



Establishment Name: Tradition Inn In: 8:59 am Out: 10:26 am Name of Owner/Contact Person: Eagle Lake Restaurant, Inc. / Barrett Lewis, GM

Mailing Address: same City: Farmington Zip Code: 63640

Physical Address: 1625 West Columbia City: Farmington Zip Code: 63640

County: 187 This inspection is a(n) Initial Follow-up Complaint Telephone: (573)756-8031 No. of Stories: 2 No. of Rooms: 94 Rooms Inspected: 125,133,143,248,241,232,101,102,109214

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.)									
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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	3. Fire extinguisher type, inspected, location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B: SEWAGE & WASTEWATER					SECTION F: SWIMMING POOLS/SPAS									
1. Operating satisfactorily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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"/>
2. Proper housekeeping practices	<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 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"/>
3. Towels & bed linens clean	<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"/>	6. Proper air gaps, no cross connections	<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"/>	SECTION H: HEATING & COOLING									
5. No evidence of rodents & insects	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage & refuse properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Operation & condition adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Proper safety valve, thermo control, elect. switch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises, plant growth controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION E: FIRE SAFETY (All Establishments)									
9. Food sources, sound condition, approved	<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"/>					
10. Food protected from contamination	<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"/>										
12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
SECTION D: LIFE SAFETY														
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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
5. Exit signs installed, good repair	<input type="checkbox"/>	<input checked="" 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"/>										
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										

INSPECTED BY: *Rose Mier* Rose Mier EPHS NUMBER: 1390 AGENCY: ST. FRANCOIS COUNTY HEALTH CENTER TELEPHONE: (573) 431 - 1947

LICENSING YEAR: 2017-2018 APPROVED: YES NO DATE INSPECTED: June 14, 2017 SCHEDULED FOLLOW UP: Please call to schedule REVIEWED BY: *Devin Meadows* DATE: June 14, 2017



Establishment Name: Tradition Inn	Physical Address: 1625 West Columbia	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
REQUIRED THIRD PARTY INSPECTIONS	<p>City of Farmington Fire Safety Inspection 10/4/16 *Portable Fire Extinguishers Inspection 2/10/2017 - provided during this inspection Fire Alarm System/Front Panel Inspection 9/15/16 Backflow Prevention Inspection 1/31/2017 - provided during this inspection</p> <p>NOTE 1: Please provide a copy of the following inspection reports by September 30, 2017 when passed: (A) Fire alarm system/front panel inspection and (B) the City of Farmington Fire Safety Inspection. Documents may be faxed to our office at (573)454-2424</p>
LOBBY	<p>D5 - The exit sign near the entry door did not blink when tested. Exit signs shall work correctly. Please replace batteries or replace unit. CORRECTED ON SITE by replacing light.</p>
ROOM 125	<p>C4 - Stains observed on the side of the box springs on the bed closest to the window. Mattresses and box springs shall be clean. Please clean.</p>
HALL B TOP UTILITY ROOM	<p>H2 - This room contains gas fueled heating units. There are no sprinkler heads and a vent was cut into the fire-safe door for make-up air; therefore the room is not fire-safe. Either the room shall be fire-safe or a sprinkler head shall be installed. NOTE: if the Farmington city fire ordinance does not require this room to be fire-safe or to have a sprinkler head, then the room will be acceptable as is. H6 - There was no wrench available in this room to turn off the gas to the heaters. Please attach a wrench close to the valve to allow it to be turned off quickly during an emergency. CORRECTED ON SITE by providing wrench. Please tether wrench near valve to prevent its removal.</p>
ROOM 226 - Room was occupied and not able to be inspected	<p>C2 - Ice cubes remained in the tray in the freezer. Ice trays shall be emptied and cleaned and sanitized between guests. Please clean tray between guests or remove from freezer. C4 - A stain was observed on the mattress. Please spot treat the mattress.</p>
GAME ROOM AREA	<p>C1 - Ceiling tile in the women's toilet room was missing. Please replace.</p>
STAIRWELL	<p>D2 - The facing on one step leading to Hall A top floor was broken. Facility shall be maintained to be safe. Please repair.</p>
HALL A BOTTOM	<p>C6 - Mold observed on the ice machine chute deflector. Please clean and sanitize as often as needed to keep clean.</p>
HALL A TOP	<p>H2 - No sprinkler or fire rated room in mechanical room. Fuel fired appliances are in this room. Please provide a sprinkler over appliances. NOTE: this room may be exempt if local ordinance approval is obtained D2 - Electrical power bars were observed in many rooms with 4 or 5 outlets. Typically, three appliances (microwave, small refrigerator, lamp, etc.) were plugged into a power bar. This power bar acts as an "extension cord." No more than two extension cords may be used in each room, and the total amperage of the appliances plugged into it may not exceed the amperage for which the power bar is rated (15 amps).</p>
POOL (OUTDOOR)	<p>F8 - The pool logs were checked during this visit. Date, pH, chlorine, and corrective actions were noted in a log and up-to-date. The time the data was collected and the temperature of the water is also to be recorded. Please add columns to the log sheets to record this data. F4 - The free chlorine in the pool was less than 0.5 ppm, and the pH was 8. Free chlorine shall be maintained at least at 1.0 ppm, and pH shall be maintained between 7.2 and 7.8. Please adjust chemicals to maintain correct concentration of free chlorine and pH.</p>
	<p>NOTE #2: VIOLATIONS E4 and H2 may be acceptable under the City of Farmington Fire Ordinance. Form E-9.03, "Compliance with Local Ordinances" was completed and left with Mr. Lewis for signatures validating the violations are acceptable under the ordinance.</p>
	<p>NOTE #3: Please call to schedule a follow-up once all violations have been corrected and the required 3rd-party inspections listed in Note #1 have been satisfactorily completed.</p>

Inspected by: <i>Rose Mier</i> Rose Mier	Date: June 14, 2017
Received by: <i>Devin Meadows</i> Devin Meadows Front Desk Manager	Date: June 14, 2017