



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 <i>Vinchester Inn</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Hannah James</i>	
Physical Address <i>129 E. 3rd St.</i>		City <i>Hermann</i>	Zip <i>65041</i>
Mailing Address <i>129 E 3rd St.</i>		City <i>Hermann</i>	Zip <i>65041</i>
County <i>Personale</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573 486-4440</i>	No. of Stories <i>2</i> No. of Rooms <i>11</i> Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-new

<b>Rooms Inspected:</b> <i>3, 4, 5, 7, 9, 10</i>	<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"/>		

<b>Please check if the following local ordinances apply</b> <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	<b>New Lodging Establishments</b> <input checked="" type="checkbox"/> N/A			
	Smoke detectors hardwired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	Fire alarm system installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building Certified to National Standards or Occupancy Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sprinkler system installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Historical Building	<input type="checkbox"/> Yes <input type="checkbox"/> No <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=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 checked="" type="checkbox"/>					3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>						
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>					4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>						
<b>Section C: Sanitation/Housekeeping</b>						<b>Section F: Swimming Pools/Spas</b>							
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							<input checked="" type="checkbox"/>
3. Towels and bed linens clean	<input checked="" type="checkbox"/>					3. Deck is clean and in good repair							<input checked="" type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>					4. Lifesaving equipment adequate, good repair							<input checked="" type="checkbox"/>
5. Pest control procedures	<input checked="" type="checkbox"/>					5. Pool clarity, pH, disinfectant, & temp. maintained							<input checked="" type="checkbox"/>
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>					6. Steps, ladders, and handrails installed, good repair							<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>					7. Adequate ventilation							<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>					8. Electrical outlets, proper protection & distance							<input checked="" type="checkbox"/>
<b>Food Inspection conducted according to 19CSR20-1.025</b>						9. Records maintained and signs posted							
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>					10. First aid kit available							<input checked="" type="checkbox"/>
10. Food protected from contamination	<input checked="" type="checkbox"/>					11. Lighting adequate and in good repair							<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>					<b>Section G: Plumbing/Mechanical</b>							
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/>					1. Equipment adequate, good repair	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<b>Section D: Life Safety</b>						2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>					3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>					4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>					5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>					<b>Section H: Heating &amp; Cooling</b>							
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>					1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>					2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>					3. Location of heating/cooling units	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
<b>Required Annual Third Party Inspections</b>						4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
1. Fire Alarm System	<input checked="" type="checkbox"/>					5. Operation and condition adequate	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
2. Sprinkler System	<input checked="" type="checkbox"/>												
3. Local Fire and Building Codes/Ordinances	<input checked="" type="checkbox"/>												
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/>												
5. Backflow Device(s) Test	<input checked="" type="checkbox"/>												
6. Liquid Propane Leak Test	<input checked="" type="checkbox"/>												

INSPECTED BY (PRINT NAME and SIGN) <i>Doug Clark / Doug Clark</i>	EPHS NUMBER <i>1841</i>	AGENCY <i>GCID</i>	TELEPHONE <i>573-486-3129</i>
LICENSING YEAR <i>2024</i> / <i>12025</i>	DATE INSPECTED <i>2/28/24</i>		FOLLOW UP DATE <i>3/8/24</i>
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Danielle Farley Danielle Farley</i>		PAGE 1 OF <i>2</i>

