>	<input 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"/>	4. T & P relief valves adequate, good repair	<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"/>	4. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Operation & condition adequate	<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"/>	6. Proper air gaps, no cross connections	<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"/>
5. No evidence of rodents & insects	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION H: HEATING & COOLING									
6. Ice machines, scoops, liners, clean & protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<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"/>	3. Proper location of heating/cooling units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Ventilation of appliances & utility rooms	<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"/>	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"/>
9. Food sources, sound condition, approved	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION E: FIRE SAFETY (New Establishment Only)									
10. Food protected from contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Smoke detectors hardwired & maintained	<input 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 type="checkbox"/>
11. Proper facilities to wash, rinse & sanitize	<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 type="checkbox"/>	SECTION E: FIRE SAFETY (All Establishments)				
12. Proper hygienic practices	<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"/>					
SECTION D: LIFE SAFETY					SECTION G: PLUMBING/MECHANICAL									
1. Combustible/toxic items properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>										
3. CO detectors installed, good repair	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
5. Exit signs installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
6. Emergency lighting installed, good repair	<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"/>										

INSPECTED BY 	John Wiseman	EPHS NUMBER 1507	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947	
LICENSING YEAR 2017-2018	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 6-29-17	SCHEDULED FOLLOW UP 7-6-17	REVIEWED BY 	DATE June 29, 2017



Establishment Name: Holiday Inn Express; Arrive 12:57pm, Depart 2:00pm	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 219 occupied
 E7) The smoke detector was not functioning when tested in room 219. Smoke detectors shall be installed and in good repair.
 D4) An open neutral was detected in the integral outlet in the bedside lamp in room 219. GFCI and proper wiring shall be installed and in good repair.

Room 108 occupied
 D4) An open neutral was detected in the integral outlet in the bed side lamp on the right side of the bed in room 108. GFCI and proper wiring shall be installed and in good repair.
 D4) Hot and neutral were reversed in the wall outlet below the small table in room 108. GFCI and proper wiring shall be installed and in good repair.
 C1) A spot of mold was observed on the ceiling in the restroom in room 108. Walls, floors and ceilings shall be in good repair.

Required Third Party Inspections
 1. Fire extinguisher inspection: Premier Fire & Security, completed 12-30-2016
 2. Fire alarm and sprinkler inspection: Premier Fire & Security, completed 7-11-2016
 3. Backflow inspection: Premier Fire & Security, completed 7-11-2016
 4. City of Farmington fire inspection: Farmington Fire Department, completed 11-7-2016
 5. Elevator safety inspection: Missouri Division of Fire Safety, completed 4-17-2017, expires 5-1-2018.

Inspected by: 	John Wiseman	Date: June 29, 2017
Received by: 	Kim Tucker	Date: June 29, 2017