



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

FOR CENTRAL OFFICE USE ONLY ESTABLISHMENT NUMBER

Establishment Name: Hermann Crown Suites Name: Owner General Manager Steve Volmer

Physical Address: 108 East 4th Street City: Hermann Zip: 65041

Mailing Address: 108 East 4th Street City: Hermann Zip: 65041

County: _____ This inspection is a(n) Initial Annual Follow-up Telephone: 618-791-7336 No. of Stories: 2 No. of Rooms: 26 Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: Victorian, Koby Trail, Brewman, Vineyard, Residential Public, Flower, Apartment, Townhouse, Southwest House, Sheriff's Office, Firehouse

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		In	Out	NO	N/A	Section E: Fire Safety				In	Out	NO	N/A
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	<input type="checkbox"/>			<input checked="" type="checkbox"/>		3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>						
4. Wastewater operation and maintenance	<input type="checkbox"/>			<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							
3. Towels and bed linens clean	<input checked="" type="checkbox"/>					3. Deck is clean and in good repair							
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>					4. Lifesaving equipment adequate, good repair							
5. Pest control procedures	<input checked="" type="checkbox"/>					5. Pool clarity, pH, disinfectant, & temp. maintained							
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>					6. Steps, ladders, and handrails installed, good repair							
7. Garbage storage and disposal	<input checked="" type="checkbox"/>					7. Adequate ventilation							
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>					8. Electrical outlets, proper protection & distance							
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 type="checkbox"/>			<input checked="" type="checkbox"/>									
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>			<input checked="" type="checkbox"/>									
5. Backflow Device(s) Test	<input type="checkbox"/>			<input checked="" type="checkbox"/>									
6. Liquid Propane Leak Test	<input type="checkbox"/>			<input checked="" type="checkbox"/>									

INSPECTED BY (PRINT NAME and SIGN): Doug [Signature] EPHS NUMBER: 1841 AGENCY: GHAD TELEPHONE: 573-486-3129

LICENSING YEAR: 2024 / 2025 APPROVED YES NO DATE INSPECTED: 02-08-24 FOLLOW UP DATE: N/A

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Ken M Paulsen, Ken M Paulsen GM PAGE 1 OF 2



Establishment Name Hermann Crown Sides	Physical Address 108 E 4th	City Hermann
Section Reference	Observations, comments, and corrective measures	
	<p>Rooms:</p> <ul style="list-style-type: none"> - Victorian - \emptyset discrepancies noted - Katy Trail - \emptyset discrepancies noted - Brewery - outlet cover needed on east wall - 1st bedroom - Vineyard - \emptyset discrepancies noted - Presidential - \emptyset discrepancies noted - Cycle - \emptyset discrepancies noted - Tower - \emptyset discrepancies noted - Arminius - \emptyset discrepancies noted - Jailhouse - \emptyset discrepancies noted - School house - \emptyset discrepancies noted - Nurses station - \emptyset discrepancies noted - Sheriff's office - \emptyset discrepancies noted - Firehouse - \emptyset discrepancies noted - Laundry rooms x 6 - \emptyset discrepancies noted - Common areas - \emptyset discrepancies noted - Bar Area - \emptyset discrepancies noted - Public Restrooms x 2 - \emptyset discrepancies noted - Food Inspections completed in SWEEPS 	
INSPECTED BY <i>[Signature]</i>	RECEIVED BY Renee Paulson, Renee Paulson CM	DATE 2-9-24