



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name
Holiday Inn Express

Name ☐ Owner ☒ General Manager
Wade Patterson/Maintenance Man

Physical Address
820 Market Street

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) 701-0505

No. of
Stories **3**

No. of Rooms
60

Is the current lodging license displayed?
☐ Yes ☒ No ☐ N/A- new

Rooms Inspected:

101, 112, 114, 228, 224, 221, 215, 311, 308, 306

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
Section A & B: Water Supply & Wastewater			
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 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		
Section C: Sanitation/Housekeeping			
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 type="checkbox"/> In <input checked="" 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		
Food Inspection conducted according to 19CSR20-1.025			
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 type="checkbox"/> NO <input type="checkbox"/> N/A		
Section D: Life Safety			
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A		
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/> In <input 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 checked="" type="checkbox"/> In <input 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		
Required Annual Third Party Inspections			
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		
Section E: Fire Safety			
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 checked="" type="checkbox"/> In <input 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 checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A		
5. Smoke detectors hardwired, installed, good repair	<input type="checkbox"/> In <input checked="" 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		
Section F: Swimming Pools/Spas			
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 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 checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A		
6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/> In <input checked="" 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		
Section G: Plumbing/Mechanical			
1. Equipment adequate, good repair	<input checked="" type="checkbox"/> In <input 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		
Section H: Heating & Cooling			
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 type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
3. Location of heating/cooling units	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
4. Ventilation of appliances and utility rooms	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		
5. Operation and condition adequate	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" 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
20 22 / 2023

APPROVED ☐ YES ☒ NO

DATE INSPECTED
May 31, 2022

FOLLOW UP DATE
June 14, 2022

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

PAGE 1 OF 2

Discussed on site with Mr. Patterson and the report emailed to Ms. Tucker

Time In: 9:55 AM

Time Out: 12:00 PM



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

Page

2 of 2

Establishment Name: Holiday Inn Express	Physical Address: 820 Market Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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WATER HEATER ROOM

C1 - The smoke detector/CO detector was loose from its mount in the ceiling. Walls, floors and ceilings shall be in good repair.

INDOOR POOL

F6 - The left railing at the steps into the pool was very loose. Pool railings, steps and stairs shall be well maintained and solid.

F9 - There were no available pool records. Records shall be kept on site and available.

Chlorine: 4ppm, PH: 7.2

LAUNDRY ROOM

C2 - There was moderate lint accumulation on the sprinkler heads in the laundry area. Facilities and equipment shall be clean.

CONFERENCE ROOM

D5 - The emergency exit sign did not work when tested. Emergency exit lights shall function properly.

Room 101 (Clean)

C2 - A cup of yellow liquid was found on the window sill. Proper housekeeping practices shall be employed.

HALLWAY/STAIRWAYS

D6 - The emergency lighting in the men's public restroom did not function when tested. Emergency lights shall be operable.

D6 - The emergency lighting on the second floor landing by room 228 did not function when tested. Emergency lights shall be operable.

Room 112 (Dirty)

No violations were found.

Room 114 (Dirty)

E5 - The smoke detector did not work when tested. Smoke detectors shall be functional.

Room 228 (Clean)

C1 - The wallpaper above the mirror in the restroom was peeling. Walls, floors and ceiling shall be in good repair.

Room 224 (Clean)

C3 - Cigarette burns were found in one of the mattress covers. Bed linens shall be kept in good condition.

Room 221 (Clean)

No violations were found.

Room 215 (Clean)

No violations were found.

THIRD FLOOR STORAGE ROOM

C9 - Single service cups were found stored on the floor. Single service food items shall be stored off of the floor.

Room 311 (Clean)

No violations were found.

Room 308 (Clean)

No violations were found.

Room 306 (Clean)

No violations were found.

Third Party Inspections Required:

Fire Extinguishers: Still required.

Back Flow: Still Required.

City of Farmington Fire Dept: Still required.

Fire Alarm: Still required.

Inspected by:

Donovan Kleinberg

Date:

May 31, 2022

Received by:

Discussed on site with Mr. Pat

Date:

May 31, 2022