



Establishment Name: Hermann Hill Inn & Cottages Name:  Owner  General Manager: Terry Hammer  
 Physical Address: 711 Wein St City: Hermann Zip: 65041  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: 073 This Inspection is a(n)  Initial  Annual  Follow-up Telephone: 573-486-4455 No. of Stories: 3 No. of Rooms: 18 Is the current lodging license displayed?  Yes  No  N/A - new

**Rooms Inspected:**  
Norton Cottages: 101  
Viguales 202  
Chelabourci 301  
Part 302  
Vidal 502

**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**

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

**New Lodging Establishments**  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	
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>				<b>Section E: Fire Safety</b>			
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"/>			5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>		
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/>			6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>		
3. Towels and bed linens clean	<input checked="" type="checkbox"/>			7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>		
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>			8. Means of egress, number, maintained	<input checked="" type="checkbox"/>		
5. Pest control procedures	<input checked="" type="checkbox"/>			9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>		
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>			<b>Section G: Plumbing/Mechanical</b>			
7. Garbage storage and disposal	<input checked="" type="checkbox"/>			1. Equipment adequate, good repair	<input checked="" type="checkbox"/>		
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>			2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>		
<b>Food Inspection conducted according to 19CSR20-1.025</b>				3. Deck is clean and in good repair			<input checked="" type="checkbox"/>
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
10. Food protected from contamination	<input checked="" type="checkbox"/>			5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/>		
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>			6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>		
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/>			7. Adequate ventilation	<input checked="" type="checkbox"/>		
<b>Section D: Life Safety</b>				8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>		
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>			9. Records maintained and signs posted	<input checked="" type="checkbox"/>		
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		10. First aid kit available	<input checked="" type="checkbox"/>		
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>			11. Lighting adequate and in good repair	<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"/>		
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2. Fire resistant room or sprinkler head	<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"/>		
<b>Required Annual Third Party Inspections</b>				4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>		
1. Fire Alarm System	<input checked="" type="checkbox"/>			5. Operation and condition adequate	<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): Drew Strattmann EPHS NUMBER: 1891 AGENCY: GC 410 TELEPHONE: 573-486-3129  
 LICENSING YEAR: 20 25 120 26 APPROVED  YES  NO DATE INSPECTED: 3/25/25 FOLLOW UP DATE: \_\_\_\_\_  
 RECEIVED BY (PRINT NAME AND TITLE and SIGN): Carey Crawford 3-26-25 PAGE 1 OF 2

