



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

Establishment Name Holiday Inn Express	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 <b>187</b>	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 303,304,308,306,220,219,217,102,108
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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					SECTION E: FIRE SAFETY (All Establishments cont.)									
YES	NO	NB	NA		YES	NO	NB	NA	YES	NO	NB	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>		
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					4. Fire extinguisher type, inspected, location					5. Vertical openings protected				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Operating satisfactorily	<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"/>		
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					6. Doors, self closing & fire rated					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 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"/>	2. Proper housekeeping practices	<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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Mattresses & box springs 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"/>	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 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. 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 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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Proper hygienic 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"/>		
<b>SECTION D: LIFE SAFETY</b>					11. Means of egress, number, maintained					<b>SECTION F: SWIMMING POOLS/SPAS</b>				
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Building maintained to assure safe conditions	<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"/>	3. CO detectors installed, good repair	<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"/>	4. GFCI and proper wiring installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>	<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"/>	7. Electric panel protected, labeled, 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"/>		
<b>SECTION E: FIRE SAFETY (New Establishment Only)</b>					8. Records maintained & signs posted					<b>SECTION G: PLUMBING/MECHANICAL</b>				
<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SECTION E: FIRE SAFETY (All Establishments)</b>					1. Equipment adequate, good repair					2. Ventilation adequate, plumbing, restrooms				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					2. T & P relief valves adequate, good repair					3. Boilers/pressure vessels MDPS certified				
					3. Proper location of heating/cooling units					4. T & P relief valves adequate, good repair				
					4. Ventilation of appliances & utility rooms					5. Relief valve discharge pipes installed, adequate				
					5. Operation & condition adequate					6. Proper air gaps, no cross connections				
					6. Proper safety valve, thermo control, elect. switch									

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 5-4-2017	SCHEDULED FOLLOW UP 6-27-17	REVIEWED BY 
				DATE May 17, 2017



Establishment Name: Holiday Inn Express	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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D2) A green extension cord was observed in use behind a chair in the lobby. The building shall be maintained to assure safe conditions.

D6) An inoperable emergency light was observed in the hallway across from room 310. Emergency lighting shall be installed and in good repair.

C2) An accumulation of dust was observed behind the bed in room 303. Proper housekeeping practices shall be used.

C2) An accumulation of dust was observed below the AC unit in room 304. Proper housekeeping practices shall be used.

D2) An extension cord longer than six feet was observed in use behind the bed in room 306. The building shall be maintained to assure safe conditions. COS by removing the extension cord.

D7) Boxes and furniture was stored in front of the electrical access panels in the third floor housekeeping and storage room. Access to electrical panels shall be unobstructed. COS by removing the boxes and furniture.

E7) The smoke detector located in the third floor housekeeping and storage room was not hardwired. By September 2010, all smoke detectors shall be hardwired with battery backup.

D6) An inoperable emergency light was observed in the West stairwell at the second floor. Emergency lighting shall be installed and in good repair.

C2) Debris was observed under the AC unit at the West side of the hall on the second floor. Proper housekeeping practices shall be used.

E7) A smoke detector was not installed in the Dectron room on the second floor. Smoke detectors shall be installed and in good repair.

D4) The hot and ground are reversed on the GFCI in the restroom in room 220. GFCI and proper wiring shall be installed and in good repair.

D4) An open neutral was detected in the integral outlet in the bedside lamp in room 220. GFCI and proper wiring shall be installed and in good repair.

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.

D4) The wall outlet located in the hallway beside room 219 is loose. GFCI and proper wiring shall be installed and in good repair.

D4) The Keurig coffee maker was observed to be plugged into the lamp located on the dresser in room 217. GFCI and proper wiring shall be installed and in good repair.

C6) Mold was observed in the ice chute of the ice maker outside the guest laundry room on the second floor. Food shall be protected from contamination.

D4) The outlet supplying power to the AC unit in the guest laundry room was observed to be damaged. GFCI and proper wiring shall be installed and in good repair.

E7) The smoke detector located in the second floor guest laundry room was not hardwired. By September 2010, all smoke detectors shall be hardwired with battery backup.

D4) Scorch marks were observed on the AC unit plug and the power outlet for this unit was loose on the East side in the second floor hallway.

E6) The stairwell door at the East side of the first floor is not fully self-closing. Doors shall be self closing and fire rated.

D4) The hot and ground are reversed in the outlet beside the wall mirror in room 102. GFCI and proper wiring shall be installed and in good repair.

D4) The Keurig coffee maker was observed to be plugged into the lamp located on the dresser in room 102. GFCI and proper wiring shall be installed and in good repair.

D4) Hot and neutral are reversed in the wall outlet behind the nightstand in room 102. GFCI and proper wiring shall be installed and in good repair.

D4) Hot and neutral are reversed in the wall outlet below the desk in room 102. GFCI and proper wiring shall be installed and in good repair.

D4) The outlet located beside the AC unit in the banquet room is damaged. GFCI and proper wiring shall be installed and in good repair.

C5) A visible gap was observed at the right side of the exit door in the banquet room. There shall be no evidence of rodents or insects or points of entry.

C10) Single service cups were observed stored on the floor in the first floor luggage room. Single service items shall be protected from contamination.

Inspected by: 	John Wiseman, Jon Peacock	Date: May 17, 2017
Received by: 	Kim Tucker	Date: May 17, 2017



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

Establishment Name: Holiday Inn Express	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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C1) Evidence of a water leak and staining were observed on the ceiling in the dining room. Walls, floors and ceilings shall be in good repair.  
 D6) The emergency light was not functioning on the West side of the dining room. Emergency lights shall be installed and in good repair.  
 E7) A smoke detector was not located inside the first floor mechanical room. Smoke detectors shall be located in mechanical rooms.  
 D7) Equipment was stored in front of the electrical panel access in the first floor mechanical room. Access to electrical panels shall be unobstructed.  
 C1) A hole in the ceiling was observed in the elevator control room. Walls, floors and ceilings shall be in good repair.  
 F8) The daily chlorine analysis log for the pool was not available. Pool records shall be maintained.  
 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.  
 C10) Single use coffee lids for use with pre-wrapped coffee cups were not wrapped in rooms in which they are provided. Single service articles shall be stored, handled and dispensed in a manner that prevents contamination of surfaces, which may come into contact with food or with the mouth of the user. 19-CSR 20-3.050 (3)(C) 4, C.  
 E7) The smoke detector in the access room behind the washer and dryer in the laundry room was observed to be a battery powered detector that has been placed in a mounting for a detector that had previously been hardwired. By September 2010, all smoke detectors shall be hardwired with battery backup.

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 4-13-2016, expires 5-1-2017.

Inspected by:

John Wiseman, Jon Peacock

Date:

May 17, 2017

Received by:

Kim Tucker

Date:

May 17, 2017