



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  
**Cody Schafer**

Physical Address  
**850 Valley Creek Drive**

City  
**Farmington**

Zip  
**63640**

Mailing Address  
**Same as physical 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:**

103, 105, 11, 200, 204, 214, 219, 308, 313, 319

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

INSPECTED BY (PRINT NAME and SIGN)  
**Donovan Kleinberg**

EPHS NUMBER  
**1686**

AGENCY  
**St. Francois County Health Center**

TELEPHONE  
**(573)431-1947**

LICENSING YEAR  
**2022 / 2023**

APPROVED ☐ YES ☒ NO

DATE INSPECTED  
**June 1, 2022**

FOLLOW UP DATE  
**July, 6, 2022**

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

**Cody Schafer**

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

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Establishment Name: <b>Hampton Inn</b>	Physical Address: <b>850 Valley Creek Drive</b>	City: <b>Farmington</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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**HALLWAYS & STAIRWAYS**

- C1 - A leak in the roof in the hall outside the conference center was found. Walls, ceilings and floors shall be in good condition.  
D6 - The emergency light in the hall near the ceiling leak did not work when tested. Emergency lights shall properly function.  
E2 - The fire extinguisher at the South East back door on the first floor was found to be discharged. Fire extinguishers shall be fully charged.  
D5 - The emergency exit sign on the second floor by the linen room did not function when tested. Emergency exit signs shall function properly.  
D6 - The emergency light between rooms 205 and 206 did not function when tested. Emergency lights shall function properly.

**MEN'S PUBLIC RESTROOM**

- D6 - The emergency light in the men's restroom did not function when tested. Emergency lights shall properly function.  
G1 - The toilet in the men's restroom did not flush. Plumbing equipment shall properly function.

**LAUNDRY AREA**

- D1 - There were several unlabeled spray bottles inside the laundry storage closet. Chemicals shall be in labeled containers.  
E4 - The doors leading to the laundry area from the office were left propped open. Laundry area doors shall be self-closing and kept closed.

**GUEST VENDING AREA**

- C9 - There was mold detected inside the deflector of the ice dispensing machine. Food contact surfaces shall be kept clean to sight and touch.

**ELEVATOR EQUIPMENT CLOSET**

- E2 - The fire extinguisher in the closet was discharged. Fire extinguishers shall be properly charged and in good condition.  
D2 - The door to the elevator equipment closet had tape placed over the door latch preventing the door from closing and locking. The building shall be maintained to ensure safe conditions.

**INDOOR POOL AREA**

- F3 - There were multiple chips and missing sections of paint in both the pool and the spa. The pool deck shall be maintained in good repair.  
C2 - There was mold found inside the air vent in the restrooms for the pool. Facilities shall be kept clean.  
F9 - No pool log was presented or found. Daily logs of the pool's pH, chlorine, temperature and date/time shall be available.  
F5 - The pool pH was found to be 5.5 and chlorine levels were greater than 10ppm while the spa's chlorine levels were greater than 10ppm and the pH was 6.0. Pool water shall have a pH between 7.2 and 7.8. NOTE: Chlorine greater than 7ppm may induce discomfort and levels were checked with higher reading test strips and found to be over 50ppm, please monitor chlorine levels.

**FITNESS CENTER**

- D6 - The emergency light did not function when tested. Emergency lights shall function properly.

Room 103 (Dirty)  
No violations found.

Room 105 (Clean)  
No violations found.

Room 113 (Dirty)  
No violations found.

Room 219 (Dirty)  
No violations found.

Room 214 (Dirty)  
No violations found.

Room 204 (Dirty)  
No violations found.

Room 200 (Clean)  
No violations found.

**2nd FLOOR PUMP ROOM**

- C1 - A hole was found cut into the ceiling. Floors, ceilings and walls shall be in good repair.

Inspected by:

Donovan Kleinberg

Date:

June 1, 2022

Received by:

Cody Schafer

Date:

June 1, 2022



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

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Establishment Name: <b>Hampton Inn</b>	Physical Address: <b>850 Valley Creek Drive</b>	City: <b>Farmington</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 319 (Clean)  
No violations found.

Room 313 (Dirty)  
D4 - There was a light bulb missing in the socket for one of the bed lamps. Light sockets shall not be empty.

Room 308 (Dirty)  
No violations found.

Third Party Inspections Required:  
Sprinklers: Pending  
Fire Alarm System: Pending  
Backflow: Pending  
Fire Extinguishers: Pending  
Farmington City Fire Dept: Pending

Inspected by: 	Donovan Kleinberg	Date: June 1, 2022
Received by: 	Cody Schafer	Date: June 1, 2022