



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

Establishment Name Holiday Inn Express Hotel and Suites	Arrival 10:00 am, Depart 2:00 pm	Name of Owner/Contact Person Premiere Management, Inc. / Contact Kim Tucker, GM
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Mailing Address same as physical address	City	Zip Code
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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 <input type="checkbox"/> Complaint	Telephone 573.701.0505	No. of Stories 3	No. of Rooms 60	Rooms Inspected 104,112,114,208,218,221,307,308,309,326
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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"/>
		<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"/>
		<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		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 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"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>						5. Vertical openings protected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Operating satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Doors, self closing & fire rated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper housekeeping practices	<input type="checkbox"/>	<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"/>	<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 type="checkbox"/>	10. Stairs and ramps maintained, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	11. Means of egress, number, maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. No evidence of rodents & insects	<input type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	3. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Adequate ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper hygienic practices	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Combustible/toxic items properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>	<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"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	4. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	5. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	6. Proper air gaps, no cross connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<input checked="" 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"/>	3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	5. Operation & condition adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTED BY <i>Rose Mier</i> Rose Mier	EPHS NUMBER 1390	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947
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LICENSING YEAR 2018-2019	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 4-25-18	FOLLOW UP DATE 5/2/18	REVIEWED BY <i>Rose Mier</i>	DATE 4-25-18
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Establishment Name: Holiday Inn Express Hotel and Suites	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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FIRST FLOOR

MAINTENANCE OFFICE

- E4 - The fire extinguisher was left in the attic where it was taken while doing repairs. Please replace fire extinguisher in holder.
- D3 - The CO detector was not attached to the wall, as it was removed when accessing the attic. Please replace the CO unit on the wall.
- C2 - The rooms were cluttered, preventing effective cleaning. Rooms shall be clean and free of clutter.
- D7 - The electric panel was blocked by items placed in front. Electric panels shall be accessible at all times.

POOL AND POOL CHEMICAL ROOM

- Pool water - pH = 7.8, free chlorine = 1.5 ppm
- G1 - Water was pooling in the chemical room. According to maintenance man, a leak is in the pump. Plumbing equipment shall be in good repair.
- F3 - The rope on the throwable device was removed. Lifesaving equipment shall be in good repair.  
CORRECTED ON SITE by replacing rope.
- F8 - Pool chemical records were not available upon request. Daily records shall record date, chlorine concentration, pH, water temperature, and time the data was collected.

FACILITY LAUNDRY ROOM

- E6 - The entry door into the room was propped open. Laundry room doors shall remain closed for fire safety.
- D1 - A spray bottle containing a yellow liquid stored above the folding table had the label torn, and a bottle of clear liquid stored on the chemical shelf was not labeled. Working containers of chemicals shall be legibly labeled with the common name of the contents.
- D2 - A build-up of lint was observed on the backs of the washers and dryers. Building shall be maintained to assure safe conditions.
- G6 - A "wye" connector was installed on the utility sink hose bibb. One hose was connected to one arm of the wye that was connected to a chemical dispenser with integral backflow prevention. Another hose used to fill buckets was connected to the other arm of the wye connector. There was no backflow prevention device on this arm of the wye connector. Please install an American Society of Sanitary Engineering (ASSE) rated hose bibb vacuum breaker on this arm of the wye connector.

ROOM 104

no violations noted

ROOM 112

C2 - Debris behind the bed headboards and nightstand. Rooms shall be cleaned between guests.

ROOM 114

No violations noted

HALLWAY

C1 - Damage was observed on the wall near the plug for the heater. Walls shall be maintained in good repair.

SECOND FLOOR

HALLWAY

- C10 - Chemicals were stored adjacent to food on one housekeeping cart. Food shall be protected from contamination while in storage.
- D1 - A spray bottle of liquid on one housekeeping cart was not labeled. Working containers of chemicals shall be labeled.
- E5 - The door on the laundry chute was propped open. It was observed the self-closing device allowed the door to be left open. Laundry chute doors shall be closed for fire safety.

ROOM 221

- C2 - Dust accumulation on the AC filters. Room shall be clean between guests.
- C2 - Debris behind the headboards. Room shall be clean.

ROOM 218 (not cleaned)

Cleaning issues include dust accumulation on AC filters, debris under couch cushion, debris under furniture, microwave dirty

E7 - The smoke alarm did not function when tested. Smoke alarms shall be functional.

Inspected by:

*Rose Mier*

Rose Mier

Date:  
4-25-18

Received by:

*Kim Tucker*

Kim Tucker

Date:  
4-25-18



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

Establishment Name: Holiday Inn Express Hotel and Suites	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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ROOM 208 (not cleaned)  
No violations noted

ROOM 307  
E7 - The smoke alarm was chirping, indicating low battery (alarm worked). CORRECTED ON SITE by replacing alarm

ROOM 308  
No violations noted

ROOM 309 (not cleaned)  
E7 - The smoke alarm was chirping, indicating a low battery. CORRECTED ON SITE by replacing alarm

ROOM 326 (hearing handicap)  
C5 - Spider webs were observed on the sprinkler head above the bed. There shall be no evidence of pests.  
C2 - The AC filters were dirty. Room shall be clean.

HALLWAY  
E5 - The door on the laundry chute was propped open with a device on the self-closing mechanism. Laundry chute doors shall be kept closed.  
D7 - The electric panels were blocked with boxes stored in front. in store room. Electric panels shall be accessible at all times.

OUTSIDE  
C7 - Accumulation of trash, leaves, and unused equipment in the dumpster enclosure. Enclosures shall be maintained clean and free of unused equipment.  
C7 - The lid on the trash dumpster was open. Lids shall be kept closed to reduce pest attraction.  
C5 - Some of the holes in the southwest wall where utilities entered were not sealed. Facility shall be sealed against pest entry.

NOTE:  
The following 3rd party inspections were provided during this visit:  
11/7/2017 - City of Farmington fire safety inspection  
2/5/2018 - Sprinkler and Backflow Prevention inspection  
2/13/2018 - Fire Alarm and Life Safety System inspection

NOTE:  
Four smoke detectors in the facility were noted on the 2017 inspection as not be hardwired. Form E9.03 (Compliance with Local Ordinances) was completed by Mr. John Wiseman, EPHS inspector, and signed by Mr. Shon Buchanon, City of Farmington Fire Fighter. These violations were not noted on this inspection form.

Inspected by: <i>Rose Mier</i>	Rose Mier	Date: 4-25-18
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Received by: <i>K. Tucker</i>	Kim Tucker	Date: 4-25-18
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