



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name **Hampton Inn** Name Owner General Manager **Midax Hospitality / Nick Crites**

Physical Address **850 Valley Creek Drive** City **Farmington** Zip **63640**

Mailing Address **Same as Physical Address** City Zip

County This inspection is a(n) Initial Annual Follow-up Telephone **573-760-8700** No. of Stories **3** No. of Rooms **64** Is the current lodging license displayed? Yes No N/A- new

Rooms Inspected: 106, 107, 121, 200, 202, 203, 206, 220, 306, 317

Water Supply Private Public Water sample taken Yes No

Wastewater Private Public Regulated by: DHSS DNR

Swimming Pools/Spas (check all that apply)
Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

Please check if the following local ordinances apply

Fire Safety Electrical Wiring Plumbing Swimming Pools/Spas Fuel Burning Appliances

New Lodging Establishments N/A

Smoke detectors hardwired Yes No N/A Swimming Pool Certified Yes No N/A
Fire alarm system installed Yes No N/A Building Certified to National Standards or Occupancy Permit Yes No
Sprinkler system installed Yes No N/A Historical Building Yes No N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. 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)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable		In	Out	NO	N/A
Section A & B: Water Supply & Wastewater					Section E: Fire Safety				
1. Approved source, construction and operation	<input checked="" type="checkbox"/>				1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>			
2. Complies with water quality standards	<input checked="" type="checkbox"/>				2. Fire extinguisher type, inspected, and location		<input checked="" type="checkbox"/>		
3. Chlorinator maintained and operated properly					3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>			
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>				4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>			
Section C: Sanitation/Housekeeping					Section F: Swimming Pools/Spas				
1. Walls, floors and ceilings in good repair		<input checked="" type="checkbox"/>			1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>			
2. Housekeeping practices and furnishings		<input checked="" type="checkbox"/>			2. Boundary line, pool depth properly marked		<input checked="" type="checkbox"/>		
3. Towels and bed linens clean	<input checked="" type="checkbox"/>				3. Deck is clean and in good repair		<input checked="" type="checkbox"/>		
4. Mattresses and box springs clean		<input checked="" type="checkbox"/>			4. Lifesaving equipment adequate, good repair		<input checked="" type="checkbox"/>		
5. Pest control procedures	<input checked="" type="checkbox"/>				5. Pool clarity, pH, disinfectant, & temp. maintained		<input checked="" type="checkbox"/>		
6. Ice machines, scoops, liners clean & protected		<input checked="" type="checkbox"/>			6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>			
7. Garbage storage and disposal	<input checked="" type="checkbox"/>				7. Adequate ventilation	<input checked="" type="checkbox"/>			
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>				8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>			
Food Inspection conducted according to 19CSR20-1.025					Section G: Plumbing/Mechanical				
9. Food, equipment and single service/use				<input checked="" type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" type="checkbox"/>			
10. Food protected from contamination				<input checked="" type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>			
11. Facilities to wash, rinse and sanitize				<input checked="" type="checkbox"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>			
12. Handwashing facilities/hygienic practices				<input checked="" type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>			
Section D: Life Safety					Section H: Heating & Cooling				
1. Combustible/toxic items usage and storage		<input checked="" type="checkbox"/>			1. Unvented fuel-burning appliance/space heater				<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>				2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>			
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>				3. Location of heating/cooling units	<input checked="" type="checkbox"/>			
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>				4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair		<input checked="" type="checkbox"/>			5. Operation and condition adequate	<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>								
7. Electric panel protected, labeled, good repair		<input checked="" type="checkbox"/>							
Required Annual Third Party Inspections									
1. Fire Alarm System		<input checked="" type="checkbox"/>							
2. Sprinkler System		<input checked="" type="checkbox"/>							
3. Local Fire and Building Codes/Ordinances		<input checked="" type="checkbox"/>							
4. Current Boiler/Pressure Vessels MDPS Certification				<input checked="" type="checkbox"/>					
5. Backflow Device(s) Test		<input checked="" type="checkbox"/>							
6. Liquid Propane Leak Test		<input checked="" type="checkbox"/>							

INSPECTED BY (PRINT NAME and SIGN) **Daniel Huff** EPHS NUMBER **1645** AGENCY **St. Francois County Health Center** TELEPHONE **(573)431-1947**

LICENSING YEAR **2019 / 2020** APPROVED YES NO DATE INSPECTED **7-2-2019** FOLLOW UP DATE **8-6-2019**

RECEIVED BY (PRINT NAME AND TITLE and SIGN) **Nick Crites** PAGE 1 OF 3



Establishment Name: Hampton Inn	Physical Address: 850 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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NOTE: COS = CORRECTED ON SITE

NOTE: This inspection was conducted on July 2, 2019 from 11:32 AM to 4:06 PM. The exit meeting was held and the report was provided to the chief engineer on July 3, 2019 between 8:34 AM and 9:12 AM.

Lobby:

D5 - The battery light is flashing on the emergency light at the outer entrance door. Exit signs shall be maintained in good repair. Please replace the battery.

Facility Laundry:

C2 - Dust accumulation on surfaces in the room behind the dryers. Proper housekeeping practices shall be used. Please clean the dust accumulation from the room.

C2 - Excessive lint buildup was observed in the lint traps of both dryers. Lint traps shall be cleaned as often as needed to prevent a buildup of lint in the machines. Please clean the lint from the traps.

G5 - No backflow prevention devices were observed on the washing machine fill hoses. American Society of Sanitary Engineers (ASSE) approved backflow prevention devices shall be installed on a plumbing system at each point of use to preclude the backflow of solid, liquid, or gas contaminants into the water source. Please determine if the washing machine has an integral backflow prevention device. If it does not, please install an ASSE approved backflow prevention device on the hose bibs for hot and cold water.

Guest Laundry - No violations noted.

Vending Area:

C6 - Residue was observed inside the chute on the ice maker and mold was observed outside the chute. Please clean and sanitize the chute and the areas behind the chute where mold growth is observed.

Pool Room:

NOTE: The pool pH was measured at 7.2 and the free chlorine was measured at 10 parts per million (ppm). The required pH range for the pool water is 7.2 to 7.8 and the required free chlorine concentration is at least 1 part per million. Although there is no maximum limit for the free chlorine concentration it is recommended to keep the concentration between 1 and 5 ppm for guest comfort.

F3 - Debris was observed on the drain grate in the bottom of the pool. The pool shall be maintained clean. COS

F5 - Chlorine pucks were placed in the baskets on the pool deck. Disinfection of the pool water shall be achieved by using an automatic disinfection feeder for continuous application of disinfectant to the pool water. Please do not place chlorine pucks in the baskets on the pool deck. COS

D1 - Chlorine pucks were stored in a cabinet in the pool room. Chlorine shall be housed in a separate room from the pool. Please store all chlorine and chlorinating equipment in a separate room from the pool.

F4 - The rope was disconnected from both throwable lifesaving devices. Lifesaving equipment shall be adequate and in good repair. COS by reattaching the ropes to the lifesaving devices. Please keep the ropes attached at all times.

F5 - The water was cloudy in the spa and pH in the spa was measured at 7.4 and free chlorine was not detected in the spa. Water in the spa shall be maintained clear and the free chlorine shall be maintained at a concentration of at least 1 ppm.

F3 - Chipped and peeling paint was observed in the spa. The spa shall be maintained in good repair. Please repaint where paint is damaged.

E2 - There was no fire extinguisher in the pool chemical room. Fire extinguishers shall be located in all hazardous areas. ABC type fire extinguishers are not appropriate for pool chemical rooms because of the presence of chlorine (an oxidizer). The NFPA 10 standard recommends that only water type fire extinguishers be installed in areas containing oxidizers. NOTE: A Compliance With Local Ordinance form was provided regarding this violation. The Farmington fire department may determine that a fire extinguisher is not required in the pool chemical room.

F2 - The float valve controlling pool depth was malfunctioning and the pool was overfilled above the depth markers on the walls of the pool. The depth markers on the walls of the pool shall be clearly visible from inside the pool. The high water obscures their visibility. Please repair the valve and maintain the water level below the bottom of the depth markers.

F9 - The logs for free chlorine and pH measurements for the pool and spa are not kept daily. Operating records for the pool shall be updated daily to include the residual disinfectant concentration, pH, water temperature, and the date and time the information was collected.

F5 - The operating records for the pool and spa indicate that the pH was frequently measured at 8.0. The pH of the water in the pool and spa shall be maintained between 7.2 and 7.8.

Sprinkler Room/Linen Closet - No violations noted.

Exit Sign in Hall next to Sprinkler Room:

D5 - The exit sign turned after pressing the test button then came back on after pressing the button again. Exits signs shall be in good repair. Please verify that the sign is working properly and make necessary repairs if required.

Inspected by: 	Daniel Huff	Date: 7-2-2019
Received by: 	Nick Crites	Date: 7-3-2019



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Room 121 - Cleaned:
No violations noted.

Room 106 - Cleaned:
No violations noted.

Room 107 - Cleaned:
No violations noted.

Room 200 - Not Cleaned:
No violations noted.

Room 202 - Not Cleaned:
No violations noted.

Room 203 - Not Cleaned
C4 - The bottom fabric of the box spring is torn. Box springs shall be maintained in good condition. Please replace the torn fabric.

Room 206 - Not Cleaned
C4 - The bottom fabric of the box spring is torn. Box springs shall be maintained in good condition. Please replace the torn fabric.
C1 - The cover for the ceiling vent in the bathroom was missing a screw and loose from the ceiling on one side. Fixtures shall be maintained in good condition.

Room 220 - Not Cleaned
C4 - The bottom fabric of the box spring is torn. Box springs shall be maintained in good condition. Please replace the torn fabric.
C4 - Stains were observed on the top and bottom of the mattress closest to the bathroom. Mattresses shall be kept clean. Please remove the stains.

2nd Floor Linen Closet - No violations noted.

3rd Floor Linen Closet - No violations noted.

Room 317 - Cleaned:
No violations noted.

Room 306 - Cleaned:
No violations noted.

Water Heater Room:
D7 - Electrical panel L8A, breakers 9 to 17 were labeled as spares but were in the on position. Please determine if the breakers serve any utilities at the facility and ensure they are properly labeled.
G5 - The condensate drain line from the water heaters did not have an air gap where they discharged into a floor drain. Condensation water lines shall have an air gap of at least twice the diameter of the line separating it from the flood level rim of the receiving drain.

Water Softener Room:
G5 - The discharge line from the water softener tanks air gap did not have an air gap where they discharged into a floor drain. Water softener discharge lines shall have an air gap of at least twice the diameter of the line separating it from the flood level rim of the receiving drain.

Electrical Room:
D7 - Electrical panel L1, breakers 40 and 42 were mislabeled. COS

Required 3rd Party Inspections (Please provide copies by September 15, 2019):

- #1 - Fire Extinguishers and Fire Alarm System Inspections
- #2 - Sprinkler System Inspection
- #3 - City of Farmington Fire Inspection
- #5 - Backflow Inspection

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