



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

Establishment Name Hampton Inn Arrive 11:01am, Depart 2:25pm	Name of Owner/Contact Person Midas Hospitality / Katie Gollaher
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Mailing Address	City	Zip Code
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Physical Address 850 Valley Creek Drive	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 <input type="checkbox"/> Complaint	Telephone 573-760-8700	No. of Stories 3	No. of Rooms 64	Rooms Inspected 113,108,115,221,219,206,301,305,306,316
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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					<b>SECTION F: SWIMMING POOLS/SPAS</b>									
1. Operating satisfactorily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Vertical openings protected	<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									
1. Walls, floors & ceilings in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Smoke detectors installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2. Proper housekeeping practices	<input checked="" type="checkbox"/>	<input 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"/>					
3. Towels & bed linens clean	<input checked="" type="checkbox"/>	<input 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"/>					
4. Mattresses & box springs 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"/>					
5. No evidence of rodents & insects	<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"/>					
6. Ice machines, scoops, liners, clean & protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECTION G: PLUMBING/MECHANICAL</b>									
7. Garbage & refuse properly maintained	<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"/>					
8. Premises, plant growth controlled	<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"/>					
9. Food sources, sound condition, approved	<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 checked="" type="checkbox"/>	<input type="checkbox"/>					
10. Food protected from contamination	<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"/>					
11. Proper facilities to wash, rinse & sanitize	<input checked="" type="checkbox"/>	<input 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"/>					
12. Proper hygienic practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>					
<b>SECTION D: LIFE SAFETY</b>					<b>SECTION H: HEATING &amp; COOLING</b>									
1. Combustible/toxic items properly used & stored	<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. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<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"/>	3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>	<input 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"/>	4. Ventilation of appliances & utility rooms	<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"/>	5. Operation & condition adequate	<input checked="" type="checkbox"/>	<input 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"/>	6. Proper safety valve, thermo control, elect. switch	<input checked="" type="checkbox"/>	<input 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"/>	<b>SECTION I: FIRE SAFETY (New Establishment Only)</b>									
<b>SECTION E: FIRE SAFETY (All Establishments)</b>					1. Smoke detectors hardwired & maintained									
1. Complies with local building codes, fire codes & ordinances					<input type="checkbox"/>					<input checked="" type="checkbox"/>				
2. Fire alarm system installed & maintained					<input checked="" type="checkbox"/>					<input type="checkbox"/>				
3. Sprinkler system installed & maintained					<input checked="" type="checkbox"/>					<input type="checkbox"/>				

INSPECTED BY 	EPHS NUMBER 1507	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947	TELEPHONE
LICENSING YEAR 2018-2019	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 5-1-18	SCHEDULED FOLLOW UP 6-4-18
REVIEWED BY 		DATE May 1, 2018	



Establishment Name: Hampton Inn Arrive 11:01am, Depart 2:25pm	Physical Address: 850 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Third Party Inspections  
 G3) Boiler/pressure vessels inspection by Missouri Dept. of Public Safety:  
 E1) City of Farmington Fire Inspection:  
 E8) Sprinkler Inspection: Conducted 8-1-2017  
 E4) Fire Alarm and Life Safety System inspection: Conducted July 2017  
 G6) Backflow inspection: Conducted 8-1-2017.  
 Please provide St. Francois County Health Center with copies of inspections for 2018. These inspections must be successfully completed and submitted prior to September 30, 2018. Upon receipt of the these inspections, re-licensing for 2018-2019 will be approved.

Lobby - No violations

Facility Laundry - No violations

Guest Laundry - No violations

Pool Area  
 D2) An extension cord was observed extending from the pool mechanical room to the far side of the pool where it was used to power a floor fan. Buildings shall be maintained to assure safe conditions. Extension cords may be no longer than six foot in length.

Room 113, Clean - No violations  
 Room 108, Clean - No violations  
 Room 115, Dirty - No violations

Sprinkler Room  
 C10) A cardboard box of coffee was observed on the floor. Food shall be protected from sources of contamination. COS by removing the coffee from the floor.  
 C5) Dead insects were observed on the floor in this room. There shall be no evidence of rodents and insects.

Linen Closet - No violations

Room 221, Clean - No violations  
 Room 219, Dirty - No violations  
 Room 206, Dirty - No violations  
 Room 201, Dirty - No violations  
 Room 305, Dirty - No violations  
 Room 306, Clean - No violations  
 Room 316, Clean - No violations

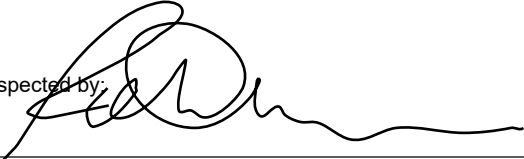

Boiler Room - No violations

Refuse Enclosure  
 C7) The lids to the facility dumpster were open. Garbage and refuse shall be properly maintained. COS by closing the lids.

Electrical Room  
 D7) An accumulation of supplies were observed in front of the electrical panels in this room. Electrical panels shall be unobstructed.  
 C5) An accumulation of spider webs were observed throughout this room. There shall be no evidence of rodents or insects.

Conference Room - No violations.

Note: The hot water for this facility is supplies by a gas heated, on demand system.

Inspected by: 	John Wiseman	Date: May 1, 2018
Received by: 	Cheyenne Wolfe	Date: May 1, 2018