



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name

Hampton Inn

Name ☐ Owner ☒ General Manager

Cory Schafer

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:

101, 103, 107, 111, 206, 211, 213, 308, 310, 315

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
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>			
1. Approved source, construction and operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complies with water quality standards	<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"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section C: Sanitation/Housekeeping</b>			
1. Walls, floors and ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Housekeeping practices and furnishings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Towels and bed linens clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pest control procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage storage and disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Inspection conducted according to 19CSR20-1.025</b>			
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Section D: Life Safety</b>			
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" 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"/>
5. Exit signs installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Emergency lighting installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Required Annual Third Party Inspections</b>			
1. Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Backflow Device(s) Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Section E: Fire Safety</b>			
1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Means of egress, number, maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section F: Swimming Pools/Spas</b>			
1. Fence, gate adequate, proper closure mechanism	<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"/>
3. Deck is clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pool clarity, pH, disinfectant, & temp. maintained	<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"/>
7. Adequate ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Records maintained and signs posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. First aid kit available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section G: Plumbing/Mechanical</b>			
1. Equipment adequate, good repair	<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"/>
3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section H: Heating &amp; Cooling</b>			
1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Fire resistant room or sprinkler head	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Location of heating/cooling units	<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"/>
5. Operation and condition adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTED BY (PRINT NAME and SIGN)

Donovan Kleinberg

EPHS NUMBER  
1686

AGENCY

St. Francois County Health Center

TELEPHONE

(573)431-1947

LICENSING YEAR

2021 / 2022

APPROVED ☐ YES ☒ NO

DATE INSPECTED

May 18, 2021

FOLLOW UP DATE

June 21, 2021

RECEIVED BY (PRINT NAME and TITLE and SIGN)

Cody Schafer

PAGE 1 OF 2

MO 580-0883 (6-16)

Distribution: White/Owner

Canary/Central Office

John Wiseman 1507

E9.02

Time In: 11:35am

Time Out: 3:05pm

Nick Joggerst 1687



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

Page

2 of 2

Establishment Name: <b>Hampton Inn</b>	Physical Address: <b>850 Valley Creek Drive</b>	City: <b>Farmington</b>
-------------------------------------------	----------------------------------------------------	----------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

Laundry Room

C10 - Coffee filters were stored below chemicals in the storage room attached to the laundry room. Single service items shall be protected from sources of contamination.

C2 - Spray bottles of cleaning agents were not labeled with the name of the material in the storage room attached to the laundry room. Proper housekeeping practices shall be employed.

D7 - Access to the electrical panels was blocked by dirty laundry in the laundry room. Access to electrical panels shall be unobstructed. The doors to the laundry room were propped open.

Room 101 - Clean

C2 - An accumulation of dust was observed below and behind the microwave. Proper housekeeping practices shall be employed.

Ice Vending Room/Guest Laundry

C2 - An accumulation of mildew was observed in the drain tray of the ice machine in the ice vending room.

C2 - An accumulation of dust and debris was observed on the floor below and behind the washer and dryer in the guest laundry room.

Exercise Room

D4 - A wall outlet was uncovered in the exercise room. Electrical switches and outlets shall be covered.

Room 107 - Clean

C2 - An accumulation of dust was observed below and behind the microwave in room 107. Proper housekeeping practices shall be employed.

D6 - The emergency light in the hallway between rooms 105 and 107 did not turn on when tested. Emergency lights shall be operable and in good repair.

Room 111 - Dirty

C5 - A live spider was observed on the wall in room 111. There shall be no evidence of insects, rodents, and other pests.

D6 - The emergency light in the hallway between rooms 113 and 115 did not turn on when tested. Emergency lights shall be operable and in good repair.

C10 - Boxes of single use cups were on the floor in the first floor storage closet. Single service items shall be protected from sources of contamination.

D5, D6 - The Exit and emergency lights between the linen closet and room 220 did not turn on when tested. Emergency lights shall be operable and in good repair.

C1 - Paint was observed peeling off of the door to room 221. The physical facilities shall be in good repair.

D7 - Access to the electrical panel was blocked by a cart in the second floor pump room. Access to electrical panels shall be unobstructed.

The doors to the laundry room were propped open.

D4 - An uncovered light switch was observed in the second floor storage room. Electrical switches and outlets shall be covered.

D6 - The emergency lights between rooms 205 and 207 did not turn on when tested. Emergency lights shall be operable and in good repair.

Room 315 - Clean

C2 - A stain was observed on the wall on the right side of the window in room 315. Proper housekeeping practices shall be employed.

Third Floor Storage Room

C10 - Single service cups were observed on the floor in the third floor storage room. Single use items shall be protected from sources of contamination.

D4 - An uncovered electrical outlet was observed in the third floor storage room. Electrical switches and outlets shall be covered.

D2 - A light bulb was missing from the ceiling light in the third floor storage room. The building shall be maintained to ensure safe conditions.

D2 - A light bulb was missing from the ceiling light in the first floor janitor closet. The building shall be maintained to ensure safe conditions.

D6 - The emergency light inside the first floor women's restroom did not turn on when tested. Emergency lights shall be operable and in good repair.

C7 - The lids of the outside dumpster were open. Refuse receptacles shall be covered to discourage access by insects, rodents, and vermin.

C7 - An accumulation of debris and damaged equipment was stored inside the outside dumpster enclosure. Items creating a harborage for insects and vermin shall be removed.

Third Party Inspections

Sprinklers - Pending

Fire Alarm System - last inspected 9-30-20

Backflow - last inspected 9-2-20

Fire Extinguishers - last inspected 9-2-20

City of Farmington Fire Safety Inspection - Pending

Inspected by:

Donovan Kleinberg

Date:

May 18, 2021

Received by:

Cody Schafer

Date:

May 18, 2021