



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: The Inn at Hermannhof Name: Jim Dieberg  Owner  General Manager

Physical Address: 227 E. 12<sup>th</sup> St. City: Hermann Zip: 65041

Mailing Address: 227 E. 12<sup>th</sup> St. City: Hermann Zip: 65041

County: Gasconade This inspection is a(n)  Initial  Annual  Follow-up Telephone: 573-486-5199 No. of Stories: 2 No. of Rooms: 37 Is the current lodging license displayed?  Yes  No  N/A - new

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

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

LICENSING YEAR: 20 24 / 120 25 APPROVED  YES  NO DATE INSPECTED: 2-27-24 FOLLOW UP DATE: \_\_\_\_\_

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Georgie Busch PAGE 1 OF 2



Establishment Name <i>The Inn @ Hermannhof</i>	Physical Address <i>237 E 1st Street</i>	City <i>Hermann</i>					
Section Reference Observations, comments, and corrective measures							
Section E-(2)	<i>Main laundry - Fire Extinguisher requires inspection</i>						
Section D-(6)	<i>Female restroom - Emergency lighting not working</i>						
<i>Heckmann - No discrepancies</i>							
<i>Grapewine - No discrepancies</i>							
<i>Marble - No discrepancies</i>							
Section E-(2)	<i>Rainmaster - Fire Extinguisher requires inspection</i>						
<i>Mozart - No discrepancies</i>							
<i>Rack - No discrepancies</i>							
<i>Wagner - No discrepancies</i>							
<i>Boehm - No discrepancies</i>							
Section E-(2)	<i>Schroeder - Fire Extinguisher requires inspection</i>						
Section E-(2)	<i>Vohn - Fire Extinguisher x2 requires inspection</i>						
Section E-(2)	<i>Stoneworks - Fire Extinguisher requires inspection</i>						
<i>Kleinert - 0 discrepancies</i>							
Section D-(6)	<i>Christines Room - Emergency lighting not working</i>						
<table border="0"> <tr> <td><i>Post Control</i></td> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">}</td> <td rowspan="3"><i>Copies of reports attached</i></td> </tr> <tr> <td><i>Sprinkler System</i></td> </tr> <tr> <td><i>Fire Extinguisher</i></td> </tr> </table>			<i>Post Control</i>	}	<i>Copies of reports attached</i>	<i>Sprinkler System</i>	<i>Fire Extinguisher</i>
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<i>Sprinkler System</i>							
<i>Fire Extinguisher</i>							
<i>Common Areas - No discrepancies</i>							
<i>Food Establishment Inspection completed = entered into SWEEPS at time of Lodging Inspection</i>							
<i>[Large diagonal line through empty rows]</i>							

INSPECTED BY <i>Doug Clark / Jay Clark</i>	RECEIVED BY 	DATE <i>1/27/24</i>
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