



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 Cycle Inn Name Owner General Manager Rich Lauer

Physical Address 116 E 5th St City Hermann Zip 65041

Mailing Address _____ City _____ Zip _____

County DTB This Inspection is a(n) Initial Annual Follow-up Telephone 573-486-2000 No. of Stories 1 No. of Rooms 7 Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected: 4, 5, 6
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 <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 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 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
1. Approved source, construction and operation			✓	
2. Complies with water quality standards			✓	
3. Chlorinator maintained and operated properly			✓	
4. Wastewater operation and maintenance			✓	
Section C: Sanitation/Housekeeping	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			✓	
Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use			✓	
10. Food protected from contamination			✓	
11. Facilities to wash, rinse and sanitize			✓	
12. Handwashing facilities/hygienic practices			✓	
Section D: Life Safety	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			✓	
Required Annual Third Party Inspections	In	Out	NO	N/A
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			✓	
Section E: Fire Safety	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			✓	
Section F: Swimming Pools/Spas	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			✓	
Section G: Plumbing/Mechanical	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			✓	
Section H: Heating & Cooling	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			✓	

INSPECTED BY (PRINT NAME and SIGN) Drew Struthmann EPHS NUMBER 1881 AGENCY GCHD TELEPHONE 573-486-3128

LICENSING YEAR 2025 12026 APPROVED YES NO DATE INSPECTED 8/5/25 FOLLOW UP DATE _____

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Rodney Payne PAGE 1 OF 2

