



Establishment Name <b>Tradition Inn</b>	In: 9:26 am Out: 2:44 pm	Name of Owner/Contact Person <b>Eagle Lake Restaurant, Inc. / Barrett Lewis, GM</b>
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Mailing Address <b>same</b>	City	Zip Code
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Physical Address <b>1625 West Columbia</b>	City <b>Farmington</b>	Zip Code <b>63640</b>
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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 <b>(573)756-8031</b>	No. of Stories <b>2</b>	No. of Rooms <b>94</b>	Rooms Inspected 101,102,109,121,125,133,143,201,214,222,226,232,241,248
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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"/>	<input type="checkbox"/>	Is the water supply private	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Is the water supply public	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	Water sample taken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Do the following local ordinances apply?</b>				<b>Sewage/Wastewater</b>			
Fire safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater private	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel burning appliances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Swimming Pools/Spas</b>			
Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indoor pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swimming pools/spas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outdoor pool	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Pool larger than 2000 square feet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>								5. Vertical openings protected				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Operating satisfactorily				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION C: SANITATION/HOUSEKEEPING</b>								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"/>	8. Fire alarm & sprinkler systems tested & approved				<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"/>	9. Evacuation route and plan, installed, available				<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"/>	10. Stairs and ramps maintained, good repair				<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"/>	11. Means of egress, number, maintained				<input checked="" type="checkbox"/>	<input 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"/>	<b>SECTION F: SWIMMING POOLS/SPAS</b>							
6. Ice machines, scoops, liners, clean & protected				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism				<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"/>	2. Boundary line, pool depth properly marked				<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"/>	3. Lifesaving equipment adequate, good repair				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" 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"/>	6. Adequate ventilation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION D: LIFE SAFETY</b>								8. Records maintained & signs posted				<input type="checkbox"/>	<input checked="" 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"/>	<b>SECTION G: PLUMBING/MECHANICAL</b>							
2. Building maintained to assure safe conditions				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair				<input type="checkbox"/>	<input checked="" 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"/>	2. Ventilation adequate, plumbing, restrooms				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. GFCI and proper wiring installed, good repair				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exit signs installed, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. T & P relief valves adequate, good repair				<input checked="" type="checkbox"/>	<input 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"/>	5. Relief valve discharge pipes installed, adequate				<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"/>	6. Proper air gaps, no cross connections				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION E: FIRE SAFETY (New Establishment Only)</b>								<b>SECTION H: HEATING &amp; COOLING</b>							
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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION E: FIRE SAFETY (All Establishments)</b>								4. Ventilation of appliances & utility rooms				<input type="checkbox"/>	<input checked="" 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"/>	5. Operation & condition adequate				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								6. Proper safety valve, thermo control, elect. switch				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



INSPECTED BY <i>Rose Mier</i> Rose Mier	EPHS NUMBER 1390	AGENCY <b>ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947</b>	TELEPHONE
LICENSING YEAR 2017-2018	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED May 15, 2017	SCHEDULED FOLLOW UP June 14, 2017
		REVIEWED BY <i>[Signature]</i>	DATE May 15, 2017



Establishment Name: Tradition Inn	Physical Address: 1625 West Columbia	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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	<p><b>REQUIRED THIRD PARTY INSPECTIONS</b>            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>Please provide a copy of the following inspection reports by September 30, 2017 when passed: Fire alarm system/front panel inspection and the City of Farmington Fire Safety Inspection. Documents may be faxed to our office at (573)454-2424</p> <p><b>LOBBY</b>            D5 - The exit sign near the entry door did not blink when tested. Exit signs shall work correctly. Please replace batteries or replace unit.</p> <p><b>HALL B, BOTTOM</b>            C6 - Mold was observed on the deflector of the chute in the ice maker. Food contact surfaces shall be clean to sight and touch. Please wash, rinse, and sanitize deflector. <b>CORRECTED ON SITE</b> by cleaning and sanitizing deflector.</p> <p><b>ROOM 125</b>            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.            C1 - Some of the pulls on the furniture were broken. Please repair or replace broken pulls to allow usage of drawers.</p> <p><b>ROOM 133</b>            C2 - The room smelled of mold. Please determine the reason for the odor and remedy.            G2 - The bathroom exhaust vent was not working. Bathrooms shall have mechanical exhaust vents. COS by replacing broken belt.            C1 - The pulls on the drawers of the television stand were missing and broken. Please replace pulls to allow drawers to be opened.            C1 - Ceiling damage was observed above the window. Walls and ceilings shall be in good repair. Please repair.            E6 - The entry door did not fully self-close. Please repair to allow door to fully self close to ensure it is fire safe.</p> <p><b>ROOM 143</b>            E7 - The smoke alarm was functioning correctly when tested. Alarms shall be maintained to function correctly. COS by replacing alarm.</p> <p><b>HALL B TOP            UTILITY ROOM</b>            C1 - Stained and moldy ceiling tiles were observed. Please ensure there are no leaks, then replace stained ceiling tiles.            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.</p> <p><b>ROOM 248</b>            G2 - The vent in the bathroom was not functioning. Please repair. <b>CORRECTED ON SITE</b></p> <p>D6 - The emergency lights in the hallway by room 243 and by room 227 failed to turn on when tested. COS by replacing both lights.</p> <p><b>ROOM 241</b>            C2 - A dead spider was found in the top drawer of the bedside stand closest to the window. Please clean drawer.            G2 - The vent in the bathroom was not functioning. Please repair. <b>CORRECTED ON SITE</b></p> <p><b>ROOM 232</b>            G2 - The bathroom vent was not working. Please repair. <b>CORRECTED ON SITE</b></p> <p><b>ROOM 226</b>            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.            G2 - The bathroom vent was not working. Please repair. <b>CORRECTED ON SITE</b></p>
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Inspected by:  Rose Mier	Date: May 15, 2017
Received by:  Barrett Lewis, General Manager	Date: May 15, 2017



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

Establishment Name: Tradition Inn	Physical Address: 1625 West Columbia	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
MECHANICAL ROOM G1 - A leak was observed near the T/P relief valve stem where it exited the heater. Please remove lime build up and repair leak. H4 - A large accumulation of dust was observed on the screen of the make up air vent. Please clean to allow adequate ventilation.	
GAME ROOM AREA G1 - The faucet at the handwashing sink in the men's bathroom did not function correctly, and was very loose. Please repair or replace. C1 - Ceiling tile in the women's toilet room were removed. Please replace. D2 - The facing on one step leading to Hall A top floor was broken. Facility shall be maintained to be safe. Please repair.	
HALL A BOTTOM C6 - Mold observed on the Ice machine chute deflector. Please clean and sanitize as often as needed to keep clean.	
ROOM 101 C4 - A stain was observed on the mattress. Please clean. C5 - Many spider webs were observed behind the headboard of the bed. There shall be no evidence of pests. Please remove webs and monitor room for pests.	
ROOM 102 G6 - The hand-held shower head in the ADA shower can rest on the bottom of the stall. Water shall be protected from backflow prevention. Please install an American Society of Sanitary Engineering (ASSE) rated backflow prevention device on this water line, or shorten the hose to allow an air gap between the shower head and the rim of the stall.	
ROOM 109 C2 - The room smelled moldy. Please determine the reason for the odor and remedy the situation.	
ROOM 121 - No violations noted.	
GARAGE - E4 - There was no portable fire extinguisher in this room where combustibles were stored. Fire extinguishers are required in rooms storing combustibles. Please install a portable 5 pound, 10A 2BC fire extinguisher in this room. NOTE: may be exempt if local ordinance approval is obtained.	
HALL A TOP H2 - No sprinkler or fire rated room in mechanical room. NOTE: may be exempt if local ordinance approval is obtained D6 - Emergency light by room 219 did not work when tested. CORRECTED ON SITE by replacing light.	
ROOM 222 - No violations noted	
ROOM 214 C1 - Need knob pulls on the dresser below the television. Please replace knobs.	
ROOM 201 - no violations noted	
D2 - NOTE: 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).	
POOL (OUTDOOR) NOTE: this pool was not yet in operation. Therefore, the daily log, chlorine level, pH, and pool mechanical room were not checked during this visit; they will be checked during the follow-up visit. All other pool parameters were checked during this visit. F8 - There were no signs to warn that a lifeguard was not on duty on the inside of the fence enclosure (a sign was posted on the outside of the entry gate). Signs shall be posted in plain view of entrances and inside the pool area which state "Warning - No Lifeguard on Duty" in plainly legible letters. Please install at least one sign on the inside of the pool enclosure.	
NOTE: 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.	

Inspected by: 	Rose Mier	Date: May 15, 2017
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Received by: 	Barrett Lewis, General Manager	Date: May 15, 2017
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