



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name **Hampton Inn** Name Owner General Manager
April Jones

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

Mailing Address _____ City _____ Zip _____

County **187** 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: 105, 107, 110, 118, 218, 219, 221, 304, 313, 318

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
Fire alarm system installed Yes No N/A
Sprinkler system installed Yes No N/A

Swimming Pool Certified Yes No N/A
Building Certified to National Standards or Occupancy Permit Yes No
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complies with water quality standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire extinguisher type, inspected, and location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained and operated properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Doors, self-closing and fire-rated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C: Sanitation/Housekeeping					Section F: Swimming Pools/Spas				
1. Walls, floors and ceilings in good repair	<input checked="" 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"/>
2. Housekeeping practices and furnishings	<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"/>
3. Towels and bed linens clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Deck is clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pest control procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<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"/>	6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Adequate ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025					Section G: Plumbing/Mechanical				
9. Food, equipment and single service/use	<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"/>
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section D: Life Safety					Section H: Heating & Cooling				
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ventilation of appliances and utility rooms	<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"/>	5. Operation and condition adequate	<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"/>	Required Annual Third Party Inspections				
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fire Alarm System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Annual Third Party Inspections					2. Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Fire Alarm System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Liquid Propane Leak Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTED BY (PRINT NAME and SIGN) **Rose Mier** *Rose Mier* EPHS NUMBER **1390** AGENCY **St. Francois County Health Center** TELEPHONE **(573)431-1947**

LICENSING YEAR **2020** / 2021 APPROVED YES NO DATE INSPECTED **23 July 2020** FOLLOW UP DATE **13 Aug 2020**

RECEIVED BY (PRINT NAME AND TITLE and SIGN) **Derek Hale, Asst. Manager** *Derek Hale* PAGE 1 OF 4

Time In: 9:10 am Time Out: 2:30 pm Nick Joggerst #1687 *Nick Joggerst*
Don Kleinberg #1686 *Don Kleinberg*



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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LOBBY HALLWAY

- D6 - The emergency light in the men's bathroom failed to light upon testing. Emergency lighting shall be in good repair.
- E4 - The fire door into the hallway did not fully self-close. Fire doors shall be fully self-closing when released by the fire system.

FACILITY LAUNDRY ROOM

- E4 - The fire door on the entrance into the laundry room was propped open. Fire doors shall remain closed unless connected to the fire alarm system when they are released to close during a fire.
- D7 - Laundry cart and a pile of laundry was stored in front of the electrical boxes, impeding their access. Electrical boxes shall be accessible at all times.
- C2 - Clean linens were stored on the floor in the closet, and the closet was cluttered. Clean linens shall be stored off the floor. Please provide storage for all clean linens off the floor and keep work areas organized and clutter-free to allow effective cleaning.
- D1 - Working spray bottles containing cleaning chemicals were not labeled. Containers holding chemicals not in their original container shall be labeled with the common name of the contents.

POOL

- NOTE - Pool chemicals were stored in a locked plastic cabinet in the pool room. Chlorine and chlorinating equipment shall be housed in a separate room that has no openings to other interior openings (other than the pool).
- F9 - The pool chemistry log did not have entries for every day of the week, and the water temperature and time were not recorded. Pool chemistry data shall be entered daily, and shall record the free chlorine concentration, pH, water temperature, date, and time the data was collected.
 - F9 - There was no sign posted on the entry door. A legible sign warning that no lifeguard is on duty shall be posted on the entrance and inside the pool area.
 - F4 - Ropes were not attached to the two throwable lifesaving devices. Throwable devices shall have the rope attached.
 - F5 - The whirlpool was not functional or maintained. According to maintenance, the whirlpool sand filter is not functional. The whirlpool contained water but did not prevent its access. Please cover the pool or prohibit its access in some way until it is repaired.
 - E2 - The water based fire extinguisher in the pool chemical room was stored on the floor. Extinguishers be at minimum of 4" off the floor and no higher than 5' off the floor for extinguishers that weigh less than 40 pounds.
- NOTE: Chemistry - pH 7.2, free chlorine 5 to 10 ppm. It is recommended the free chlorine be maintained between 1 and 5 ppm to reduce irritation to swimmers.

ROOM 107 - Single Queen

- C5 - Spider webs were observed in the top of the closet. Pests shall be controlled.

PHYSICAL FITNESS ROOM

- D5 - There was no exit sign in this room. Exit signs shall be installed in common areas.

GUEST VENDING

- C6 - Mold was observed on the inside of the ice chute on the ice maker. Ice makers shall be clean and sanitary. Please wash, rinse, and sanitize at least daily.

GUEST LAUNDRY

- D4 - The electrical outlet behind the washing machine was not GFCI protected. Any outlets within five feet of wet locations shall be GFCI.
- D2 - The lint filter in the dryer was clogged with lint. Building shall be maintained to assure safe conditions.

ROOM 104, Single Queen

- C5 - Spider webs were observed in the top of the closet. Facility shall be maintained free of pests.
- C3 - Debris was observed on the box spring cover. Bed linens shall be maintained clean.

HOUSEKEEPING CART, 1st Floor

- D1 - Spray bottles were not labeled. Working containers of chemicals shall be labeled with their contents.

ROOM 110, Double Queen

- C2 - A napkin was found under the mattress, near the headboard. Rooms shall be cleaned between guests.

Inspected by: 	Rose Mier	Date: 23 July 2020
Received by: 	Derek Hale, Asst. Manager	Date: 23 July 2020



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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FIRST FLOOR HALLWAY
 D6 - The emergency light between rooms 113 and 115 was not functional when tested. Emergency shall be maintained in good repair and tested monthly.
 C9 - There were boxes of coffee, napkins, and sugar packets stored on the floor in the closet at the south end of the building. Food and single-use items shall be stored a minimum of six inches off the floor.
 D5 - The exit sign did not flash when tested in the south stairwell (1st floor). Exit signs shall be maintained by replacing batteries when needed. Exit signs should be checked monthly.

ROOM 118 (Dirty)
 G2 - The bathroom vent was not working. Bathrooms shall be provided with adequate ventilation.

SECOND FLOOR HALL
 D5 - The exit signs (one on ceiling, one on lower wall) by the south end stairwell did not work when tested.
 D7 - The electrical boxes in the linen closet were blocked both visually and equipment stacked in front. Electrical boxes shall be accessible both visually and physically.
 D6 - The emergency light between rooms 213 and 215 did not turn on when tested. Emergency lights shall be in good repair. Please replace battery and test monthly.

ROOM 219 (not yet cleaned) - no violations noted

ROOM 221 (not yet cleaned)
 G2 - The vent in the bathroom was not working. Bathrooms shall have adequate ventilation.

ROOM 218 - Handicap accessible
 G5 - The hand-held shower sprayer hung onto the floor of the shower stall. Water shall be protected from contamination from backflow. Please shorten the shower head to provide a minimum of 1" air gap between the rim of the stall and the showerhead.

DOMESTIC PUMP ROOM
 D7 - Rollaway beds were stored in front of the electrical panels. Electrical panels shall be accessible at all times.
 D7 - Electrical panel "P6" (right) had mislabeled breakers. Breakers shall be accurately labeled.

THIRD FLOOR
 C9 - Coffee packets were stored on the floor in the linen closet. Food shall be stored a minimum of six inches off the floor.

ROOM 318 (Handicap accessible)
 G2 - The vent in the bathroom was not working. Bathrooms shall have adequate ventilation.

ROOM 313 (King)
 G2 - The bathroom vent was not working.

ROOM 304 (Single Queen) - no violations noted

STORAGE CLOSET, North
 C9 - Single service cups were stored on the floor. Single-use items shall be stored a minimum of six inches off floor.
 D7 - Breaker 33 was not labeled in the far right electrical panel. Panels shall have accurate labeling of breakers.
 E2 - There was no fire extinguisher in this room that housed fuel-burning water heaters. Fire extinguishers must be minimum 2A10BC in rooms housing mechanical equipment.

NORTH STAIRWELL
 D6 - The test button on the emergency light on the 3rd floor landing was not working. Emergency lights shall be in good repair.
 D6 - The emergency light on the 1st floor landing was not working. Please repair and test monthly.
 D5 - The exit sign on the 1st floor landing was not working. Please replace battery and test monthly.

MEETING ROOM
 D6 - The emergency light was not working in the hallway. Please repair and test monthly.
 D6 - The emergency light in the meeting room was not working.
 D5 - The exit sign on the south door was not working

Inspected by: <i>Rose Mier</i>	Rose Mier	Date: 23 July 2020
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Received by: <i>Derek Hale</i>	Derek Hale, Asst. Manager	Date: 23 July 2020
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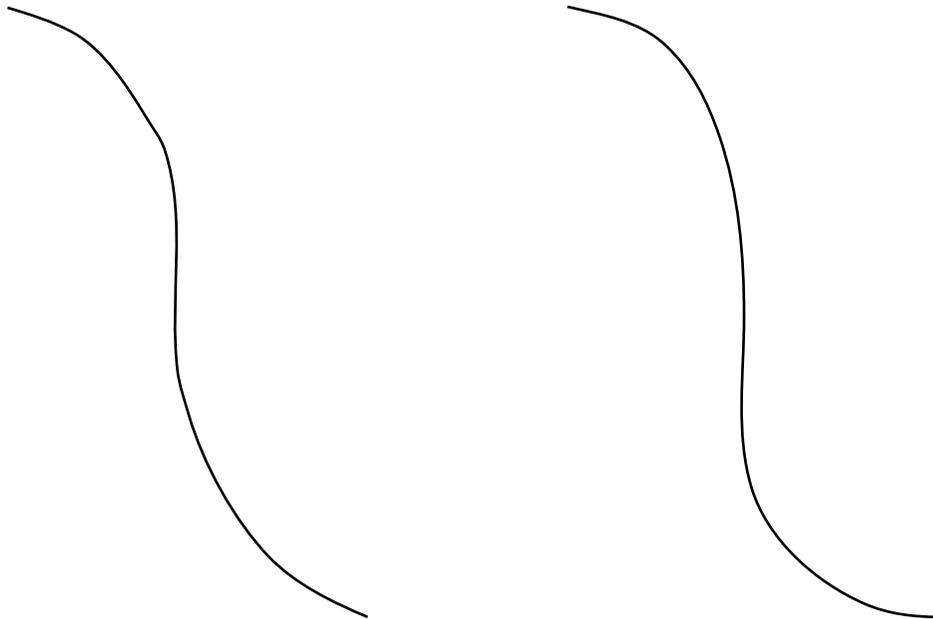
Establishment Name: Hampton Inn	Physical Address: 850 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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THIRD PARTY INSPECTIONS

The following third party inspections are due prior to being approved for the 2020-2021 licensing year:

- Sprinkler (last done 9/3/2019)
- Fire alarm system (9/4/2019)
- Backflow (9/3/2019)
- Fire Extinguishers (7/24/2019)
- City of Farmington Fire Safety Inspection (11/6/18)



Inspected by: *Rose Mier*

Rose Mier

Date:
23 July 2020

Received by: *Derek Hale*

Derek Hale, Asst. Manager

Date:
23 July 2020