



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Hermann Hill Inn Cottages  
 Name:  Owner  General Manager  
Terry Hammer  
 Physical Address: 711 Main Street / 165 Hwy 100 City: Hermann Zip: 65041  
 Mailing Address: PO Box 555 City: Hermann Zip: 65041  
 County: Cass This inspection is a(n)  Initial  Annual  Follow-up Telephone: 573-486-4425 No. of Stories: 3 No. of Rooms: 18 Is the current lodging license displayed?  Yes  No  N/A - new

<b>Rooms Inspected:</b>	<b>Water Supply</b>	<b>Wastewater</b>
Norton # 502 # 202 Vanoles # 401 # 101 Chapman # 402 # 102 Seval # 301 # 302	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
<b>Swimming Pools/Spas (check all that apply)</b>		
Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input checked="" type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

**Please check if the following local ordinances apply**

<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Electrical Wiring	<input checked="" type="checkbox"/> Smoke detectors hardwired	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Swimming Pool Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Plumbing		<input checked="" type="checkbox"/> Fire alarm system installed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Building Certified to National Standards or Occupancy Permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Swimming Pools/Spas		<input checked="" type="checkbox"/> Sprinkler system installed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Historical Building	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances					

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>	In	Out	NO	N/A
1. Approved source, construction and operation	✓			
2. Complies with water quality standards	✓			
3. Chlorinator maintained and operated properly	✓			
4. Wastewater operation and maintenance	✓			
<b>Section C: Sanitation/Housekeeping</b>	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair	✓			
2. Housekeeping practices and furnishings	✓			
3. Towels and bed linens clean	✓			
4. Mattresses and box springs clean	✓			
5. Pest control procedures	✓			
6. Ice machines, scoops, liners clean & protected	✓			
7. Garbage storage and disposal	✓			
8. Premises maintained, plant growth controlled	✓			
<b>Section D: Life Safety</b>	In	Out	NO	N/A
1. Combustible/toxic items usage and storage	✓			
2. Building maintained to assure safe conditions	✓			
3. CO detectors hardwired, installed, good repair	✓			
4. GFCI outlets & switches installed, good repair	✓	✓		
5. Exit signs installed, good repair	✓	✓		
6. Emergency lighting installed, good repair	✓	✓		
7. Electric panel protected, labeled, good repair	✓	✓		
<b>Section E: Fire Safety</b>	In	Out	NO	N/A
1. Textiles, hangings and mirrors	✓			
2. Fire extinguisher type, inspected, and location	✓	✓		
3. Vertical openings fire-rated, self-closing	✓			
4. Doors, self-closing and fire-rated	✓			
5. Smoke detectors hardwired, installed, good repair	✓			
6. Evacuation route and plan, installed, available	✓			
7. Stairs and ramps, maintained, storage	✓			
8. Means of egress, number, maintained	✓			
9. Handrails and balconies maintained and appropriate	✓			
<b>Section F: Swimming Pools/Spas</b>	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism				✓
2. Boundary line, pool depth properly marked				✓
3. Deck is clean and in good repair				✓
4. Lifesaving equipment adequate, good repair				✓
5. Pool clarity, pH, disinfectant, & temp. maintained		✓		
6. Steps, ladders, and handrails installed, good repair	✓			
7. Adequate ventilation	✓			
8. Electrical outlets, proper protection & distance	✓			
9. Records maintained and signs posted	✓			
10. First aid kit available	✓			
11. Lighting adequate and in good repair	✓			
<b>Section G: Plumbing/Mechanical</b>	In	Out	NO	N/A
1. Equipment adequate, good repair	✓			
2. Ventilation adequate, plumbing, restrooms	✓			
3. T & P relief valves adequate, good repair	✓			
4. Relief valve discharge pipes installed, adequate	✓			
5. Backflow, air gaps, no cross connections	✓			
<b>Section H: Heating &amp; Cooling</b>	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater	✓			
2. Fire resistant room or sprinkler head	✓			
3. Location of heating/cooling units	✓			
4. Ventilation of appliances and utility rooms	✓			
5. Operation and condition adequate	✓			

**Required Annual Third Party Inspections**

1. Fire Alarm System	✓
2. Sprinkler System	✓
3. Local Fire and Building Codes/Ordinances	✓
4. Current Boiler/Pressure Vessels MDPS Certification	✓
5. Backflow Device(s) Test	✓
6. Liquid Propane Leak Test	✓

INSPECTED BY (PRINT NAME and SIGN): Doug Clark  
 EPHS NUMBER: 1841 AGENCY: GHSD TELEPHONE: 573-486-3129  
 LICENSING YEAR: 2024 / 12025 APPROVED  YES  NO DATE INSPECTED: 2.22.24 FOLLOW UP DATE:  
 RECEIVED BY (PRINT NAME AND TITLE and SIGN): [Signature] PAGE 1 OF 2



Establishment Name Hermann Hill Inn	Physical Address 711 Main / 165 Hwy 100	City Hermann
Section Reference	Observations, comments, and corrective measures	
5-202-12(A)	Hand wash sink in kitchen @ Cottages not reaching 100°F  Kitchen @ Inn - ∅ discrepancies	
20-3.050(F)3	Norton - ∅ discrepancies Viandas - spa pH <del>below</del> <sup>above</sup> 7.8 Chambourcin - ∅ discrepancies	
20-3.050(F)3	Sequel - spa pH above 7.8	
20-3.050(F)3	#502 - spa pH above 7.8 #401 - ∅ discrepancies #402 - Sink not draining - Corrected on site	
20-3.050(F)3	- Spa Chlorine less than 1.0 ppm #301 - ∅ discrepancies	
20-3.050(D)2	#302 - Emergency light outside room needs repair	
20-3.050(D)2	- GFI in bathroom needs repair	
20-3.050(D)2	#202 - GFI in bathroom needs repair #101 - ∅ discrepancies #102 - ∅ discrepancies	
20-3.050(D)2	- Emergency light bottom floor of Inn needs repair	
20-3.050(D)2	- Common Area of Inn bathroom GFI needs repair	
20-3.050(D)2	- Laundry Area of Inn (main floor) obstructed electrical panel - Laundry Area of Inn (2nd floor) - ∅ discrepancies	
20-3.050(E)2	Cottage #4 utility room - fire extinguisher requires maintenance	
INSPECTED BY Doug Clark / [Signature]	RECEIVED BY [Signature]	DATE