

Facility Code: 49-2809 Facility Name: Glass Magnolia Address: 8339-8347 Main Street Operator's Name: Walter & Nancy Rudolph

Number of Rooms: 11 Operation Name: Glass Magnolia Time Began: Time End:

Office Code: 49 Operation ID: 837318 Month: 3 Day: 6 Year: 16 Inspector's ID: MGB049 Time spent conducting service: hr min

Date of Service

Service Type: INSPECTION REINSPECTION PRE-OPERATIONAL COMPLAINT FIELD VISIT INCIDENT ILLNESS

Number of Red Violations Found: Total Red Violations Not Corrected: Number of Blue Violations Found: Reinspection Required: Yes No

PUBLIC HEALTH HAZARDS			FIRE SAFETY			POOL/BEACH/SPRAY GROUND		
		status			status			
1.	<input type="radio"/> Electrical service, wiring, components free from imminent fire or shock hazard	1	24.	<input type="radio"/> Fire alarm system: operated/maintained - maintenance documentation available on-site	1	Complete and attach DOH-1321 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Na		
2.	<input type="radio"/> Potable water supply, maximum contaminant levels not exceeded	1	25.	<input type="radio"/> Fire suppression system: operated/maintained - maintenance documentation available on-site	1	Complete and attach DOH-1322 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Na		
3.	<input type="radio"/> Use of approved water supply for potable water use	1	26.	<input type="radio"/> Fire extinguishers: conspicuous location/accessible, maintenance documentation available on-site	1	Complete and attach DOH-4420 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Na		
4.	<input type="radio"/> Adequate quantity of potable water supply	1	27.	<input type="radio"/> Exit signs/emergency lighting readily visible, operational, safe path of travel identified	1	CAMPSITE		
5.	<input type="radio"/> Treatment of potable water is continuous	1	28.	<input type="radio"/> Exit maintenance/discharge - unobstructed, direct exterior discharge, doors non-locking against egress, locking devices acceptable	1	Complete and attach DOH-4209 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Na		
6.	<input type="radio"/> Adequate disinfection - chlorine residual maintained	1	29.	<input type="radio"/> Vertical/horizontal confinement - existing building features maintained as designed	1	Comments		
7.	<input type="radio"/> Absence of cross connections - potable water	1	30.	<input type="radio"/> Fire safety/evacuation plan - available on-site, updated, submitted when required	1	Public Water Public Sewer		
8.	<input type="radio"/> No inadequately treated sewage accessible to occupants, no contamination to water supply or bathing beach	1	WATER SUPPLY					
9.	<input type="radio"/> Adequate operation and maintenance of fire alarm and fire suppression systems	1	For On-site sources, complete and attach: DOH-4234 <input type="checkbox"/> Yes <input type="checkbox"/> No DOH-4310 <input type="checkbox"/> Yes <input type="checkbox"/> No					
10.	<input type="radio"/> Required exits provided/maintained	1	31.	<input type="radio"/> Annual start-up procedure completed (when required)	3			
11.	<input type="radio"/> Required exit/ smoke barrier doors, emergency lights, exit signs maintained	1	32.	<input type="radio"/> Potable hot or tempered/cold water provided/readily available, adequate supply	3			
12.	<input type="radio"/> Adequate storage of flammable, volatile liquids, hazardous materials	1	33.	<input type="radio"/> Non-potable water sources inaccessible/labeled	3			
13.	<input type="radio"/> Other conditions deemed a public health hazard by the Permit Issuing Official	1	34.	<input type="radio"/> Common drinking utensil not provided	3			
GENERAL			FOOD SERVICE					
14.	<input type="radio"/> Valid permit to operate, conspicuously posted	1	Complete and attach DOH-192 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15.	<input type="radio"/> Access permitted for inspection purposes	1	35.	<input type="radio"/> Dishes/utensils provided in individual occupancy unit clean, sanitary, single service or approved cleaning method	1			
16.	<input type="radio"/> Individual in charge present/available as required, Method for summoning acceptable	1	36.	<input type="radio"/> Sanitized drinking glasses/single service cups provided in guest rooms	1			
17.	<input type="radio"/> Illness, injuries, incidents reported within 24 hours	1	FACILITY MISCELLANEOUS					
18.	<input type="radio"/> Notice of construction, modification, conversion submitted; Plans submitted within 60 days for temporary residence and on-site food service, pools, beaches and spraygrounds	3	37.	<input type="radio"/> Electrical services, wiring/fixtures - maintained	1			
19.	<input type="radio"/> New construction in accordance with Uniform Code, plans, permit, C/O, C/C available for review	1	38.	<input type="radio"/> Housing maintenance: structurally sound, adequate illumination/ventilation, size, health/safety hazards absent, weather tight roof/sides	1			
20.	<input type="radio"/> Fire safety construction compliance certificate submitted when required	1	39.	<input type="radio"/> Adequate toilet/handwashing facilities	1			
SEWAGE			40.	<input type="radio"/> Pesticides, flammable/volatile liquids/toxic chemicals stored, labeled	1			
21.	<input type="radio"/> Facilities provided/maintained	1	41.	<input type="radio"/> Premises free of insect/rodent infestations	1			
22.	<input type="radio"/> New construction, modifications/additions: plans submitted, construction in accordance with plans	1	42.	<input type="radio"/> Linens/bedding adequate, clean, changed as required	1			
23.	<input type="radio"/> Absence of inadequately treated sewage on ground	1	43.	<input type="radio"/> Refuse storage/handling/disposal - adequate facilities/collection frequency	1			
INSPECTION BY: (Signature) <u>Melissa B...</u>								
INSPECTION RECEIVED BY: (Signature) DATE: <u> </u>								

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