

City of St. Louis Environmental Health

FY2011

Contract Period: August 1, 2010 through June 30, 2013

REQUEST FOR PROPOSALS

APPLICATION MATERIALS

FOR

Contract Services for Environmental Health Software Services

RFP OPENING DATE: May 25, 2010

RFP CLOSING DATE: June 15, 2010

**City of St. Louis Department of Health
Office of the Director and the Commissioner
1520 Market Street, Room 4043
St. Louis, MO 63103
(314) 657-1463**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE CALL AND MEETING

**FY2011
APPLICATION**

Contract Services for Environmental Health Software Services

ATTENDANCE MANDATORY
PLEASE RSVP TO RECEIVE CALL INFORMATION

DATE: Friday, May 28, 2010

TIME: 2:00 PM - 3:30 PM CST

LOCATION: City of St. Louis, Department of Health
1520 Market Street, Room 4043
DIRECTOR'S OFFICE LARGE CONFERENCE ROOM
St. Louis, MO 63103

CONTACT: Ms. Patty Koller
City of St. Louis, Department of Health
Office of the Director and Commissioner
1520 Market Street, Room 4043
St. Louis, MO 63103
(314) 657-1463
kollerp@stlouiscity.com

**The City of St. Louis Department of Health Environmental Health
for
Contract Services for Environmental Health Software Services**

The City of St. Louis Department of Health Request for Proposal application reflects the components each Proposer must address to demonstrate their expertise and capacity to successfully support Environmental Health Software Services. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

I. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning May 25, 2010 from Patty Koller at the City of St. Louis Department of Health, Office of the Director and Commissioner, 1520 Market Street, Suite 4043, St. Louis, MO 63103, or downloaded from the St. Louis City website at <http://stlouis.missouri.org/development/otherprojects/rfp-rfq/>, or by contacting Ms. Koller at kollerp@stlouiscity.com at (314) 657-1463.

All questions must be submitted in writing no later than **June 9, 2010** to Pamela Rice Walker, Acting Director, City of St. Louis Department of Health, 1520 Market Street, Suite 4038, St. Louis, MO 63103 by contacting her at walkerp@stlouiscity.com or at (314) 657-1534. All questions will be addressed at the pre-application conference or through addenda posted on the St. Louis City website at <http://stlouis.missouri.org>.

An original, five (5) paper copies bound, one (1) copy unbound and one (1) CD in Microsoft Word and/or Adobe Acrobat (.pdf) of the proposal must be submitted to the Office of the Director and Commissioner by 4:00 p.m. Friday, June 15, 2010. ***Late or incomplete proposals will not be accepted.*** Proposers must adhere to the following:

- Applications must be in English
- Five (5) copies of the application must be bound; one (1) copy must be unbound
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double spaced
- Each copy must contain a Table of Contents
- CD must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97, XP or Adobe Acrobat (.pdf). ***CD must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

II. DESCRIPTION AND QUALIFICATION REQUIREMENTS

The City of St. Louis Department of Health is the local public health agency serving the City through its vision, mission, and values:

Our Vision

The City of Saint Louis will be a healthy environment where citizens realize their desire for longer, healthier and happier lives at home, at work and in their neighborhoods.

Our Mission

To assure a healthy community through continuous protection, prevention and promotion of the public's health. This is achieved by caring, qualified, culturally competent employees who are responsive and proactive to community needs.

Our Values

- **Professionalism** Assuring a qualified, accountable and skilled staff, grounded in the philosophy of customer service.
- **Quality** Providing our customers with excellence in care and services that is continuously improved.
- **Diversity**
Respecting and understanding differences, valuing the worth and dignity of each person and the importance of treating all people in a non-judgmental manner.
- **Collaboration**
Building and maintaining strategic alliances and working together with other organizations in order to assess and understand emerging public health needs within the community.
- **Confidentiality**
Providing services in a confidential manner.
- **Access**
Promoting access to health care services and reducing disparities in health outcomes for all citizens.
- **Advocacy**
Providing leadership that assures optimal health through education and the development of public health policies and programs, raising community awareness and promoting healthy lifestyles.
- **Teamwork**
Working together, everyone accomplishes more.

Intervention Area and Population of Need

The City DOH, established in 1867, has been delivering outreach and prevention services to the City for 142 years, serving a population of 354,361. The City of St. Louis is also a county subdivision known as St. Louis City located in a metropolitan region of 16 counties with a population of 2.7 million. The City of St. Louis is a completely separate subdivision from St. Louis County. The DOH is a fully-accredited health department at the comprehensive level, the highest granted by the state accrediting board, Missouri Institute of Community Health.

Living Wage Requirements:

Bidders are hereby advised that the St. Louis Living Wage Ordinance #65597 and associated Regulations apply to the service for which bids are being sought herein. This Ordinance requires that, unless specific exemptions apply, all individuals who perform work pursuant to a contract executed between the successful bidder and the City Health Department must be paid a minimum of the applicable Living Wage rates set forth in the attached Living Wage Bulletin, and, if the rates are adjusted during the term of the contract pursuant to the Ordinance, applicable rates after such adjustment is made. Each bidder must submit the attached “Living Wage Acknowledgement and Acceptance Declaration” (Appendix D) with the bid. Failure will result in rejection of the bid. A successful bidder’s failure to comply with contract provisions related to the Living Wage Ordinance may result in termination of the contract and the imposition of additional penalties as set forth in the Ordinance and Regulations.

Copies of the Ordinance and Regulations are available upon request from The Department of Health, or can be accessed at <http://www.mwdbe.org/livingwage/>. A copy of the Living Wage Bulletin now in effect is attached as Appendix E.

The City DOH Environmental Health Program is in place to protect citizens from unhealthy conditions in the community. Specific areas of inspection and enforcement are:

- Food Control
 - Restaurant / Tavern
 - Retail Grocery
 - Manufacturing & Warehousing
 - Frozen desserts
 - Food complaints
 - Food outbreak investigations
 - Smoking ban enforcement
- Community Sanitation
 - Horse stables
 - Swimming pool construction site surveys
 - Swimming pool water quality inspections
 - Massage / Tattoo parlors
 - Hotel / Lodging
 - Day Care
 - Fumigations
 - Block Surveys (aldermanic requests for inspection of large areas)
 - Special permits (inspections done by the health dept, at the request of another department issuing a permit)
 - Smoking ban enforcement

Qualifications:

- Applicants must have experience providing software services related to Environmental Health activities as outlined in Section IV below.
- The qualifications must be substantiated with a list of clients who have used services similar to those needed by the City of St. Louis Environmental Health

Program. This list should include the date that installation activities began, and the date that the client started using services on a live basis.

Evaluation Criteria: Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative. Evaluation criteria and points assigned are described in Section VI below.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of the Proposer's experience providing environmental health or similar software services.

IV. PROJECT NARRATIVE (Maximum of 40 1.5-line or double-spaced pages)

The program narrative should be a maximum of 40 1.5-line or double-spaced typewritten pages numbered consecutively. Proposers must respond to each of the required narrative proposal components (IV. A-O). The order of the responses must follow exactly the order provided below. The Proposer's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Proposers may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material.

Proposers should indicate how they would provide a system described in this section, to be used by employees of the St Louis City Environmental Health unit. This system will replace and enhance the function of and existing legacy system.

The new system must be an online interactive system, accessible through the internet. Databases will be maintained by the Vendor.

The system must support work to be done offline, including:

- Downloading data needed for inspections and other field work
- Data entry of inspection and citation data, in the field.
- subsequent uploading and synchronization of that data.

Unless otherwise stated, it should incorporate all functionality of the legacy system, including all highlighted data fields and table relationships in the legacy data model described in Appendix A. It should also implement new functionality described in this document.

Necessary functions are listed below, in sections A-O

A. General Data.

1. **Maintain Property Data** – Property data must be coordinated with the master list of parcels in the St Louis City Assessor’s database. An existing web service provided by the City of St Louis can be used to validate addresses against the Assessor’s database. Copies of the Assessor’s database can also be provided on a regular basis.

Synchronization with the Assessor’s database will require retention of Geocoded XY coordinates, and a parcel id for each property. Parcel IDs can change over time as property parcels are merged and subdivided.

A batch reconciliation process must be developed to verify stored parcel IDs against the Assessor’s database. Invalid parcel IDs would then be replaced with a different ID queried from the Assessor’s database via geocoding “XY” coordinates.

In cases where an inspector knows that property information in the Assessor’s database is invalid, the new system must allow property information to be overridden, and flagged for manual reconciliation with the Assessor’s office.

Processes will be needed to Add, Delete, and Modify attributes for a property.

A process will be needed to Add, Modify, and Delete free-form notes about a property. Each property note must have all attributes highlighted in the Property Notes Legacy table in Appendix A.

The legacy “Property Notes” feature allowed notes to be referred to an employee, so that the employee is given a chance to see new notes the next time they log on. This feature is desired in the new system.

2. **Maintain Establishment Data** – for businesses operating food or other types of operations. Searchable by Name, Address, Owner, and Zip code. Establishments are inspected on a regular basis.

The legacy system only has establishments related food operations. The new system will expand the types of establishments, to include:

- Food Control
 - Restaurant
 - Tavern
 - Retail Grocery
 - Manufacturing & Warehousing
 - Frozen desserts
- Community Sanitation
 - Horse stables
 - Swimming pools
 - Massage parlors
 - Tattoo parlors
 - Hotel / Lodging
 - Day Care
 - Special permits (inspections done by the health dept, at the request of another department issuing a permit)

In addition to the Properties attributes highlighted in appendix A, Food Control Establishments will also need these attributes:

- “risk factor” , to be assigned based on criteria specified in the new food ordinance. Risk factor will be used to determine how often inspections are to be done.
- Attributes that contribute to the calculation of risk factor. These are described in “FOOD ESTABLISHMENT PUBLIC HEALTH PRIORITY ASSESSMENT WORKSHEET” (Appendix B).
- Each establishment is required to have one person on the premises holding a current (within 5 years) certificate of completion of a food safety training course. There may also be other certified individuals working at the establishment. An establishment attribute must refer to those person(s).

Processes will be needed to Add, Delete, and Modify attributes for an Establishment. These may vary, based on the type of establishment.

A process will be needed to set attributes related to an establishment’s risk factor, and recalculate the risk factor.

A process will be needed to Add, Modify, and Delete free-form notes about an Establishment. Each establishment note must have all attributes highlighted in the PropertyNotes Legacy table in Appendix A.

The legacy “Establishment Notes” feature allowed notes to be referred to an employee, so that the employee is given a chance to see new notes the next time they log on. This feature is desired in the new system.

3. **Maintain Employee Data** – list of all Environmental Health employees, past and present.

Attributes include all highlighted attributes of the “Employees”, “EmployeePass” and “WardAssignments” tables in appendix A.

Processes will be needed to Add and Modify attributes for an Employee.

4. **Maintain Customer data** – The legacy system used a “People” table to keep track of individuals. These were referred to by other tables to identify Owners and Managers of properties and establishments.

The new system will also need to track food workers, and people receiving citations. This will require the addition of attributes to the ones already listed for the ‘People’ table in appendix A. Additions are:

- Drivers license number, or other State-issued identification number.
- Photograph

Additional tables will be needed to track:

- Food Worker licenses issued (these will work similar to permits, and could be integrated into permitting)
 - o Food worker license issuance date.
 - o Food worker license renewal date.
 - o Food worker license number
 - o Food worker photograph

- o Food worker drivers license state & number
- Food Worker training.
 - o Required training unit
 - o Food Worker
 - o Date of last successful training
 - o Date of next required training

Processes will be needed to

- Add, Delete and Modify attributes for Customers. Customers should only be deleted if they are unreferenced.
 - Add, Modify Food Worker licensing data.
 - Add, Modify Food Worker training records.
5. **Maintain Misc. Data** – Parameters that may change in the system, such as phone numbers, contact people, etc. These must be user maintainable.

B. General Reports

Examples of these are shown in Appendix C.

1. Establishments, by type, ward
2. Establishments, by type, zip code
3. Establishments, by ward, type
4. Establishments, new
5. Out of Business / Applications Withdrawn Establishments
6. Closing Orders
7. Establishments with Downgrades
8. Establishments recently closed, or out of business
9. Ward Assignments
10. Properties needing manual reconciliation with the Assessor's office

C. Complaints

1. These will be imported automatically from a remote system, "Cityworks", residing on servers within the firewall of the City of St Louis local area network. The City of St Louis IT staff will provide a web service, or other such process, allowing complaint information to be downloaded from "Cityworks". A process will be needed to query complaints from Cityworks.
2. Once imported, complaints will be assigned to Food Control or Community Sanitation workers, by a supervisor. A process will be needed for this function. The process will create a work order to be processed by a DOH inspector. See appendix A, table "workorders" for data needed in a work order.
3. Complaints may or may not be associated with an establishment, but they will always have a location.

Non-establishment locations will either be associated with a parcel number on the assessor's database, or be located at a street intersection. In either case, additional location information may be present, such as **"In the alley**

behind 2308 Park Avenue”, or “Debris dumped at the SE corner of Missouri Avenue and Park Avenue”.

4. Inspection data will be created and maintained in the new system. For details on the data needed, see “Work Orders”, “Inspections”, and “InspectionDetails” in the legacy data model (appendix A). Processes will be needed for inspectors to:
 - See pending work orders assigned to them
 - Add, Modify, and Delete inspection information.
 - Dispose of a completed work order.
 - Upload photographs related to an inspection.
5. Types of complaints will be revamped for the new system, to conform more closely to new ordinances. Legacy complaint types are listed in Appendix A, under table “ComplaintCodes”. A process will need to be provided to allow DOH administrative personnel to Add / Change / Delete complaint codes & descriptions.
6. A citation may be issued during a complaint inspection.
 - a. Fee accounts receivable for citations, received by mail or in person by check, money order, or cash.
 - b. Fee accounts receivable for citation, paid over the internet
7. Upon completion of a complaint work order, notification must be sent to “Cityworks”. The City of St Louis IT staff will provide a web service, or other such process, allowing complaint information to be uploaded to “Cityworks”. Information uploaded will be minimal, perhaps only a completion code and/or timestamp.

D. Complaint Reports

1. All Open Non-Food Complaints by Ward
2. Reports for management reporting.
 - a. Number of Work Orders Closed, by type, per month. Showing Average # of days required to close work orders.
 - b. Number of Inspections, by type, per month

E. Food Control

1. Permanent Food Permits

All attributes highlighted in legacy table “Permits” will be needed in the new system (see Appendix A.).

Processes will be needed for:

- a. Issuance (printing) of Permits, both original and replacements.
- b. See Appendix C “Permanent Food Permit”.
- c. Automatic printing of Renewal letters. These are printed along with a renewal application form, partially filled out for the establishment.

See Appendix C “Food Permit Renewal Letter” and “Food Permit Renewal Application”.

- d. Automatic emailing of Renewal Letters & Applications.
- e. Fee accounts receivable for permits, received by mail or in person by check, money order, or cash.
- f. Fee accounts receivable for permits, paid over the internet
- g. Fines may be issued for health violations.

2. **Grocery Store Permits**

This is similar to a Permanent Food Permit, but entails different fees. It will need the same processes and attributes as Permanent Food Permitting, but may need additional attributes. The details on this will need to be worked out during development.

3. **Temporary Food Permits**

All attributes highlighted in legacy table “Permits” will be needed in the new system (see Appendix A.). We will need processes for:

- a. Issuance (printing) of Permits, both original and replacements.
See Appendix C “Temporary Food Permit”
- b. Fee accounts receivable, received by mail or in person by check, money order, or cash
- c. The new system will need to handle temporary permits for non-contiguous days. This is because the \$50/day permit fee will only apply on days they actually do business. For example, a temporary permit might be issued for three consecutive Saturdays, and cost \$150.

4. **Food worker licensure.**

Processes will need to be provided for:

- a. Food worker registration & badging
 - Food Workers will be issued a picture ID card. The image should be retained in the database.
 - We should also retain all highlighted attributes in the “People” legacy table listed in appendix A.
 - We will also need attributes for:
 - Last Date of HEP-A Vaccination
 - Last Date of HEP-A Booster
 - Registration date
 - Expiration date
 - Last Date of completion of “food safety” course
 - An example of a food worker license is shown in Appendix C, “Food Worker License”.
- b. Food worker – reissue badge
- c. Automatic printing of Renewal letters, To be Designed.
- d. Automatic emailing of Renewal Letters, To be Designed.

5. **Food Safety Training.**

The Health Department requires that each permanent food operation have at least one person present who has passed a “Food Safety” training class within the last 5 years. The system must record which licensed food workers have passed the class, and the date the class was completed.

- a. Fines may be issued for health violations.

6. Inspections

Inspection attributes will include all highlighted fields in legacy tables “inspection” and “inspectionDetails” in appendix A. We will also need to be able to upload photographs to the database. These will be in JPG format. The various types of food inspections are listed below.

- a. **Regular, periodic inspections.** Automatically scheduled, based on elapsed time, and establishment’s risk factor . These inspections result in a numeric score that can change the Grade of an establishment.
- b. **Follow up inspections.** Initiated by inspectors as part of a Regular (or other follow-up) inspection. These inspections result in a numeric score that can change the Grade of an establishment. Establishments will be charged for violations that remain unresolved at the time of a follow-up inspection.
- c. **Complaint inspections** – initiated by a complaint. These result in a finding of “No Cause”, or “Confirmed”. Confirmed complaints may have violations, and a numeric score that can change the Grade of an establishment.
- d. **Opening inspections** – This is the initial inspection done for a permanent food establishment. It will result in a finding of “Approved” or “Unapproved”. If approved, the establishment is allowed to open for business.
- e. **Special inspections** – initiated by food control inspectors as needed. These are usually done prior to the opening of an establishment. It is possible that a pre-opening “special” inspection will be changed to an “Opening” inspection, if the establishment is ready to open.

Special inspections are also done for product recall inspections. Restaurants are not graded or scored during a special inspection.
- f. **Temporary inspections.** Inspections of temporary food operations. Initiated by creation of a temporary permit.
- g. Fines may be issued for health violations.

Regardless of the type of inspection, each inspection will identify zero or more problems. Each type of problem will be identified by an Inspection Code, with the following attributes:

- Department (Comm. San, Food)

- Type of establishment (Restaurant, Bar, Swimming Pool, Horse Stable, etc. This corresponds to “area” in the legacy database) where this code is applicable
- Description
- Critical (Yes / No)
- Points to be assigned for this code. Points identified in an inspection are added together to form a numeric score for the inspection as a whole. A grade is assigned based on the numeric score.
- Full Text – a place where the inspector can more fully describe the violation.

We will need to add attributes to inspections to handle the following events:

- Frozen dessert samples taken during an inspection at an establishment. Each sample will have a date, and a free-form field to describe the sample.
- Out of business. If an establishment is closed or found to be out of business, active permits must be cancelled. We will need a process to do this, and allow the inspector to enter establishment notes explaining what happened. This usually happens when an inspector arrives to do a regular inspection, and finds the location vacant.

We will need a process to Add / Modify / Delete Inspection codes. The new system should initially adopt the codes used in the legacy system, table “InspectionCodes”.

We will need a process to Add / Modify / Delete Inspections and Inspection Details (problems).

At the end of an inspection, a report will be printed on 4” paper stock (rolls) describing all aspects of the inspection. That copy will be given to the establishment owner. For an example, see “Form 176 – 4 inch” in appendix C.

Back in the office, a letter-size report can be printed to summarize the inspection. For an example, see “Form 176 – 8 inch” in appendix C.

Restaurant inspections need to be posted on the internet. These are currently posted at <http://stlc.in.missouri.org/pubhealth/restaurantratings/> . Similar functionality is needed.

F. Food Control Reports

Examples of the legacy versions of the reports can be found in Appendix C.

1. Renewal letters listing, monthly
2. Renewal letter
3. Annual Permit Renewal Application
4. Permit Renewals Proofing List
5. Establishments with Permits Renewed
6. Duplicate Permits Printed

7. Pending and Scheduled Inspections by Ward
 - a. Pending Inspections
 - b. Pending Complaint Callbacks
 - c. Overdue / past due inspections.
8. All Open Food Complaints by Ward
9. Inspection List by Inspector
10. # of Complaints by Property or Owner
11. Inspection report (Form 176) – letter format
12. Inspection report (Form 176) – 4” format (for issuance in the field)
13. Reports for management reporting.
 - a. Per month,
 - Number of inspections performed
 - Number of inspections performed, by type
 - Number of regular (periodic) inspections
 - Average number of days between regular (periodic) inspections, by risk factor.
 - Percent of regular (periodic) inspections performed within the required time interval.
 - Percent of regular (periodic) inspections performed within 150% of the required time interval.

G. Community Sanitation – Permitting

1. Horse Stables.

Horse Stables are a type of establishment. They are inspected annually, and issued a permit good for 1 year.

All attributes highlighted in legacy table “Permits” will be needed in the new system (see Appendix A.), except for “Fee”, “FeeCheckNo”, and “DateFeeReceived”.

Processes will be needed for:

- a. **Issuance (printing) of Permits**, both original and replacements.

This permit can be identical to the “Permanent Food Permit” Shown in Appendix C, except the title will be “PERMIT TO OPERATE A HORSE STABLE”.

- b. **Automatic printing of Renewal letters.** These are printed along with a renewal application form, partially filled out for the establishment. These will be similar to the “Food Permit Renewal Letter” and “Food Permit Renewal Application” in Appendix C. Exact text will be worked out during development.
- c. Fines may be issued for health violations.

2. Swimming Pools

Swimming pools will be considered a type of establishment. A distinction is made between residential and public pools. Procedures related to swimming pools are:

- a. **Residential Above ground pool installation.** A one-time permit must be granted prior to installation of an above-ground pool. The permit is only issued after an application form is submitted, followed by an inspection, and approval of the application..

The legacy system used a 2-page application, shown in Appendix C. as “Application form for Residential Swimming Pool”.

Parts of the data in this application form should be stored in the new database, as attributes to a establishment of type “Swimming Pool”. It may be possible to simply store a scanned image of the paper form. This data must be retained as long as the pool remains operational. Details will be worked out during development.

We will need processes to

- Add / modify / delete establishment data for a pool
- add / modify / and delete inspection data
- issue permits, both original and replacement. The permit may be similar to the “Permanent Food Permit” Shown in Appendix C, except the titles will be “PERMIT TO OPERATE A RESIDENTIAL SWIMMING POOL”.

All new swimming pools require a construction site survey. This entails submission of a more detailed application form, an inspection, and if approved, issuance of a on-time construction permit.

The legacy system used a 3-page application, with attachments. The application form is shown in Appendix C. as “Application form for Swimming Pool Construction”.

Parts of the data in this application form should be stored in the new database, as attributes to a establishment of type “Swimming Pool”. It may be possible to simply store a scanned image of the paper form. This data must be retained as long as the pool remains operational. Details will be worked out during development.

- b. **Public Swimming Pools/Spas.**

All of the information listed above under residential swimming pools apply also to public swimming pools with the exceptions:

- After issuance of a permit, inspections are done monthly during the months of use. These should be scheduled automatically, based on the ward, and the community sanitation inspector assigned to that ward

- Additional inspection attributes are needed for swimming pools. These are displayed on the legacy (paper) form “SWIMMING POOL INSPECTION REPORT”, shown in Appendix C To schedule routine pool inspections, we will need an establishment attribute indicating the months when a pool is used.
 - Note that a scoring system is used, based on the problems identified in an inspection. A total score should be calculated, as is done in food inspections. If no problems are found the total score will be 100.
 - issue permits, both original and replacement. The permit may be similar to the “Permanent Food Permit” Shown in Appendix C, except the titles will be “PERMIT TO OPERATE A PUBLIC SWIMMING POOL”.
- c. **Renewal letters.** Will be sent out for public swimming pools.
- d. Fines may be issued for health violations.

3. **Massage Parlors.**

Massage parlors are a type of establishment. After an initial “opening” inspection, they are issued a permanent permit. They are then reinspected every 6 months, and are subject to closure if inspections uncover sanitation problems.

All attributes highlighted in legacy table “Permits” will be needed in the new system (see Appendix A.),

Processes will be needed for:

- a. **Issuance (printing) of Permits**, both original and replacements.
- This permit can be identical to the “Permanent Food Permit” Shown in Appendix C, except the title will be “PERMIT TO OPERATE A MASSAGE PARLOR”.
- b. **No Renewal letters.** Massage parlors are not required to renew permits.
- c. No fee is currently assessed for Massage Permits but this may change. Fines may be issued for health violations

4. **Tattoo Parlors**

Tattoo parlors are a type of establishment. After an initial “opening” inspection, they are issued a permanent permit. They are then reinspected every 6 months, and are subject to closure if inspections uncover sanitation problems.

No fee is currently assessed for Tattoo Parlor Permits, but fines may be issued for health violations.

Processes will be needed for:

- a. **Issuance (printing) of Permits**, both original and replacements.

This permit can be identical to the “Permanent Food Permit” Shown in Appendix C, except the title will be “PERMIT TO OPERATE A TATTOO PARLOR”.

- b. **No Renewal letters**. Tattoo parlors are not required to renew permits.
- c. No fee is currently assessed for Tattoo Permits, but this may change. Fines may be issued for health violations

5. **Fumigations.**

Fumigations may only take place under direct supervision of a City Community Sanitation inspector. To schedule a fumigation, an application must be submitted to the Environmental section of the Health Department. A permit is issued, specifying where and when the fumigation will occur, and who is responsible.

Processes will be needed for:

- a. Add / Modify / Delete a fumigation permit. The permit will include all fields on the “One Time Permit to Fumigate” in Appendix C. Address must be verified against the assessor’s database.
- b. Print a permit, both original and replacements. This will be sent to the Commissioner to be signed, and an image of the signed document retained in the system.
- c. The fumigation should be scheduled for the inspector that will supervise the fumigation.
- d. No fee is currently assessed for Fumigation Permits, but this may change. Fines may be issued for health violations

H. Community Sanitation – Inspections.

Inspection attributes will include all highlighted fields in legacy tables “inspection” and “inspectionDetails” in appendix A. We will also need to be able to upload photographs to the database. These will be in JPG format.

Regardless of the type of inspection, each inspection will identify zero or more problems. Each type of problem will be identified by an Inspection Code, with the following attributes:

- Department (Comm. San, Food)
- Type of establishment (Restaurant, Bar, Swimming Pool, Horse Stable, etc. This corresponds to “area” in the legacy database) where this code is applicable
- Description
- Critical (Yes / No)
- Points to be assigned for this code. Points identified in an inspection are added together to form a numeric score for the inspection as a whole. A grade is assigned based on the numeric score.

- Full Text – a place where the inspector can more fully describe the violation.

We will need to add attributes to inspections to handle the following events:

- Out of business. If an establishment is closed or found to be out of business, active permits must be cancelled. We will need a process to do this, and allow the inspector to enter establishment notes explaining what happened. This usually happens when an inspector arrives to do a regular inspection, and finds the location vacant.

We will need a process to Add / Modify / Delete Inspection codes. The new system should initially adopt the codes used in the legacy system, table “InspectionCodes”.

We will need a process to Add / Modify / Delete Inspections and Inspection Details (problems).

At the end of an inspection, a report may be printed on 4” paper stock (rolls) describing all aspects of the inspection. That copy can be given to the establishment owner. For an example, see “Form 176 – 4 inch” in appendix C.

Back in the office, a letter-size report can be printed to summarize the inspection. For an example, see “Form 176 – 8 inch” in appendix C.

These are the types of inspections performed by the Community Sanitation unit.

1. **Regular Periodic Inspections of Establishments.** A generic inspection process needs to be developed for Community Sanitation regular inspections, similar to the one used for routine food inspections.

Community Sanitation regular inspections will be done at these types of establishments:

- a. **Horse Stables**

Inspections are done annually, prior to permit renewal. There are no specific problem codes identified with stables. Any community sanitation code may be applied, such as “Defective Drains & Sewers” or “Mice”. Applicable codes will need to be revisited during development.

- b. **Swimming Pools.**

After issuance of a permit, inspections are done monthly during the months of use. These should be scheduled automatically, based on the ward, and the community sanitation inspector assigned to that ward.

Additional inspection attributes are needed for swimming pools. These are displayed on the legacy (paper) form “SWIMMING POOL INSPECTION REPORT”, shown in Appendix C. These may be added through additions to the set of problem codes.

Note that a scoring system is used, based on the problems identified in an inspection. A total score should be calculated, as is done in food inspections. If no problems are found the total score will be 100.

To schedule routine pool inspections, we will need an establishment attribute indicating the months when a pool is used.

2. **Inspections performed on a contract basis for the State of Missouri.**

- a. **Hotel / Lodging.** Hotel / Lodging establishments are licensed by the State of Missouri. The City of St Louis is contracted to do inspections for the state.

The state occasionally sends a list of establishments to be inspected. Our inspectors perform the inspection, fill out form “LODGING ESTABLISHMENT INSPECTION REPORT” (shown in Appendix C.) and send them into the state.

We need a way to schedule these inspections when we are notified by the state. We need a way to save the inspection information provided to the state. This could be done by saving a scanned image of the forms.

- b. **State Child Care Inspections.**

Child Care establishments are licensed by the State of Missouri. The City of St Louis is contracted to do inspections for the state.

The state occasionally sends a list of establishments to be inspected. Our inspectors perform the inspection, fill out form “SANITATION INSPECTION REPORT FAMILY CHILD CARE HOME” (shown in Appendix C.) and send them into the state.

We need a way to schedule these inspections when we are notified by the state. We need a way to save the inspection information provided to the state. This could be done by saving a scanned image of the forms.

- c. **State Child Care Inspections – Group Homes.**

Child Care establishments are licensed by the State of Missouri. The City of St Louis is contracted to do inspections for the state.

The state occasionally sends a list of establishments to be inspected. Our inspectors perform the inspection, fill out form “SANITATION INSPECTION REPORT – CENTERS, GROUP HOMES, AND LICENSE EXEMPT FACILITIES” (shown in Appendix C.) and send them into the state.

We need a way to schedule these inspections when we are notified by the state. We need a way to save the inspection information provided to the state. This could be done by saving a scanned image of the forms.

3. **Community Sanitation Inspections performed for other City agencies**

- a. **Special Permits.** These inspections are done for other City Agencies, who issue permits for various reasons.. The health department verifies that general standards of sanitation are

An initial inspection is done prior to issuance of the permit, and every 6 months thereafter. There are no fees for these inspections.

We will need a way to schedule the initial and recurring inspections.

We need a process to Add / Modify / Delete inspections. Only limited information is kept for these inspections, describing:

- The establishment being inspected, including name, address, contacts, and responsible parties.
- Free-form notes on any problems found.

We will need a process to print the inspection data, and/or email it to the agency requesting the inspection.

An example of legacy forms can be seen in Appendix C. as “SPECIAL REPORT / INSPECTION”.

An example of a letter sent to another agency because of a special inspection is in Appendix C. as “Special Inspection Letter”.

b. Massage Parlors

This should be handled exactly like Special Permits.

c. Tattoo Parlors

This should be handled exactly like Special Permits.

4. Community Sanitation Block Surveys.

These are usually done at the request of a member of the Board of Aldermen. The request specifies one or more city blocks to be inspected. An inspection is made of all properties in that block, and complaints issued for problems found.

We will need processes to :

- Keep track of the number of properties (Parcels) inspected, and the number of parcels where problems were found. This is needed for management reporting.
- Generate a list of properties (Parcels) in the designated city block(s), listed in order by street and street address.
- Download the list of properties to an inspector’s Laptop.
- Allow the Inspector to click on a property and create a complaint inspection, recording complaint codes found at that location.
- For each complaint inspection found, a complaint report should be printed. This should be similar to the “Self-Evaluation of Property” form in Appendix C. Details will be defined during development.

The report should be able to be printed on 4 inch paper stock on the inspector’s portable printer, so it can be handed to an owner, or

posted on the front door.

There also needs to be a letter sized version of this report that can be printed back at the office and mailed to owners.

- Upload new complaints to the system when internet connectivity is reestablished, and schedule a follow-up inspection.
- Create a report summarizing the results of the block survey. This should show:
 - o Number of inspections
 - o Number of inspections that identified problems.

5. Complaint Inspections.

See section IV. C. “Complaints”.

I. Citations

Citations will always be issued to an individual, even if they are related to an establishment. If related to an establishment, then a link to the establishment should be stored with the citation.

1. Smoking Ban Violations by individuals (\$50)
2. Smoking Ban Violations by a person who owns, manages, operates or otherwise controls a public place or place of employment.
 - a. 1st time within a year (\$100)
 - b. 2nd time within a year (\$200)
 - c. Each additional violation within a year (\$500)

A record will need to be kept of all smoking violations for the most recent 366 days.

3. Operation of a Food establishment without a permit (\$500)
4. Defacing, removal, or hiding from public view of grade decals (\$500)
5. Failure to correct critical violation within 48 hours (\$25 per violation)
6. Consecutive violations found at re-inspection (\$25 per violation)
7. Fee for 1st re-inspection after downgrade (\$50)
8. Fee for 2nd and subsequent re-inspection after downgrade (\$100)
9. Miscellaneous Health Violations- Fee will vary in amount

Information to be kept on citations:

- Date
- Time
- Location
- Establishment
- Person Cited
- Citation Code
- Free form text describing details or additional information about the citation.

An example of the legacy citations form can be seen in appendix C, “Legacy Citations”. This will need to be modified to contain new fields.

Processes will be needed to

- Add, Modify, Delete the list of possible citations, including fees.
- Add, Modify, Delete (erroneous) citations
- Print a citation on a 4-inch form, which can be issued to an individual when they are cited. This form will be designed as part of development of the new system.
- Print a citation on an 8-inch form. This can be mailed if it is not possible to deliver a citation in person. This form will be designed as part of development of the new system.
- Delete capability should be secured to authorized individuals.

J. Collection of Fees

1. Processes will be needed to collect fees by check or money order, at the offices of the Health Dept Environmental Health Unit.
2. Processes will be needed to collect fees over the internet. This system should conform to industry standards of security and data integrity.
3. Processes will be needed to handle transactions rejected, disallowed, or disputed by any Bank, Clearing House, or individual, whether that rejection, disallowance, or dispute is initiated immediately after a transaction, or at a later date.
4. Methods of payment shall include, but does not need to be limited to:
 - a. Credit Cards issued by US financial institutions.
 - b. Debit Cards issued by US financial institutions.
5. Additional costs related to electronic transactions may need to be charged back to the person making payment.
6. The vendor should identify all equipment, training, and additional costs related to such collections.
7. Reports summarizing collection activity will be developed as needed during project implementation.

K. Data Conversion

1. The vendor will be responsible for importing existing data from the legacy system. This data will include:
 - a. a minimum of 3 years history of restaurant inspections
 - b. a minimum of 3 years history of complaints.
 - c. Information on all active establishments.
2. Documentation of the legacy databases is described in appendix A.
3. Legacy data will be provided to the vendor in comma delimited text format, 1 file per table. All data from the legacy database will be provided “as is”. It will be up to the vendor to transform and/or filter this data.

L. Infrastructure

1. The vendor will obtain and maintain a web site to host the system. This can be done by the vendor themselves, or through a 3rd party.
2. The vendor will obtain and maintain all necessary hardware, software, licenses, and domain registrations. This can be done by the vendor

3. Industry standard procedures must be used for data backup & recovery, including:
 - a. Off-site backups
 - b. Logging for point-in-time recoverability
 - c. Recoverability will be tested prior to live cutover, and annually thereafter.
4. Upon request, the vendor will provide copies of the database. This shall include:
 - a. Documentation of database tables and relationships. This may be provided as Data Definition Language (DDL) or in text format.
 - b. Downloads of the tables. This may be provided as either:
 - Microsoft SQL Server backup files (*.bak)
 - Microsoft SQL Server database files (*.mdf), created while the database is in a disconnected state.
 - Comma-delimited text, one file per table, with filenames matching the table names.
 - Any other format acceptable to the DOH.
 - c. A secure FTP site from which DOH personnel can download the data.
5. The Dept of Health will provide computers and high speed internet access to all users of the system. Laptops used in the field will be Panasonic CF-19 Toughbooks, model CF-19KDRSGCM. These are equipped with:
 - Dual Touch (Touchscreen & Digitizer LCD)
 - LCD Size: 10.4" XGA(1024 x 768) Touch LCD (500 NIT)
 - WINXP Tablet SP2
 - Bluetooth
 - 2MP Camera – with software to take pictures, and store them in a specified directory.
 - Wireless: 802.11 a/b/g/n
 - Gobi for wireless broadband (this will not be activated at this time due to cost)

The applications must be able to run on this configuration.

The Dept of Health can provide a test machine to the vendor for testing.

6. The system provided by the vendor must allow DOH employees to download sufficient data to their laptop computers, so that certain functions can be performed in the field without an internet connection. These functions are:
 - a. Add / Modify / Delete Inspections of all types for existing work orders. This will require downloading a copy of the last 3 inspections for establishments that the inspector will visit that day.

- b. Modify attributes for a property. This will require downloading current property information for all establishments that the inspector will visit that day.
- c. Modify attributes for an establishment. This will require downloading current establishment information for all establishments that the inspector will visit that day.
- d. Add / Modify Customer data, including Food Worker training records.
- e. Issue Citations for smoking ban violations. This will require downloading of all citations related to establishments that the inspector will visit that day, so a determination can be made if a smoking violation is a 1st, 2nd, or subsequent offense within a calendar year.
- f. Issue any other type of citation.

Once an internet connection is reestablished, these changes should be synchronized with the vendor's database. Synchronization problems should be resolved through interactive dialogs with the employee.

M. Scheduling.

Each day, each inspector should be presented with a list of work assigned to them. The list will include:

1. **Regular**, periodic inspections of establishments, scheduled based on the number of days since they were last inspected, the establishment's risk assessment, plus a randomizer to prevent an establishment from predicting when the inspector will arrive.
2. **Complaints** assigned to the inspector
3. **Follow up** inspections, scheduled by the inspector at the time of the previous inspection (a.k.a. "Callback" inspections).

Each item on the list will contain:

1. type of inspection (regular, callback, complaint)
2. Location. This will usually be an address. In some community sanitation complaints the location will be a street intersection, or directions from an address or intersection, such as "in the alley behind ...".
3. Contact information (who to contact, when, phone #, email, etc)
4. business hours

The inspector should be allowed to rearrange the sequence of these establishments, to form them into an itinerary.

From the list, the inspector should be able to drill down to the property, establishment, prior inspection, and customer information related to that establishment and/or location.

N. Service Levels and Support

1. The system will be available 19 hours every day from 6am – 1am CST.
2. The vendor will maintain a single point-of-contact for all problems. This

must be reachable by telephone and email during all hours of availability.

3. Service outages shall be resolved within 24 hours of the time the vendor is notified of the outage.

Service outages exceeding 24 hours shall cause the vendor to incur a penalty equal to the hourly cost of the system, as paid by DOH, for each full hour of downtime exceeding 24 hours. It will be the responsibility of DOH to document such outages. This does not include planned outages agreed to by the Department of Health.

4. Complaints must be responded to within 2 hours of the receipt of a phone call and/or email.
5. Problems not causing a service outage must be resolved within 1 week.
6. Complete System and User documentation shall be provided prior to going live. Documentation will be updated as part of the installation of any system changes.

O. Project Implementation

1. The vendor shall create a project plan, fully describing any work that needs to be done by DOH to further implementation. This plan must show how the system will be fully implemented within 9 months of signing the contract. It must include:
 - User Acceptance Testing
 - Milestones
2. This period may be extended only due to delays in the critical development path, that are caused by actions or inaction of St Louis City Employees. It is the responsibility of the vendor to document such delays.
3. Failure to meet the planned implementation date, adjusted by any delays caused by St Louis City Employees, shall cause the vendor to incur a penalty of \$1000 per week, or partial week.

V. BUDGET AND FINANCIAL DATA

- A. Most recent audited financial report. Report must be from within the previous three years.
- B. The successful bidders must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- C. M/W/DBE Participation: It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.

VI. EVALUATION CRITERIA

The RFP will undergo the following evaluation process. The DOH, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the DOH Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received to the project abstract and program narrative. The total points possible is 100, awarded as follows:

A. System Functionality	40 Points
B. System Response Time	15 points
C. System Robustness	15 Points
D. Ease of use, Documentation	10 Points
E. Experience & General Capability of the Applicant	10 Points
F. Budget and Financial	10 Points
Total	100 Points

VII. RFP TERMS

A. The City reserves and may exercise one or more of the following rights and options regarding this RFP:

- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
- To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
- To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
- To modify specific terms and conditions in this document prior to execution.
- The City reserves the right to renew the contract for an additional one year term for up to ten consecutive years.

B. Contents of Proposals: All materials submitted in accordance with this RFP will become and remain the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

APPLICATION COVER SHEET

**City of St. Louis Department of Health
Office of the Director and the Commissioner
1520 Market Street, Room 4043
St. Louis, MO 63103
(314) 657-1463**

Contract Services for Environmental Health Software Services

Program/Organization Name: _____

Contact and Address: _____

Telephone #: _____ **Fax:** _____

Email Address: _____

Appendix A – Legacy Data Model

ActionCodes

	ActionCode	Text	2
	ActionDesc	Text	30
	Grade	Text	1

This table will not be needed in the new system.

Action codes are an attribute of an inspection and/or work order, indicating how the matter was resolved.

ActionCo	ActionDesc	Grade
-----	-----	-----
AB	ABATED	
AC	ALREADY CITED	
AI	ABATED BEFORE INSPECTION	
AP	APPROVED	
CA	CANCEL	
CF	CONFIRMED	
CL	CLOSED	
CT	COURT	
DB	DOWNGRADE TO B	B
DC	DOWNGRADE TO C	C
DP	DUPLICATE	
IC	INVOLUNTARY CLOSURE	
LA	LEGAL ACTION LETTER	
NA	NO SUCH ADDRESS	
NC	NO CONTACT	
NE	NO EVIDENCE	
NJ	NO JURISDICTION	
NO	NOTICE TO OWNER	
NP	INSPECTION NOT PERMITTED	
NR	NO RESPONSE	
OB	OUT OF BUSINESS	
PC	PRE-COURT	
PE	PENDING	
PN	MISC.	
PO	POST OFFICE BOX REQUEST	
RE	RETURNED	
RF	REFERRAL	
SS	SS100	
UA	UPGRADE TO A	A
UB	UPGRADE TO B	B
UC	UNABLE TO CONFIRM	
VA	VERBAL ADVICE	
VC	VOLUNTARY CLOSURE	
VT	VACANT	
WA	WAIVED	
UP	UNAPPROVED	
CP	COMPLETED	
EX	EXTEND	
AL	ALREADY CITED	

CN NO CAUSE
 IL ILLEGAL OPERATION
 IS INSERVICE EDUCATION
 UL UNABLE TO LOCATE
 NN NO INSPECTION NECESSARY
 IP INSPECTION NOT PERMITTED
 MO MONITORING
 DS DUMPSTER SURVEY
 IN INSPECTED
 NI NO INSPECTION REQUIRED

AgencyInfo

	AgencyName	Text	60
	AgencyAddress	Text	40
	AgencyAddress2	Text	40
	AgencyCity	Text	30
	AgencyState	Text	2
	AgencyZip	Text	10
	AgencyPhone	Text	20
	AgencyTollFree	Text	15
	AgencyFax	Text	20
	AgencyWebsite	Text	50
	AgencyEmail	Text	50
	AgencyTIN	Text	11
	AgencyDirector	Text	75
	DirectorTitle	Text	50
	AgencyHours	Text	50
	NetworkPrinter	Text	200
	TechHelpEmail	Text	75
	Mayor	Text	75
	MayorTitle	Text	50
	CommissName	Text	75
	CommissTitle	Text	50
	ServerDrive	Text	1
	ServerPath	Text	100
	SynchMessageLimit	Long Integer	4

This table will not be needed in the new system. It only contains parameters used as boilerplate text in reports and forms.

Areas

	Area	Text	2
	AreaName	Text	30
	Department	Text	25

This table will not be needed in the new system.

Area	AreaName	Department
RC	Rat Control - Interior	CommSan
FD	Foods	Foods
PL	Pools	CommSan
CS	Community Sanitation	CommSan

HM	Hazardous Materials	CommSan
MI	Mosquitoes/Insects	Vector
AC	Animal Control	ARC
RE	Rat Control - Exterior	Vector
DC	Day Care	CommSan

ChemicalTests

ChemicalTestNo	Long Integer	4
ChemicalTest	Text	15

This table merely lists the chemical tests used by our inspectors.

ChemicalTe ChemicalTest

1 Chlorine
2 Quats
3 Iodine
4 Hot Water
9 Other

ComplaintCodes

ComplaintCode	Long Integer	4
Department	Text	25
ComplaintDesc	Text	70

This table lists complaint codes we currently use. The codes themselves are not important. Codes and Descriptions should be able to be modified by the Health Department.

ComplaintC	Department	ComplaintDesc

702	CommSan	Interior Rat Infestation
703	CommSan	Exterior Rat Infestation
705	CommSan	Unsanitary Conditions in Home
706	CommSan	Plumbing: No Water Supply
707	CommSan	Plumbing: Leaking Water Supply
709	CommSan	Defective Toilet Facilities
710	CommSan	Wast Water in Basement
711	CommSan	Allowing Waste on Ground
712	CommSan	Defective Drains & Sewers
713	CommSan	Insufficient Heat Provided
714	CommSan	No Heat Provided
715	CommSan	No Hot Water Supply
716	CommSan	Inoperative Hot Water Supply
718	CommSan	No Tub/Shower/Kitchen Sink
719	CommSan	Commercial Dumpster Problems
720	CommSan	Unsanitary Keeping of Pets
723	CommSan	Swimming Pool Inspections
732	CommSan	Complaints of Industrial Hazard
733	CommSan	Investigate Hazardous Waste
735	CommSan	Complaint Re: Health Centers
737	CommSan	Complaint Re: Child Center

740 CommSan	Heat Stress
741 CommSan	Abandoned Tires
742 CommSan	Improper Storage of Tires
743 CommSan	Complaints of Lead Hazard
745 CommSan	More Than 4 Dogs/Cats/Pigs
747 CommSan	Refuse Accumulation on Premises
751 CommSan	Salvable Materials/Construction Materials/Junk Storage
752 CommSan	Weeds/Tree Trimmings
753 CommSan	Stagnant Water on Outside (Ponds,Artificial Containers)
754 CommSan	Rabbits, Hamsters, Guinea Pigs, Squirrels, etc.
755 CommSan	Mice
756 CommSan	Pigeons, Starlings, Aparrows, Other wild Nuisance Birds
758 CommSan	Roaches
759 CommSan	Fleas, Mites, Lice, Bedbugs
761 CommSan	Gases, Odors, Vapors, fumes, dust, Mists (Non-Res)
762 CommSan	Safety Hazards - In Work Place
999 CommSan	Miscellaneous
757 CommSan	Mosquitoes, Mosquito Larvae
760 CommSan	Filthy Wash Rooms (Non-Res)
999 Foods	Miscellaneous
701 Foods	No Water/No Hot Water
702 Foods	Foodborne Illness
703 Foods	Foreign Material in Food
704 Foods	Dumpster Overflowing - Lid Open
705 Foods	Insect or Rodent Infestation
706 Foods	Dirty or Unclean Establishment
709 Foods	Tastes/Smells Bad
710 Foods	Animals on Premise
701 ARC	Dog and Cat Bites
702 ARC	Vicious and Dangerous Dogs
703 ARC	Apprehension of Stray Animals
705 ARC	Surrendered Animals
706 ARC	Cats
707 ARC	Vicious and Dangerous Cats
708 ARC	Bats
709 ARC	Enforce Leash law/Vaccination & Registration
999 ARC	Miscellaneous
618 Foods	GROCERY STORE INSPECTION
622 Foods	FROZEN DESSERT INSPECTION
625 Foods	STATE DAYCARE INSPECTION
626 Foods	MFG/PROCESSOR/WRHSE
627 Foods	IN-SERVICE EDUCATION
628 Foods	SUMFEDPROGRAM INSPECTION
734 CommSan	INSPECT HOTEL & MOTELS
701 CommSan	Rat Bite of Person

ComplaintConfirm

	ConfirmCode	Text	2
	Confirmation	Text	30

This table will not be needed in the new system.

ConfirmC Confirmation

Y Confirmed
N Not Confirmed

DupPermits

	DupPermitID	Long Integer	4
	EstID	Long Integer	4
	PermitID	Long Integer	4
	Fee	Currency	8
	FeeCheckNo	Text	30
	DateFeeReceived	Date/Time	8
	FeeReceivedBy	Text	2
	DupAddedBy	Text	2
	DupEditedBy	Text	2
	DupPLEditDateTime	Date/Time	8

This table will not be needed in the new system, per se. However, highlighted columns will need to be kept when duplicate permits are printed.

Employees

	EmployeeID	Text	6
	EFirstName	Text	20
	EMiddle	Text	20
	ELastName	Text	20
	ESuffix	Text	20
	EEmail	Text	50
	ECellPhone	Text	20
	EPager	Text	20
	EHomePhone	Text	20
	ESSN	Text	11
	EmployeeStatus	Text	10
	JobTitle	Text	50
	EHireDate	Date/Time	8
	ETermDate	Date/Time	8
	UserLevel	Long Integer	4
	FullName	Text	50
	FullLastFirst	Text	40
	Signature	Text	100
	FullNickName	Text	50
	EAddedBy	Text	6
	EAddedDate	Date/Time	8
	ElastEditedBy	Text	6
	ElastEditedDate	Date/Time	8

	EAddress	Text	40
	ECity	Text	30
	EState	Text	2
	EZip	Text	10
	EPhone	Text	20
	EFax	Text	20
	Area	Text	2
	Department	Text	25
	Inspector	Text	1
	EInitials	Text	3
	LaptopID	Text	8

This table will not be needed in the new system. Employee information should be handled by vendor-supplied logic, but should include the highlighted columns.
 Department only indicates if the employee works in community sanitation or food control.
 Inspector indicates whether or not the employee is authorized to do inspections.

EmployeeStatus

	EmployeeStatus	Text	10
	EmpStatusSort	Long Integer	4

This table will not be needed in the new system, although some means of tracking employee status is needed.

EmployeeSt	EmpStatusS
-----	-----
Active	1
Inactive	2
Terminated	3
Deceased	4
On Leave	5

Establishments

	EstId	Long Integer	4
	PropertyId	Long Integer	4
	EstOwnerId	Long Integer	4
	EstStatus	Text	20
	EstType	Text	14
	ReportingArea	Text	3
	EstName	Text	50
	EstSort	Text	50
	EstOnsiteContact	Text	50
	EstAddress1	Text	40
	EstAddress2	Text	40
	EstCity	Text	16
	EstState	Text	2
	EstZip	Text	10
	EstPhone	Text	20

	EmergencyPhone	Text	20
	EstFax	Text	14
	EstEMail	Text	20
	EstWebSite	Text	20
	EstTaxId	Text	15
	MailToLocation	Text	1
	NIFI	Text	24
	NIFIPerson	Text	25
	NIFIDateIssued	Date/Time	8
	NIFINote	Text	255
	Manager	Long Integer	4
	CertMgr	Text	1
	InspInterval	Long Integer	4
	NextRegInsp	Date/Time	8
	LastInspected	Date/Time	8
	EHS#	Text	8
	Roster	Text	8
	StOwned	Text	1
	FeePaying	Text	1
	Grade	Text	1
	Handicapped	Text	1
	EstAddedBy	Text	6
	EstEditedBy	Text	6
	ApplicationDate	Date/Time	8
	ApprovalDate	Date/Time	8
	DateOpened	Date/Time	8
	OutOfBusDate	Date/Time	8
	EstablishmentTime	Text	10
	EstTimeOfOperation	Memo	-
	EstLEditDateTime	Date/Time	8
	EstNEditDateTime	Date/Time	8
	EstAddDateTime	Date/Time	8
	NIFICertified	Text	1
	PlantNo	Text	8
	AssessmentDate	Date/Time	8
	AssessmentCode	Text	2
	AssessmentDesc	Text	8

The functionality of this table will be needed. Highlighted fields, or a functional equivalent, will need to be stored for each establishment.

PropertyId is a foreign key to the properties table

EstOwnerId is a foreign key to the people table

Reporting Area is the type of establishment (restaurant, tavern, etc.)

EstablishmentTimes

	EstablishmentTime	Text	10
--	-------------------	------	----

This table is not needed in the new system. It merely lists values for the status attribute of an establishment.

Establishm

Permanent

Seasonal

Temporary

EstStatus

EstStatus

Text

20

This table is not needed in the new system. It merely lists values for the status attribute of an establishment.

EstStatus

Active

Out Of Business

Pending

Inactive

Application Withdraw

EstType

EstType

Text

14

This table is not needed in the new system. It merely lists values for the type attribute of an establishment. Additional types will be needed in the new system.

EstType

Food Regular

Daycare

Pool

FeeReceivedBy

	FeeReceivedby	Text	2
	DeptReceived	Text	20

This table is not needed in the new system. It specifies the locations where we accept payments.

FeeRecei DeptReceived

FD Food Control

FI Fiscal

E Exempt

InitiatedCategory

	InitiatedCategory	Text	20
--	-------------------	------	----

This table is not needed in the new system. It specifies the origin of a complaint. In the new system, all complaints will come from CSB, or be self-initiated by inspectors in the field.

InitiatedCategory

CSB

Callback

Court

Routine

Internal

Aldermanic

Citizen Complaint

Self Initiated**InspDetStatus**

	InspDetStatusId	Long Integer	4
	InspDetStatus	Text	20
	Violation	Text	1

This table will not be needed in the new system. It merely shows values for an attribute of an inspection detail.

InspDetSta InspDetStatus Violatio

1 First time violation V

2 Repeat violation V

3 Abated/resolved

4 Information only

InspectionCodes

	InspectCodeNum	Long Integer	4
	Department	Text	25
	Area	Text	2
	ItemNum	Long Integer	4
	ItemDesc	Text	200
	Critical	Text	1
	ItemPoints	Long Integer	4
	ItemShortDesc	Text	30
	InspectCodeStatus	Text	10
	InspectTypeNo	Long Integer	4
	ItemFullText	Memo	-

This table, or a functional equivalent will be needed in the new system. It lists problems that can be identified in an inspection, and recorded as attribute "InspectCodeNum" on the InspectionDetails table.

A few examples are shown below:

InspectCod	Department	Area	ItemNum	ItemDesc
3	Foods	FD	1	Source Sound Condition No Spoilage & Food Not Re-Served
4	Foods	FD	2	Food Containers Properly Labeled as to Contents
84	CommSan	CS	7	Plumbing System: Leaking Water Supply(ES 503.2, ORD# 60828)
85	CommSan	CS	9	Plumbing Fixtures: Obstructed Toilet (ES 503.2 ORD# 60828)

InspectionDetails

	InspDetID (unique id for row)	Long Integer	4
	InspectionID (fk to Inspection)	Long Integer	4
	ItemNum	Long Integer	4
	InspDetStatusID	Long Integer	4
	InspectCodeNum	Long Integer	4
	InspDetNote	Memo	-
	InspDetAddedBy	Text	6
	InspDetEditedBy	Text	6
	InspDLEditDateTime	Date/Time	8
	InspDNEditDateTime	Date/Time	8
	InspDAddDateTime	Date/Time	8
	Corrected	Text	1
	HowCorrected	Memo	-

Highlighted fields, or a functional equivalent, will be needed in the new system.

Inspections

	InspectionID	Long Integer	4
	WorkOrderID	Text	9
	InspectTypeNo	Long Integer	4
	InspectDate	Date/Time	8
	InspectStatus	Text	15
	InspectorNumber	Text	6
	Score	Long Integer	4
	InspectGrade	Text	1
	ReportingArea	Text	3
	ActionCode	Text	2
	CallBackDate	Date/Time	8
	EducationOffer	Text	1
	Locked	Date/Time	8
	InspectAddedBy	Text	6
	InspectEditedBy	Text	6
	chemicalTestNo	Long Integer	4
	PersonContacted	Text	200
	InspectionNote	Memo	-
	InspLEditDateTime	Date/Time	8

	InspNEditDateTime	Date/Time	8
	InspStartDateTime	Date/Time	8
	InspEndDateTime	Date/Time	8
	PermitExpDate	Date/Time	8
	HepProof	Text	1
	PermitPosted	Text	1
	InspectionNote2	Memo	-
	InspectionNote3	Memo	-
	InspectionNote4	Memo	-
	SmokeAlarm	Text	1
	HowIssued	Text	10
	SentToID	Long Integer	4
	SentToType	Long Integer	4
	Coliform	Text	1
	StaphCountSat	Text	1
	StaphCount	Text	6
	SampleCollected	Text	1
	PHPriority	Text	6
	InspAddDateTime	Date/Time	8

Highlighted fields, or a functional equivalent, will be needed in the new system.

InspectTypes

	InspectTypeNo	Long Integer	4
	Area	Text	2
	InspectType	Text	20

This table will not be needed in the new system. However, we will need some way to indicate the type of inspection being done. The types of inspections will be changed in the new system.

Legacy values are:

Area	InspectType	InspectTyp
FD	COMPLAINT	3
FD	FOLLOW-UP	2
FD	ROUTINE	1
FD	SPECIAL	4
FD	TEMPORARY	9
FD	MISC	10
FD	FROZEN SAMPLES	11
FD	OUT OF BUSINESS	12
FD	STATE CHILD CARE INS	5
FD	GROCERY STORE	13
FD	MFG/PROCESSOR/WRHSE	14
FD	FROZEN EQUIP INSP	15
FD	FROZEN SAN INSP	16
FD	SUMFEDPROGRAM	17
FD	PRODUCT SURVEILLANCE	18
FD	PRE-COURT	19
CS	SWIMMING POOL	21
FD	SPECIAL CALLBACK	20
FD	OLD FOOD SPECIAL	22

MailingLocation

	MailToLocation	Text	1
	MailDesc	Text	60

This table will not be needed. In the legacy system, it listed the options available for sending out permit re-application notices.

MailtoLo MailDesc

```

-----
0      Mail owner the application and permit
1      Mail establishment the application and permit
2      Mail owner the application & establishment the permit
3      Mail establishment the application & owner the permit

```

Outcomes

	OutcomeCode	Text	2
	OutcomeDesc	Text	30

This table will not be needed in the new system. It merely lists values for current status of an inspection.

OutcomeC OutcomeDesc

```

-----
AC      Awaiting Callback
CT      Court
PC      Pre-Court
PE      Pending
PN      Misc.
CL      Closed
RS      Resolved
NO      Notice to Owner
RF      REFERRAL

```

People

	PersonID	Long Integer	4
	PFirstName	Text	20
	PMiddleName	Text	20
	PLastName	Text	20
	PCompany	Text	50
	PHomePhone	Text	20
	PWorkPhone	Text	20
	PFax	Text	20
	PEMail	Text	50
	PAddress	Text	40
	PAddress2	Text	40
	PCity	Text	30
	PState	Text	2
	PZip	Text	10
	PSSN	Text	11
	PTaxID	Text	15
	PAddedBy	Text	6
	PLastEditedBy	Text	6
	PeopLEditDateTime	Date/Time	8
	PeopNEditDateTime	Date/Time	8
	PeopAddDateTime	Date/Time	8

In the legacy system, this table was used as a general repository for information on individuals, who could be referenced as owners of a property, managers of a restaurant, permit holders, etc.

We will need to replicate the function of this table in the new system, keeping the highlighted columns. Pcompany, SSN, and PtaxID (EIN) relate only to businesses. We will need to add a drivers license number column.

Permits

PermitID	Long Integer	4
EstID	Long Integer	4
PermitExpire	Date/Time	8
DatePermitPrinted	Date/Time	8
PermitStatus	Text	15
Fee	Currency	8
FeeCheckNo	Text	30
DatePermRenewed	Date/Time	8
DateFeeReceived	Date/Time	8
PermitNotes	Memo	-
PermitAddedBy	Text	6
PermitUpdatedBy	Text	6
PermitType	Text	10
FeeReceivedBy	Text	2
PermLEditDateTime	Date/Time	8
PermNEditDateTime	Date/Time	8
PermAddDateTime	Date/Time	8

The new system will need to duplicate the functionality of this table, retaining highlighted fields.

PermitStatus

PermitStatus	Text	15
--------------	------	----

This table will not be needed in the new system. It merely specifies the possible status of a permit: Pending, Active, or Inactive

Propertiies

PropertyID	Long Integer	4
OwnerID	Long Integer	4
PropertyType	Text	20
PropStatus	Text	20
PropName	Text	30
PropAddress1	Text	40
PropAddress2	Text	40
PropCity	Text	30
PropState	Text	2
PropZip	Text	10
PropPhone	Text	20
PropFax	Text	20

	PropEmail	Text	50
	PropSort	Text	30
	Ward	Long Integer	4
	Census	Text	7
	PropAddedBy	Text	6
	PropEditedBy	Text	6
	PropLEditDateTime	Date/Time	8
	PropNEditDateTime	Date/Time	8
	PropAddDateTime	Date/Time	8

The functionality of this table will be needed in the new system. However, the design must be altered to dovetail into the Assessor's database. Changes needed are:

- We need to add 3 fields from the Assessor's database:
 - o ParcelID (9-11 digits)
 - o X coordinate (decimal)
 - o Y coordinate (decimal)
- Owner id is a foreign key to the People table in the legacy system. This will need to change to conform to the new design.
- Ward and Census (tract) should be provided by the Assessor's database.

PropertyNotes

	PropertyNoteID	Long Integer	4
	PropertyID	Long Integer	4
	EstID	Long Integer	4
	NoteAddedBy	Text	6
	NoteReferredTo	Text	6
	PropertyNote	Memo	-
	PNoteLEditDateTime	Date/Time	8
	PNoteNEditDateTime	Date/Time	8
	PNoteAddDateTime	Date/Time	8
	PNoteReadDateTime	Date/Time	8

The function of this table needs to be included in the new system. It is merely a place to store free-form notes related to a given property, or establishment. Highlighted fields are needed.

The legacy system used this table to store both Establishment and Property notes.

PropertyType

	PropertyType	Text	20
--	--------------	------	----

This table will not be needed in the new system. Per se. It merely provides the possible values for the PropertyType attribute of a Property.

Legacy values are:

PropertyType

Restaurant

Hotel

Parking Lot

EMPTY LOT
APARTMENT
Single Family
School
Office
Shopping Center
Unknown
Grocery Store
STATE DAYCARE INSPEC
Frozen Dessert
Gas Station
DRUG STORE
MFG/PROCESSING
HOSPITAL
TRUCK/CART/TRAILER
THEATER/AUDITORIUM
UNIVERSITY/COLLEGE
CHURCH
NURSING HOME
SENIOR CENTER
BANK
AIRPORT
CORRECTIONS CTRS
GOVERNMENT CTRS
PARKS
NonAlcoholic Beverag
INSTITUTION
CATERER
TEMP FOOD STAND
DELI
CONVENIENCE STORE
BAKERY
MOBILE TRUCK
SNOW CONE OPERATOR
DAYCARE
HEADSTART
WAREHOUSE
TWO FAMILY DWELLING
FOUR FAMILY DWELLING
DUPLEX
MULTI-UNIT DWELLING
SINGLE FAMILY DWELLI
BANQUET CENTER
CHILDREN'S HOME
FARMER'S MARKET
FISH MKT/TRUCK/STAND
TAVERN
HEALTH CLUB
DEPT STORE
NEWS STAND
PHONE COMPANY
ZOO
SPORTS ARENA
BOWLING ALLEY
ICE CREAM PARLOR
PRIVATE CLUB
COMMUNITY CTR

DONUT SHOP
 ATHLETIC CLUB
 OFFICE BLDG
 LIQUOR STORE
 UTILITY COMPANY
 CASINO
 RIVERBOAT
 UNION HALL
 DANCE HALL
 CONVENTION CTR
 CLINIC MEDICAL
 STATE OFFICE BLDG
 BREWERY
 GALLERY
 BOOKSTORE
 BUS TERMINAL
 BEAUTY/BARBER SALON

PropStatus

	PropStatus	Text	20
--	------------	------	----

This table will not be needed in the new system. It merely provides the possible values for the PropertyStatus attribute of a Property. Values are: "Active" , "Inactive"

ReportingAreas

	ReportingArea	Text	3
	ReportingAreaDesc	Text	30
	ScoreReq	Text	1
	AreaFeePaying	Text	1

This table lists types of establishments. Similar functionality will be needed in the new system. Legacy values are:

Reportin ReportingAreaDesc ScoreReq AreaFeeP

Reportin	ReportingAreaDesc	ScoreReq	AreaFeeP
619	DANCE HALL	N	N
601	TAVERN	Y	Y
602	RESTAURANT	Y	N
604	CARRYOUT	Y	Y
606	SCHOOL - PREP	Y	Y
607	SCHOOL - VITA	Y	Y
623	INSTITUTION	Y	Y
614	TRUCK - PREP	Y	Y
615	TRUCK OR CART - PKG	Y	Y
616	CART - PREP	Y	Y
605	COMMISSARY	Y	Y
618	GROCERY/MEAT/FISH/PRODUCE	N	N
613	BAKERY	Y	Y
621	NON-ALCOHOLIC BEVERAGES	Y	Y
610	NURSING HOME	Y	Y
609	SENIOR CENTERS	Y	Y
612	CHURCHES	Y	Y
611	HOSPITALS	Y	Y
608	DAYCARE CENTER	Y	Y

600	GENERAL FOOD		Y
603	RESTAURANT AND BAR	Y	N
617	SNOW CONES	Y	Y
620	TEMPORARY	N	Y
622	FROZEN DESSERT	N	Y
650	SWIMMING POOLS	Y	Y
651	DAY CARE	Y	Y
652	HOTELS AND MOTELS	Y	Y
653	WATER SAMPLING ESTS	N	Y
715	ENV. HEALTH COMPLAINTS	N	Y
716	HAZ. MAT.	N	Y
720	FOOD CONTROL - HEALTH DIVISION		Y
624	CONCESSION STAND	Y	Y
625	STATE CHILD CARE INSPECTION	N	N
626	MFG/PROCESSOR/WRHSE	N	N

SentToTypes

	SentToType	Long Integer	4
	SentToDesc	Text	40

This table will not be needed. In the legacy system, it listed the options available for sending out letters.

SentToType MailDesc

1	Property owner at His/Her Address
2	Establishment owner at His/Her Address
3	Establishment manager at His/Her Address
4	Someone Else Not On This List

WardAssignments

	EmployeeID	Text	6
	Ward	Long Integer	4

This table will be needed to map employees to the wards they are responsible for.

WorkOrderNotes

	WONoteID	Long Integer	4
	WorkOrderID	Text	9
	WONoteDate	Date/Time	8
	WorkOrderNote	Memo	-
	CommentedBy	Text	6
	WONoteAddedBy	Text	6
	WONoteEditedBy	Text	6
	WONoteLEditDateTime	Date/Time	8
	WONoteNEditDateTime	Date/Time	8
	WONoteAddDateTime	Date/Time	8

This table, or a functional equivalent, will be needed in the new system to allow inspectors to enter free-form notes for a work order.

WorkOrders

	WorkOrderID	Text	9
	Department ("ARC","COMMSAN","FOODS")	Text	25
	Area	Text	2
	PropertyID	Long Integer	4
	EstID	Long Integer	4
	RespPersonID	Long Integer	4
	WorkOrderDate	Date/Time	8
	WorkOrderType	Text	15
	DateInitiated	Date/Time	8
	InitiatedBy (fk to People table)	Long Integer	4
	InitiatedCategory	Text	20
	DateResolved	Date/Time	8
	ComplaintCode	Long Integer	4
	ComplaintSection	Text	2
	ComplaintMethod	Text	1
	CityDesignation	Text	3
	StatusFlag	Text	1
	EPIFlag	Text	1
	ConditionReported	Memo	-
	PersonToSee	Long Integer	4
	WOAddedBy	Text	6
	WOEditedBy	Text	6
	CSBWorkOrderID	Long Integer	4
	OutcomeCode	Text	2
	ConfirmCode	Text	2
	ReferralAgency	Text	50
	WOEditDateTime	Date/Time	8
	WONEditDateTime	Date/Time	8
	WOAddDateTime	Date/Time	8

Workorders, or some functional equivalent will be needed in the new system to define complaints, inspections, etc. All highlighted fields will be needed.

WorkOrderStatus

	StatusFlag	Text	1
	WOStatusDesc	Text	10

This table will not be needed in the new system. It merely defines the possible values for the Status attribute of a work order: Open, Resolved, Closed

WorkOrderTypes

	WorkOrderType	Text	15
--	---------------	------	----

This table will not be needed in the new system. It merely defines the possible values for the Type attribute of a work order in the legacy system:

WorkOrderTypes were:

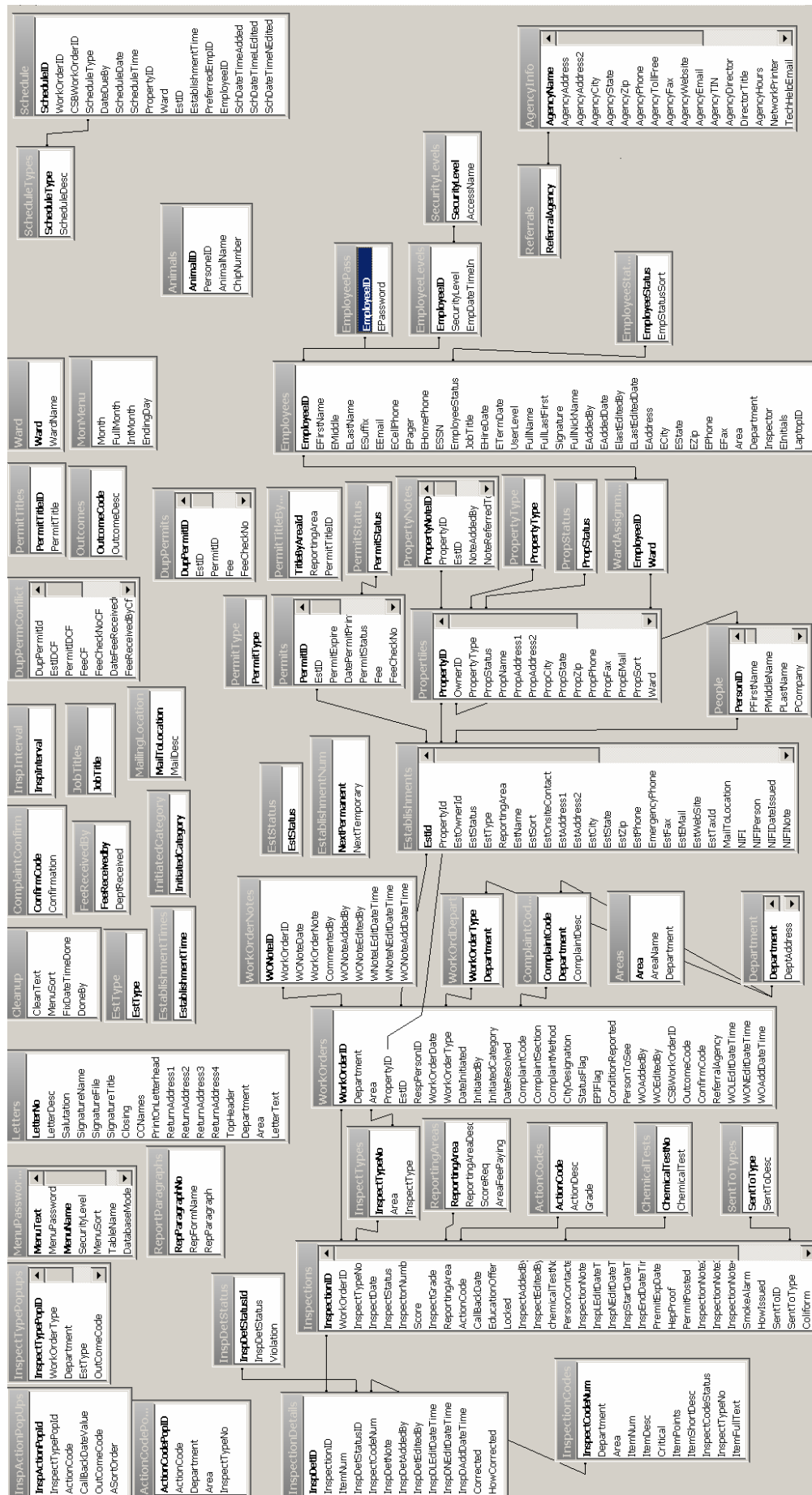
Inspection

Special

CSB Complaint

Field complaint

NonEstab



MISSOURI DEPARTMENT OF HEALTH and SENIOR SERVICES
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH

FOOD ESTABLISHMENT PUBLIC HEALTH PRIORITY ASSESSMENT WORKSHEET

OWNER NAME	ESTABLISHMENT NAME
ADDRESS	ZIP CODE
1. Past History Previous Involvement in foodborne illness (1.5) Previous Critical Item violation (1.0) No Critical violation (0.5)	
2. Are potentially hazardous food (PHF) items served?	Y (1.5) N (0.5)
3. Are PHFs prepared only in individual portions?	Y (0.5) N (1.5)
4. Are PHFs served from a buffet or salad bar?	Y (1.5) N (1.0)
5. Are PHFs cooked, held, and/or reheated?	Y (1.5) N (0.5)
6. Are PHFs prepared from raw non-frozen ingredients?	Y (1.5) N (1.0)
7. Are PHFs prepared and held before service?	Y (1.5) N (0.5)
8. Are PHFs extensively handled with multiple-step preparation?	Y (1.5) N (0.5)
9. Is the average number of meals or patrons served per day?	1 - 150 (0.5) 151 - 400 (1.0) 400 plus (1.5)
10. Is a critical population served? (i.e., Day-care, School, Senior Nutrition Site)	Y (1.5) N (0.5)
Total points _____ divide by 10 = _____ If no past history delete Item 1 and divide by 9 = _____ Public Health Priority if: (>1.1) HIGH (.9 - 1.1) MEDIUM (<.9) LOW	

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Permanent Food Permit

	CITY OF SAINT LOUIS - DIVISION OF HEALTH	
VOID		
Establishment: 431033862 YOUTH IN NEED D/B/A YOUTH IN NEED 3013 MERAMEC (63118)	Date Issued _____	
In the City of St. Louis, is hereby granted a PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT (as defined by ORDINANCE 63699, MARCH 26, 1996) IN THE ABOVE DESCRIBED PREMISES. TO REMAIN IN FORCE UNTIL SUSPENDED OR REVOKED BY THE HEALTH COMMISSIONER FOR CAUSE, OR UNTIL EXPIRATION DATE.		
ATTEST:	BY ORDER OF:	
 Rhonda Bartow, Health Services Manager Bureau of Environmental Health	 Melba R. Moore, MS, CPHA Health Commissioner	
EXPIRATION DATE <u>04/30/2011</u> (Must be renewed annually)	FSE REFERENCE NO: <u>000037669</u> COPY	
TO BE POSTED IN A CONSPICUOUS PLACE		

Food Permit Renewal Letter

This will need to be revised to conform to new ordinance

City of St. Louis Department of Health & Hospitals
FOOD & BEVERAGE CONTROL ROOM 600
P. O. Box 14702
St. Louis, MO 63178

January 26, 2009

GREGORY WALPOLE
THE LITTLE BAR
6343 ALABAMA
ST LOUIS, MO 63111

Expiration Date: 02/28/2009

Establishment: 000037224 601

PIT STOP PUB LLC
D/B/A THE LITTLE BAR
6343 ALABAMA
ST LOUIS, MO 63111

Our records indicate that your permit to operate a food service establishment will expire on the date shown above. For the continued operation of your establishment, it is mandatory that you renew your permit on or before this date. The attached renewal form and the correct fee amount based on annual gross income must be received by the Food Control Office within the specified time. The fee, in the form of a check or money order, is to be made payable to the St. Louis Health Commissioner.

In accordance with Ordinance 63699, failure to renew your permit in the specified time may result in a court summons being issued and/or an order to cease operations. Ordinance 63699, Section 11.42.902, states "It is unlawful to operate a food service establishment within the city without a valid permit issued by the Health Commissioner." If it becomes necessary to close your operation, it may require 48 hours or more for a new permit to be processed and issued. Your establishment will have to remain closed during the time of processing the new permit.

Thank you for your cooperation and prompt payment. If there are any questions, please contact the Food and Beverage Control Clerk at (314) 612-5336 between 8:00 A.M. - 4:30 P.M.
"INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED AND THE PERMIT WILL NOT BE ISSUED."

Sincerely Yours,

Rhonda Bartow, Health Services Manager
Food Control Program
Environmental Health Services

1520 Market, room 4051

~~634 North Grand, Room 600, St. Louis, MO 63103~~

Phone (314) 612-5300 Fax (314) 612-5367 health@stlouis.missouri.org <http://stlouis.missouri.org/citygov/health/>

Food Permit Renewal Application

 FRANCIS G. SLAY Mayor PAMELA RICE WALKER, MPA, CPHA <i>Interim Director of Health</i> MELBA R. MOORE, MS, CPHA <i>Commissioner of Health</i>	City of St. Louis Department of Health ANNUAL PERMIT RENEWAL APPLICATION
--	--

Establishment: THE LITTLE BAR 6343 ALABAMA ST LOUIS, MO 63111	F.S.E. Reference No. <u>000037224</u> <u>601</u> Soc. Sec. No. _____ (Individual or Partnership) Fed I.D. No. _____ (Corporation or Exempt)
---	---

All Food and/or Beverage Establishments, with the exception of Restaurants with seating, MUST COMPLETE THIS FORM IN FULL OR IT WILL BE RETURNED AND THE PERMIT WILL NOT BE ISSUED. Return form to the Food and Beverage Control Section along with the appropriate renewal fee.

Name of Establishment: _____

Establishment Address: _____ Zipcode: _____

Establishment Phone: _____ Fax: _____

Establishment Email: _____

Name of Proprietor(s) or Corporation: _____

Home or Corporate Address: _____ Zipcode: _____

Home or Corporate Phone: _____ Fax: _____

Home or Corporate Email: _____

* NOTE: Annual permit renewal fees are determined by the method below:

A. \$0 - \$99,999.....	\$ 35.00	
B. \$100,000 - \$499,999.....	\$100.00	} WILL CHANGE
C. \$500,000 - or more.....	\$150.00	

~~If you are to be considered a CHARITABLE organization, we will accept a copy of your "FEDERAL" Income Tax Exempt Letter in lieu of the fee.~~ *J*

Enter total Gross Receipts reported to comptroller \$ _____
for the Last Four (4) Quarters:

Enter amount of permit fee due (see A, B, or C above). \$ _____

Check One:

☐ Mail Owner Application & Permit	☐ Mail Owner the Application & Establishment the Permit
☐ Mail Establishment Application & Permit	☐ Mail Establishment the Application & Owner the Permit

Send renewal form and check or money order payable to:

St. Louis Health Commissioner
 FOOD & BEVERAGE CONTROL ROOM 600
 P. O. Box 14702
 St. Louis, MO 63178

(Signature and Date)

634 North Grand, Room 600, St. Louis, MO 63103
 Phone (314) 612-5300 Fax (314) 612-5367 health@stlouis.missouri.org http://stlouis.missouri.org/citygov/health/
 720-200 (Rev 07/02) RenewAppAll-7

Renewal letters listing, monthly

City of St. Louis Department of Health Permit Renewals Proofing List Active Establishments - Permit Expiration Date: 04/30/2010							
Est #	Est Type	Reporting Area	Establishment Name	Address	Mail To	Last Inspect	Fee Paying?*
001400207	Food	612 Churches	ST ANTHONY OF PADUA	- 35 MERAMEC	3133	1	E
001400329	Food	621 Non-alcoholic Beverages	THE COFFEE HOUSE	ABBOTT PLACE	2625	1	Y
001400331	Food	617 Snow Cones	SVI WHOLESALERS	ADELAIDE	4553	1	Y
000036105	Food	604 Carryout	GUS PRETZEL SHOP	ARSENAL	1820	1	Y

not needed in new system.

Permit Renewals Proofing List

Substantially the same as the Renewal Letters Listing. Only one similar report is needed.

Establishments with Permits Renewed

City of St. Louis Department of Health Establishments with Permits Renewed from 02/01/2010 to 02/28/2010							
Est #	Establishment Name	Address	Date Renewed	Fee Paid	Rec'd By	Expiration	
000037224	THE LITTLE BAR	ALABAMA	6343 02/24/2010	\$100.00	Fiscal	02/28/2011	
001400301	THE JUICE BOX	ARSENAL	3003 02/01/2010	\$35.00	Fiscal	12/31/2010	
000020814	RILEY'S	ARSENAL	3456-58 02/10/2010		N/A	02/28/2011	
000019888	SCHNUCKS SEAFOOD	ARSENAL	5055 02/10/2010	\$100.00	Fiscal	02/28/2011	

Duplicate Permits Printed

City of St. Louis Department of Health Duplicate Permits Printed from 02/01/2010 to 02/28/2010							
Est #	Establishment Name	Address	Date Received	Fee Paid	Rec'd By	Expiration	
001400280	THE WEDGE	BATES	442 02/19/2010	\$0.00	N/A	10/31/2010	
001400280	THE WEDGE	BATES	442 02/19/2010	\$0.00	N/A	10/31/2010	
001200580	THE HIGHLANDS	CLAYTON	5163 02/18/2010	\$0.00	N/A	10/31/2010	
000020221	SAN FRANCISCO TEMPLE MULTIPLEX	EMERSON	5341 02/02/2010	\$0.00	N/A	06/30/2010	
000018688	FAIRY TALE DAY CARE CTR	GOODFELLOW	3903 02/02/2010	\$0.00	N/A	02/28/2010	
000020749	OUR LITTLE HAVEN	LINDELL	4326 02/04/2010	\$0.00	N/A	02/28/2011	
001200612	STATION PIZZERIA	MACKLIND	2130 02/25/2010	\$0.00	N/A	12/31/2010	
000010620	NORTHSIDE SENIOR CENTER	MAFFITT	4120 02/02/2010	\$0.00	N/A	06/30/2010	
000015036	PATCH DAY CARE CENTER	MINNESOTA	7925 02/10/2010	\$0.00	N/A	02/28/2011	
008700002	UNION-SARAH SENIOR CENTER	N KINGSHIGHWAY	1408 02/02/2010	\$0.00	N/A	01/31/2011	
001400403	QUIZNOS	OLIVE	616 02/02/2010	\$0.00	N/A	10/31/2010	
001400421	SLU CHAIFETZ OVATIONS - BILLIKEN BARBEQUE	S COMPTON	1 02/25/2010	\$0.00	N/A	01/31/2011	
Date Printed: 03/31/2010 9:13:37 AM							
Number of Establishments:			12				
				Foods Total:	\$0.00		
				Fiscal Total:	\$0.00		
				UnMarked Total:	\$0.00		
				Fee Total:	\$0.00		

DupPermitFees

Pending and Scheduled Inspections by Ward

City of St. Louis Department of Health								
Food & Beverage Control			Pending Inspections for 03/01/2010 to 03/31/2010					
WARD 6								
Est #	Est Type	Reporting Area	Establishment Name	Address	LAST Inspection Date	NEXT Inspection Date	Status	
001400301	Food Regular	604 Carryout	THE JUICE BOX	ARSENAL	3003 09/02/2009	12/31/2009	Active	
000003778	Food Regular	606 School - Prep	ST ELIZABETH ACADEMY	ARSENAL	3401 09/03/2009	01/01/2010	Active	
000018413	Food Regular	608 Daycare Center	CAROLINE MISSION DAY CARE CTR	CAROLINE	2830 10/16/2009	02/13/2010	Active	
001200020	Food Regular	602 Restaurant	SODEXO AT WELLPOINT	CHESTNUT	1831 11/24/2009	03/24/2010	Active	
001400098	Food Regular	602 Restaurant	EXECUTIVE DINING / AMERENUE	CHOUTEAU	1901 11/04/2009	03/04/2010	Active	
000038377	Food Regular	603 Restaurant And Bar	HSC HOSPITALITY VIN DE SET	CHOUTEAU	2017 10/07/2009	02/04/2010	Active	
000036156	Food Regular	604 Carryout	PHILLIPS 66 #7	CHOUTEAU	2110 11/12/2009	03/12/2010	Active	
000019546	Food Regular	605 Commissary	TOM JON'S	CHOUTEAU	2660 11/12/2009	11/25/2009	Active	
000037787	Food Regular	604 Carryout	EXPRESS PETROLEUM	DELMAR	2601 11/10/2009	03/10/2010	Active	
000037805	Food Regular	603 Restaurant And Bar	ROYAL CROWN	DR M L KING	2618 08/28/2009	12/26/2009	Active	
001200500	Food Regular	614 Truck - Prep	EDWARD OVERALL	E LEXINGTON	4230 06/12/2009	07/12/2009	Active	
000035384	Food Regular	604 Carryout	QUIKTRIP #638	GRAVOIS	2851 11/09/2009	03/09/2010	Active	
000015509	Food Regular	623 Institution	LAFAYETTE HABILITATION CENTER	HENRIETTA	2701 10/16/2009	02/13/2010	Active	
000037471	Food Regular	623 Institution	BUDER RECREATION CENTER	HICKORY	2900 11/09/2009	03/09/2010	Active	
010100006	Food Regular	608 Daycare Center	PEACE OF MIND CHILD DEVELOPMENT CTR	IOWA	2651 10/05/2009	02/02/2010	Active	
010100009	Food Regular	604 Carryout	HORNET CAFE HARRIS STOWE	LACLEDE	3026 11/23/2009	03/23/2010	Active	
000700014	Food Regular	608 Daycare Center	IMAGINATION LEARNING CENTER	LOCUST	1727 10/06/2009	02/03/2010	Active	
000007144	Food Regular	605 Commissary	METROPOLITAN EMPLOYMENT &	LOCUST	1727 10/14/2009	02/11/2010	Active	
001200010	Food Regular	603 Restaurant And Bar	FIFTEEN RESTAURANT	LOCUST	1900-04 11/10/2009	03/10/2010	Active	
007600058	Food Regular	603 Restaurant And Bar	TIN CAN TAVERN & GRILLE - LOCUST	LOCUST	1909 11/19/2009	03/19/2010	Active	
001200469	Food Regular	603 Restaurant And Bar	EL BORRACHO	LOCUST	2001 11/23/2009	03/23/2010	Active	
000018313	Food Regular	603 Restaurant And Bar	SCHLAFLY TAP ROOM	LOCUST	2100 11/13/2009	11/05/2009	Active	
000018762	Food Regular	603 Restaurant And Bar	HARRY'S RESTAURANT AND BAR	MARKET	2144 11/19/2009	03/19/2010	Active	
001200562	Food Regular	602 Restaurant	QUIZNOS	MARKET SPACE 217	1820 11/24/2009	03/24/2010	Active	
000037412	Food Regular	602 Restaurant	CHARLEYS STEAKERY	MARKET SPACE 223	1820 11/05/2009	03/05/2010	Active	
000037468	Food Regular	603 Restaurant And Bar	ELEVEN ELEVEN MISSISSIPPI	MISSISSIPPI	1111 11/09/2009	03/09/2010	Active	
001200550	Food Regular	606 School - Prep	FRESH IDEAS @ CONFLUENCE ACADEMY	N 15TH	310 10/02/2009	01/30/2010	Active	
000015587	Food Regular	603 Restaurant And Bar	BEFFA BROTHERS	OLIVE	2700 11/06/2009	03/06/2010	Active	
001200131	Food Regular	603 Restaurant And Bar	BUFFALO BREWING CO	OLIVE	3100 11/06/2009	03/06/2010	Active	
001200235	Food Regular	616 Cart - Prep	MARIA & SON FOOD CART & CATERING	OLIVE	3140 08/12/2009	12/10/2009	Active	
Date Printed: 03/31/2010 9:44:34 AM								
Page 1								

This report format can be used to show:

- Pending Inspections
- Pending Complaint Callbacks
- Overdue / past due inspections.

All Open Food Complaints by Ward

This report is a listing of pending complaint inspections, similar in format to "Pending and Scheduled Inspections by Ward".

of Complaints by Property or Owner

City of St. Louis Department of Health						
Work Orders / Inspections for one Property						
05/08/2009 thru 05/08/2010						
CSB Complaint						
Property	3525 N GRAND ST LOUIS MO 63107		Ward	3	Property ID	1293
			Census	0000.00	Type	Restaurant
CSB #	Work Order ID	Status	Confirm	Action	Department	Area
38462	mhu3478	Closed			Foods	Foods
Request Date	05/06/2009	Date Received	05/08/2009	Date Resolved	05/08/2009	Referral:
CSB	999	Miscellaneous				Food Borne? N
There's a peephole to the washroom. Please investigate						
Reported By:						
PropOwner	SPIRIT MASTER FUNDING LLC			Home: Work: Fax:		
75337	14631 N SCOTTSDALE RD SUITE 200 SCOTTSDALE AZ 85254					
Establishment	CHURCH'S CHICKEN #484			Est Owner	CAJUN OPERATING CO - LICENSES & PERMITS, ATTN	
1200448	3525 N GRAND			Home: 7703503834 Work: Fax: 7705123972		
Inspect Date	Action	Inspection Type		Call Back	Inspector	
05/08/2009	NO INSPECTION NECESSARY	COMPLAINT			Hudspeth, M	
----- There IS a peephole through the door to the kitchen. It is for the employee's safety, prior to allowing anyone to enter kitchen area. The peephole looks out to lobby, not in. Washroom is behind another door, and is not available to the public.						
Date Printed: 04/08/2010 12:24:01 PM						Page 1

Each complaint within the time period is listed in this format.

Inspection List by Inspector

City of St. Louis Department of Health						
Establishments Inspections Listing						
Permanent & Seasonal Establishments - 01/02/2009 thru 01/06/2009						
Tucker, James						
Estab #	Establishment Name	Inspect Date	Score	Grade	Action	Call Back
000038133	BAMBOO BISTRO 214 N 4TH	01/02/2009 ROUTINE	85	A	INSPECTED	
000020906	JACK PATRICK'S BAR & GRILL 1000 OLIVE	01/02/2009 ROUTINE	94	A	INSPECTED	
000036128	THE VILLAGE CAFE 720 OLIVE	01/02/2009 COMPLAINT		A	NO CONTACT	
000020676	THE EDIBLE DIFFERENCE 615 PINE	01/02/2009 ROUTINE		A	NO CONTACT	
Number of inspections for this Inspector:				4		
Date Printed: 01/09/2009 11:46:42 AM						Page 1

Reports for management reporting

Legacy reports are generated from a reporting system, based on data extracted monthly.

This is used to summarize Food Inspection

Monthly Summary of Average Time Between Establishment Inspections					
Inspection Mo-Yr	Number of Inspections	Average Days Btwn Inspections	Percent LT 120 Days	Percent LT 180 Days	Percent GT 180 Days
2009-03	529 inspcns	123.6 days	52.4%	96.2%	3.8%
2009-04	748 inspcns	135.8 days	43.4%	85.4%	14.6%
2009-05	406 inspcns	122.8 days	72.9%	90.6%	9.4%
2009-06	554 inspcns	127.0 days	63.4%	90.3%	9.7%
2009-07	599 inspcns	117.5 days	58.6%	96.8%	3.2%
2009-08	626 inspcns	115.2 days	54.8%	96.8%	3.2%
2009-09	537 inspcns	136.1 days	54.7%	87.7%	12.3%
2009-10	592 inspcns	110.9 days	67.2%	97.0%	3.0%
2009-11	502 inspcns	106.5 days	75.5%	98.6%	1.4%
2009-12	535 inspcns	105.5 days	73.3%	98.3%	1.7%
2010-01	553 inspcns	111.1 days	68.0%	97.6%	2.4%
2010-02	523 inspcns	114.5 days	65.0%	98.5%	1.5%
2010-03	570 inspcns	110.7 days	70.7%	97.2%	2.8%
Total/Averages	7,274 inspcns	118.6 days	62.2%	94.5%	5.5%

Report Ran on Thursday, April 08, 2010 - Data Current as of Wednesday, April 07, 2010 15:12

Community Sanitation Aldermanic, CSB and Other Work Orders by Month

Mb/Yr Activity Initiated: 2010-03
Ward Name: All Values (29)
Employee Nbr: All Values (46)
Activity (WO) Initiate Catgry: All Values (9)

Avg #										CS		Internal		Callback		Routine		Unspecified		Not	
Days to Close WO				Alderman		CS		Bureau		Internal		Callback		Routine		Unspecified		Identified		Identified	
Prcnt Work Orders Closed				WOs		WOs		WOs		WOs		WOs		WOs		WOs		WOs		WOs	
Total Nbr Work Orders				Inspects		Inspects		Inspects		Inspects		Inspects		Inspects		Inspects		Inspects		Inspects	
Total Nbr Work Orders				1		0		0		1		0		0		0		0		0	
CS-702 In Rat Insect >				17	21	88%	7.5	0	0	17	21	0	0	0	0	0	0	0	0	0	0
CS-705 Unsan Conditus >				10	13	50%	3.8	0	0	9	10	0	0	0	0	0	0	0	0	0	0
CS-706 No H2O >				1	1	100%	1.0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
CS-709 Defect Toilets >				6	11	66%	9.7	0	0	5	9	0	0	0	0	0	0	0	0	0	0
CS-710 Waste H2O >				5	7	60%	16.8	0	0	5	7	0	0	0	0	0	0	0	0	0	0
CS-711 Waste on Grnd >				2	2	50%	7.0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
CS-712 Defect Sewers >				2	8	100%	9.5	0	0	1	2	0	0	0	0	0	0	0	0	0	0
CS-713 Insufficient Heat >				1	1	100%	6.0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
CS-714 No Heat >				6	6	66%	1.8	0	0	6	6	0	0	0	0	0	0	0	0	0	0
CS-719 Comm Dumpstr >				30	33	43%	4.9	0	0	21	23	0	0	0	0	1	0	0	0	0	0
CS-720 Unsan Pets >				2	2	100%	2.5	0	0	2	2	0	0	0	0	0	0	0	0	0	0
CS-723 Swm Pool Inspect >				2	2	100%	1.0	0	0	2	2	0	0	0	0	0	0	0	0	0	0
CS-732 Complaint Ind Haz >				3	4	25%	2.0	0	0	2	2	0	0	0	0	0	0	0	0	0	0
CS-741 Aband Tires >				4	4	50%	1.5	0	0	4	4	0	0	0	0	0	0	0	0	0	0
CS-745 4+ Dogs/Cats >				198	223	26%	8.4	0	0	58	65	0	0	0	0	4	0	0	0	0	0
CS-747 Refuse Accum >				2	2	0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0
CS-751 Junk Store >				5	5	0%		0	0	1	1	0	0	0	0	0	0	0	0	0	0
CS-752 Weeds/Tree Trims >				2	2	50%	2.0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
CS-755 Nlce >				2	2	50%	1.0	0	0	1	1	0	0	0	0	1	0	0	0	0	0
CS-758 Roaches >				7	10	85%	7.0	0	0	7	10	0	0	0	0	0	0	0	0	0	0
CS-999 Miscellaneous >																					
Totals >				373	360	37%	7.4			146	170					8					

Temporary Food Permit

CITY OF SAINT LOUIS - DIVISION OF HEALTH	
	T-009850002 TEMPORARY FOOD PERMIT
THIS TEMPORARY PERMIT IS ISSUED TO: BETHANY BUDDE SQUIRES INC	
ON 01/09/2009 TO OPERATE A CONCESSION STAND FROM THRU FOR A PERIOD NOT TO EXCEED FOURTEEN (14) DAYS, LOCATED AT: make dave even fatter, 1814 KENNETT PL	
- THIS PERMIT BECOMES VALID AFTER AN INSPECTION (IF REQUIRED) AND APPROVAL CONDUCTED ON OR BEFORE THE DAY OF THE EVENT AND SIGNED BY THE HEALTH OFFICER. - THIS PERMIT IS NOT TRANSFERABLE. IT ONLY APPLIES TO THE PERSON OR ORGANIZATION INDICATED ABOVE. - THIS PERMIT IS ONLY VALID AT THE ABOVE LISTED ADDRESS.	
APPROVED _____ NOT APPROVED _____ INSPECTION NOT REQUIRED _____	WARD: 6 HEALTH OFFICER: _____ DATE: _____ PERMIT # T-009850002
Melba R. Moore, MS, CPHA Commissioner of Health	
720-201 (ML91) Rev. 01/03 TO BE POSTED IN A CONSPICUOUS PLACE	

VOID

Food Worker License

	City of St Louis Licensed Food Worker Exp. 04-17- 2010
	HepA 4/06 10/06 Trained 5/08 ID 0294 0185
Jane L Doe	

The Food Worker license should be a simple ID with the food worker's Name, number, Picture, Expiration date, and the health department seal. These will be printed at the Health Dept.

Other information can be printed on the card as well:

- Hep A vaccination and booster dates
- Last date of food safety training class

The license should be the same size as a credit card or drivers license, so it can easily fit in a wallet or pocket.

This is a preliminary mock-up of the license card. Details will be worked out during development.

Form 176 – 8 inch (page 1 of 2)

	City of St. Louis Department of Health Bureau of Environmental Health Services Food / Beverage Control 634 North Grand, Room 600, St. Louis, MO 63103 Phone (314) 612-5300 Fax (314) 612-5367 health@stlouis.missouri.org http://stlouis.missouri.org/citygov/health/	
ORDINANCE #63699		Active
Establishment SCHNUCK'S SALAD BAR		
Permit Posted? ☒ Posted Expiration Date 04/30/2008 Proof of Hepatitis A Immunization? ☒		
Establishment # 000020939		604 CARRYOUT Food Regular
Address 3431 UNION ST LOUIS, MO 63115		Phone 3143818789
Owner SCHNUCK'S MARKETS INC - WIEGERT, ROBERT Operating Hours 6:00AM		Ward 22 Person Certified FORLONDA COOPER Certificate # 3702067 Date Issued 12/20/2003
Permit Expiration Date 04/30/2008		
<i>Based on an inspection this day, the items marked identify the violation in operation of facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food service operations. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for the correction of violations.</i>		
Insp Date	Score Grade	Action Inspection Type Call Back Inspector
12/04/2007	73 B	DOWNGRADE TO B ROUTINE 604 CARRYOUT 12/05/2007 Hardin, K
100 minus # of demerits		
9	** Hands Washed & Clean; Good Hygienic Practices NOT USING GLOVES PROPERLY	First time violation Points 5 Critical? Yes
10	Clean Clothes & Hair Restraints NOT WEARING HAIR RESTRAINT	First time violation Points 1 Critical? No
11	Food & Non Food Contact Surfaces Designed, Constructed, Maintained, Installed & Located CUTTING BOARDS NOT CLEANABLE	First time violation Points 3 Critical? No
17	Food Contact Surfaces of Equip & Utensils Clean Free of Abrasives/Detergents CAN OPENER NOT CLEAN	First time violation Points 3 Critical? No
21	** Water Source Safe, Hot & Cold Under Pressure, Cross Connection, Back Siphonage & Back Flow NO HOT WATER AT HANDSINK AND 3 VAT SINK	First time violation Points 5 Critical? Yes
22	** Sewage & Waste Water Disposal DRAIN PIPE LEAKING AT 3 VAT SINK	First time violation Points 5 Critical? Yes
24	** Toilet and Handwashing Facilities; Number Conveniently Accessible, Properly Designed, Installed Hand Cleanser & Sanitary Towels/Drying Devices Provided HANDSINK BLOCKED WITH UTENSILS	First time violation Points 5 Critical? Yes
28	Floors, Walls and Ceilings; Floors Constructed Drained Clean Good Repair Covering Installation Dustless Cleaning Methods	Abated/resolved Points 1 Critical? No
Date Printed: 12/10/2007 10:22:45 AM		
Page 1		

Form 176 – 8 inch (page 2 of 2)

	City of St. Louis Department of Health Bureau of Environmental Health Services Food / Beverage Control 634 North Grand, Room 600, St. Louis, MO 63103 Phone (314) 612-5300 Fax (314) 612-5367 health@stlouis.missouri.org http://stlouis.missouri.org/citygov/health/	
ORDINANCE #63699 Inspection Report 720-176 (Rev 12/07)		Active
Establishment SCHNUCK'S SALAD BAR		
<i>** Indicates a Critical Violation</i>		
Education Offered? Y HYGIENE, FOOD PROTECTION, SANITATION		Time IN 01:30:00 PM Time OUT 05:00:00 PM
Form176		

Form 176 – 4 inch

Establishment SCHNUCK'S SALAD BAR			
Establishment #	000020939	604	CARRYOUT
Address	3431 Union St Louis, MO, 63115		
Phone	314-381-8789	ward	22
Operating Hours 6:00 AM			
Owner	Schnucks Markets Inc – Wiegert, Robert		
Person Certified	Forlonda Cooper		
Certificate #	3702067	Issued	12/20/2003
Permit Expiration Date	04/30/2008		
Proof of Hepatitis A Immunization ?	☒ Y		
Posted Expiration Date	04/30/2008	Permit Posted?	☒ Y
<i>Based on an inspection this day, the items marked identify the violation in operations of facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food service operations. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for the correction of violations.</i>			
Insp Type	ROUTINE	604 Carry-out	
Inspector	Hardin, K	Call Back	10/05/2007
Insp Date	Score	Grade	Action
12/04/2007	73	B	DOWNGRADE TO B
<i>100 minus # of demerits</i>			
		<u>Points</u>	<u>Critical?</u>
9	Hands Washed & Clean; good Hygienic Practice	5	Yes
	NOT USING GLOVES PROPERLY		
	* First time violation *		
10	Clean clothes & Hair Restraints	1	No
	NOT WEARING HAIR RESTRAINT		
	* First time violation *		
11	Food & Non Food Contact Surfaces Designed, Constructed, Maintained, Installed & Located	3	No
	CUTTING BOARDS NOT CLEANABLE		

* First time violation *		
17	Food contact Surfaces of Equip & Utensils Clean Free of Abrasives/Detergents CAN OPENER NOT CLEAN	3 No
* First time violation *		
21	Water Source Safe, Hot & Cold Under Pressure, Cross Connection , Back Siphonage & Back Flow NO HOT WATER AT HANDSINK AND 3 VAT SINK	5 Yes
* First time violation *		
22	Sewage & Waste Water Disposal DRAIN PIPE LEAKING AT 3 VAT SINK	5 Yes
* First time violation *		
24	Toilet and Handwashing Facilities; Number Conveniently Accessible, Properly Designed, Installed Hand Cleanser & Sanitary Towels/ Drying Devices Provided HANDSINK BLOCKED WITH UTENSILS	5 Yes
* First time violation *		
28	Floors, Walls and Ceilings; Floors Constructed Drained Clean Good Repair Covering Installation Dustless Cleaning Methods	1 No
* Abated / Resolved *		
Education Offered ? ☒ Y		
HYGIENE, FOOD PROTECTION, SANITATION		
Time In: 01:30:00 PM Time Out: 05:00:00 PM		
Date Printed: 12/10/2007 10:22:45 AM		

Establishments, by type, ward

Something like this report will be needed, with control breaks by type of establishment, and ward (not shown on this example)

City of St. Louis Department of Health Establishments by Reporting Area				
Est #	Est Type	Establishment Name	Address	Last Inspected
602	RESTAURANT	replace with type of establishment and Ward		
001400078	Food Regular	LIGHTS ON BROADWAY PLAZA	N BROADWAY	8344-50 12/04/2009
000009043	Food Regular	MAGIC DRAGON PALACE RESTAURANT	ALICE	4500 03/12/2010
000035622	Food Regular	LA DOLCE VIA	ARCO	4470 02/17/2010

Establishments, by type, zip code

Something like this report will be needed, with control breaks by type of establishment, and zip code (not shown on this example)

City of St. Louis Department of Health					
Establishments by Reporting Area					
Est #	Est Type	Establishment Name	Address	Last Inspected	
602	RESTAURANT	replace with type of establishment and Zip code			
001400078	Food Regular	LIGHTS ON BROADWAY PLAZA	N BROADWAY	8344-50	12/04/2009
000009043	Food Regular	MAGIC DRAGON PALACE RESTAURANT	ALICE	4500	03/12/2010
000035622	Food	LA DOLCE VIA	ARCO	4470	02/17/2010

Establishments, by ward, type

Something like this report will be needed, with control breaks by ward and type of establishment.

City of St. Louis Department of Health					
Establishments by Reporting Area					
WARD 6					
Est #	Est Type	Establishment Name	Address	Last Inspected	
602	RESTAURANT	replace with type of establishment			
001400078	Food Regular	LIGHTS ON BROADWAY PLAZA	N BROADWAY	8344-50	12/04/2009
000009043	Food Regular	MAGIC DRAGON PALACE RESTAURANT	ALICE	4500	03/12/2010
000035622	Food	LA DOLCE VIA	ARCO	4470	02/17/2010

Establishments, New

City of St. Louis Department of Health							
New Establishments for 02/01/2010 to 02/28/2010							
Est #	Reporting Area	Establishment Name	Address	TIN/SSN	Application Date	Status	
001400428	601	Tavern	2720 CHEROKEE LLC	CHEROKEE	2720 26-4486748	02/10/2010	Active
001200630	621	Non-alcoholic Beverages	VINA COFFEE SHOP	GRAVOIS	3715 497069078	02/01/2010	Active
001200637	603	Restaurant And Bar	FARMHAUS	IVANHOE	3255-57 30-0406696	02/17/2010	Active
001200631	601	Tavern	THE VINO GALLERY	MCPHERSON	4701-03 26-3920502	02/01/2010	Active
001200634	601	Tavern	SOCIALITE LOUNGE	N BROADWAY	7820 27-1861446	02/12/2010	Pending
001200635	608	Daycare Center	ULTIMATE CARE ADULT DAYCARE	N KINGSHIGHWAY	2905 27-0874556	02/12/2010	Active
001200638	602	Restaurant	THE SPOT	N VANDEVENTER AVE	2816 80-0551155	02/24/2010	Pending
001400427	602	Restaurant	EVEREST CAFE AND BAR	OLIVE	711 16-1687568	02/08/2010	Active
001400429	603	Restaurant And Bar	MOJO TAPAS RESTAURANT & BAR	S GRAND	3117 27-1438884	02/16/2010	Active
001200632	602	Restaurant	MAMA JOSEPHINES	SHAW	4000 27-1249441	02/02/2010	Active
011000002	604	Carryout	SEDRA MARKET	SHREVE	4002 61-1591067	02/08/2010	Active
001400425	604	Carryout	SCRUGGS	ST LOUIS AVE	3746 43-1335817	02/05/2010	Active
001400426	604	Carryout	NORA'S	TAMM	1136 753109872	02/05/2010	Active
001200633	604	Carryout	MO'S MART & CONNECT	UNION	2408 75-3237437	02/04/2010	Active
001200636	603	Restaurant And Bar	COPIA	WASHINGTON	1122 27-0718873	02/17/2010	Pending
Date Printed: 03/31/2010 9:11:05 AM							
Number of Establishments:				15	Page 1		

Out of Business / Applications Withdrawn Establishments

City of St. Louis Department of Health							
Out of Business/Applications Withdrawn Establishments for 02/01/2010 to 02/28/2010							
Est #	Reporting Area	Establishment Name	Address	TIN/SSN	Out of Business		
001400026	604 Carryout	MAMAS FISH & GRILL	AUBERT STE #104	1330 338628671	OB	02/17/2010	
001200554	603 Restaurant And Bar	TOWER TACOS MEXICAN RESTAURANT	CHEROKEE	3147 27-0395406	OB	02/03/2010	
000010719	601 Tavern	BEAR'S DEN	MERAMEC	3819 431256039	OB	02/26/2010	
001400163	601 Tavern	THE REUNION LOUNGE	N GRAND	3109-11 0430782344	OB	02/05/2010	
000017614	602 Restaurant	SUBWAY SANDWICHES & SALADS	NATURAL BRIDGE	4963 431429480	OB	02/11/2010	
001400339	601 Tavern	MY BAR & PIZZERIA	PINE	901 26-4830690	OB	02/26/2010	
000038025	602 Restaurant	SAMEEM AFGHAN RESTAURANT	S GRAND	3191 470956332	OB	02/03/2010	
001400227	603 Restaurant And Bar	JOE BUSH'S PIZZA & PUB	S KINGSHIGHWAY	3710 26-0395712	OB	02/04/2010	
001200477	606 School - Prep	SCHOLAR'S ACADEMY	W NATURAL BRIDGE	4141 56-1664363	OB	02/16/2010	
Date Printed: 03/31/2010 9:11:26 AM					Page 1		
			Number of Establishments:	9			
Out of Business Status - OB		Application Withdrawn - WD		OutOfBusinessEst			

Closing Orders

City of St. Louis Department of Health							
Food Establishment Closing Orders for 02/28/2010							
Est #	Est Type	Reporting Area	Establishment Name	Address	Est Status	Expire Date	
000037225	Food Regular	623 Institution	COCHRAN COMMUNITY CTR AFTER SCHOOL PROGRAM	CASS	818 Active	02/28/2010	
001200323	Food Regular	603 Restaurant And Bar	MISSISSIPPI MUD HOUSE	CHEROKEE ST	2101 Active	01/31/2010	
001400179	Food Regular	604 Carryout	PHARAOHS DONUTS	DEBALIVIERE	284 Active	02/28/2010	
000017311	Food Regular	601 Tavern	LUCKETT'S LOUNGE	DELMAR	4616 Active	02/28/2010	
000035256	Food Regular	617 Snow Cones	DAVE'S SNOW CONE CART 1	FLORISSANT RD	7436 Active	02/28/2010	

Establishments with Downgrades

City of St. Louis Department of Health					
Establishments with Multiple Downgrades for 03/01/2009 to 02/28/2010					
Est ID	Establishment Name	Address	Status	# Downgrades	
000035598	STOP ONE SHOP	DR M L KING	5870 Out Of Business	2	
000017224	TUCKER'S COURTESY PUB	S BROADWAY	8518 Active	2	
Date Printed: 03/31/2010 9:14:59 AM					Page 1

Establishments recently closed, or out of business

Something like this report will be needed, showing establishments out of business within a specified time period.

Recently Closed Establishments by Ward			
Ward	Establishment Name	Address	Out of Business
1	COUNTRY GIRL'S PIE HOUSE	3330 UNION	07/02/2009
1	RESTAURANT OF SOULE	2917 UNION	08/05/2009
2	CHRISTY METRO	9000 RIVERVIEW BLVD	06/23/2009
2	HIDE OUT	700- 02 CARRIE	07/09/2009
2	MI HUNGRY CATERING & BBQ	2812 N GRAND	08/07/2009
3	NORTHSIDE SNACK SHOP	4331 N FLORISSANT	06/24/2009
3	SYLVERSPON'S	3160 N VANDEVENTER	07/09/2009
3	JACKIE CHOP SUEY	3719-21 W FLORISSANT	08/04/2009

Ward Assignments

City of St. Louis Department of Health Ward / Personnel Assignments			
Food & Beverage Control			
Inspector	Ward Assignments	Status	Area
Bartow, Rhonda F		Active	Foods
Boswell, Jim	2,3,21	Active	Community Sanitation
Cunningham, Jim	11,12,13,16	Active	Foods
Elliott, Anthony	1,22	Active	Community Sanitation
Eskew, Rich	7,9	Active	Foods
Fluelen-hays, Shontae	5,19	Active	Foods
Foster, Alencia	1,4,22,26	Active	Foods
Hardin, Ken	1,22,26,27	Active	Community Sanitation
Hawkins, Mary		Active	Day Care
Hudspeth, Monique	10,23,24	Active	Foods
Huntspon, Kevin	7	Active	Foods
Mahoney, Pat		Active	Foods
McClendon, Alice	18,28	Active	Foods
Paillou, Michelle	8,17	Active	Foods
Pratt, Charles		Active	Community Sanitation
Reeves, Vema	4,27	Active	Community Sanitation
Russell, Beverly		Active	Day Care
Schade, Kathe	6,20	Active	Foods
Schniedermeier, John	10,17,23,24	Active	Community Sanitation
Trotman, Jackie	5,6,9	Active	Community Sanitation
Tucker, James	14,15,25	Active	Foods
Tyler, Kanita		Active	Day Care
Ward, John	18,19,26,28	Active	Community Sanitation
Womack, Jim	2,3,21,27	Active	Foods
Date Printed: 03/31/2010 10:01:39 AM			Page 1

Properties needing manual reconciliation with the Assessor's office

This is a new report that will be needed with the new system. Here is a mock-up, subject to change during the design process.

City of St. Louis Department of Health Properties needing manual reconciliation with the Assessor's office				
Parcel	X	Y	Address	Note
123466789	103.12345	78.98765	1234 Arsenal	Assessor's database lists this as a vacant lot. There is now a single family residence at this location
123466789	103.12345	78.98765	1234 Arsenal	The house listed at this address has been torn down
123466789	103.12345	78.98765	1234 Arsenal	Owner is incorrect in the assessor's database. Should be "GGC industries"
123466789	103.12345	78.98765	1234 Arsenal	Assessor's database lists this as a vacant lot. There is now a single family residence at this location

Date Printed: 03/31/2010 9:14:33 AM Page 1

Application form for Residential Above-Ground Swimming Pool (page 1 of 2)

DEPARTMENT OF HEALTH	ENVIRONMENTAL HEALTH SERVICES	CITY OF ST. LOUIS
APPLICATION FORM FOR RESIDENTIAL ABOVE GROUND SWIMMING POOL		
DATE SUBMITTED _____ POOL NAME _____ LOCATION _____ POOL OWNER (Mr. Mrs. Ms.) _____ ADDRESS _____ PHONE _____ POOL CONTRACTOR _____ ADDRESS _____ PHONE _____ NOTE: This application must include a diagram of the pool area showing all existing and proposed structures and distances from inside of pool wall to property lines. Space provided below may be used for diagram of pool area. See page 2 for additional requirements. ... blank lines here ... REVIEWED BY _____ DATE _____ DATE APPROVED _____		
1		

Application form for Residential Above-Ground Swimming Pool (page 2 of 2)

Page 2 of 2 Pages - Application Form for Residential Above Ground Swimming Pool

A. POOL CONSTRUCTION

1. Shape _____ Length _____ Width _____ Depth Range _____
2. Capacity _____ gals.
3. Pool Construction Material _____

B. POOL AREA ENCLOSURE

1. Fence _____ Wall _____ Other _____ Construction Material _____ Height _____
2. Gate(s): Number of Gates _____ Self Closing _____ Locking Devices _____

C. ADDITIONAL REQUIREMENTS

1. Fences - All residential swimming pools shall be completely surrounded by a fence or wall not less than 4 feet in height, which shall be so constructed as not to have openings, holes or gaps larger than 4 inches in vertical or horizontal direction. A dwelling or accessory building may be used as part of such enclosure.
2. Gates - All gates or door openings through such enclosure shall be equipped with self-closing and self-latching device for keeping the gate or door securely closed at all times when not in actual use and be provided with hardware for permanent locking devices. Pool gates shall be locked when the pool is not in use.
3. Pool Location - The inside of the pool wall shall not be located any closer than 6 feet from any adjoining property no closer than 10 feet from any street.
4. Wiring - All wiring for swimming pool lighting or power shall conform to the National Electrical Code.

Overhead Clearance - Overhead utility owned electrical service shall conform to the National Electrical Code.
Horizontal Clearance - Privately installed electrical wiring shall be located no closer than 10 feet from any inside pool wall.
5. Water Discharge - No water shall be discharged to any adjoining property, street or alley.
6. Vacuum Breaker- A vacuum breaker must be installed at the hose bib servicing the pool.
7. Inspection - No swimming pool shall be filled with water until an inspection has been made by a representative of the Department of Health to determine compliance with these requirements. It shall be the responsibility of the pool owner to notify the Health Department upon completion of installation and prior to filling the pool with water.

Application form for Swimming Pool Construction (page 1 of 3)

715A-11 (REV. 5/78) DIVISION OF HEALTH	ENVIRONMENTAL HEALTH SERVICES	CITY OF ST. LOUIS
APPLICATION FORM FOR SWIMMING POOL CONSTRUCTION		
TYPE: RESIDENTIAL ☐ SEMI-PUBLIC ☐ ABOVE GROUND ☐ IN GROUND ☐ INDOOR ☐ OUTDOOR ☐		
DATE SUBMITTED _____ POOL NAME _____		
LOCATION _____		
POOL OWNER _____ ADDRESS _____ PHONE _____		
POOL CONTRACTOR _____ ADDRESS _____ PHONE _____		
ARCHITECT OR DESIGNER _____ ADDRESS _____ PHONE _____		
NOTE: This application form in triplicate must be accompanied by three (3) sets of plans showing a plan view, cross-section and longitudinal view of the pool and deck area with dimensions clearly indicated. The plans must include a schematic drawing showing connection of all equipment, piping and fittings. A site plan of the pool area and the pertinent adjacent surroundings showing all existing and proposed structures and relative elevations shall be included as part of the drawings. ... blank lines here ...		
REVIEWED BY _____ DATE _____		
APPROVED _____ DISAPPROVED _____		
LETTER MAILED _____ DATE _____		
Page 1 of 3 Pages		

Application form for Swimming Pool Construction (page 2 of 3)

715A-11.1
Page 2 of 3 Pages - Application Form for Swimming Pool Construction

A. POOL CONSTRUCTION

1. Shape _____ Length _____ Width _____ Depth Range _____
2. Water Surface Area _____ sq. ft. Perimeter Water Line _____ ft.
3. Capacity _____ Gals. (calculations attached)
4. Turnover Rate _____ Hrs.
5. Pool Construction Material (Tank) _____ Tank Finish & Color _____
6. Pool Coping Type _____ Size _____ Material _____
7. Depth Markers: Size _____ In. Location: At 1 ft. Int. ☐ On Deck ☐ On Sidewalk ☐
8. Pool Steps: No. _____ Size Tread _____ Riser Ht. _____ Length _____ Handrail _____

B. POOL EQUIPMENT

1. Filter Type: Sand ☐ Hi-Rate Sand ☐ Dis. Pres. ☐ Dia. Vac. ☐ Other ☐
2. Filter: Mfg. Name _____ Model No. _____ No. Units _____
Total Filter Area _____ sq. ft. Filter Rate _____ Gal/sq. ft./Min.
Flow Rate _____ Back Wash Disposal Where? _____
3. Filter Accessories: Pressure Gauge-Influent ☐ Effluent ☐
Air Relief Valve ☐ Sight Glass ☐
Precoat Pot Type _____ Cap/Gals _____
Slurry Feeder: Mfg. _____ Model No. _____
Cap/Gals/Day _____
4. Recirculating Pump & Motor: Mfg. _____ Model No. _____ H.P. _____
Recirculating Rate _____ GPM vs _____ TDH
Back Wash Rate _____ GPM vs _____ TDH
Method of Flow Control _____
5. Pump Accessories: Hair & Lint Strainer: Mfg. _____ Area Ratio _____
Flow Meter: Mfg. _____ Model No. _____ Range _____
6. Disinfectant Feeder: Type: _____ Mfg. _____ Model No. _____ Cap. _____
7. Surface Water Return: Type-Overflow Gutters ☐ Skimmers ☐ Other ☐
Overflow Gutter: Width _____ Depth _____ Drain Outlet Interval _____
Skimmers: Mfg. _____ Model No. _____
No. of Skimmers _____ Equalizer Line Installed ☐
8. Method of Filling Pool: Fill Spout-Size _____ Air Gap _____
Balance Tank _____ Air Gap _____
Hose Bib _____ Vacuum Breaker _____
9. Method of Maintaining Water Level - Balance Tank ☐ Other ☐
10. Inlet Fittings: Mfg. _____ Type _____ No. _____ Depth _____
11. Main Outlet: Size _____ No. _____ Disposal of Discharge _____
Drain Cover: Size-Length _____ Width _____ Slot Size _____
Hydrostatic Relief Valve ☐ Securely Fastened ☐
12. Vacuum Fittings: Mfg. _____ Location _____
13. Safety Rope Equipment:
Safety Rope: Size _____ Location (Depth Level) _____
Safety Rope Floats: Size _____ Number _____

Application form for Swimming Pool Construction (page 3 of 3)

715A-11.2

Page 3 of 3 Pages - Application Form for Swimming Pool Construction

C. POOL DECK EQUIPMENT AND FACILITIES

1. Deck Construction Material: _____
 Extends Around Entire Pool: No ☐ Yes ☐ Minimum Width _____
 Slope (Drainage away from pool) _____ In. per ft.
 Deck Drains Provided: No ☐ Yes ☐ (See plan for Locations and Size)
 Disposal of Deck Water Waste _____
 Other Deck Drainage Provision _____
 Protection from Adjacent Area Drainage:
 Raised Deck: Height Above Adjacent Ground _____
 Curbing: Material _____ Height _____ Width _____
 Other _____
2. Pool Area Enclosure: Fence ☐ Wall ☐ Other _____
 Construction Material _____ Height _____ Width _____
 Gate(s): No. _____ Self-Closing _____ Locking Provision _____
3. Pool Ladders: No. _____ No. of Treads _____ Clearance _____
 and/or Step Holes: Handrail _____
4. Lighting: Underwater: No. _____ Type _____ Watts _____
 Deck: No. _____ Type _____ Watts _____
5. Diving Board: No. _____ Height above Pool Water _____ Ft.
 Projection Beyond Pool Wall _____ Head Clearance _____ Ft.
 Depth and Area Clearance in Underwater Area _____
6. Drinking Fountain: Type Fixture _____ No. _____
7. Sanitary Cuspidor: Type Fixture _____ No. _____

D. AUXILIARY FACILITIES AND EQUIPMENT

1. Vacuum Cleaners: Mfg. _____ Model No. _____ Length of Hose _____
2. Life Ring: No. _____ Outer Diameter _____ in.
 Length and Size of Attached Line _____
3. Shepherds Crook and/or Life Pole: Length _____ No. _____
4. First Aid Kit _____ Resuscitator _____
5. Water Test Kit: Type _____
 Disinfectant - Range of Readings _____
 pH - Range of Readings _____

E. If the use or location requires that the following facilities be provided, appropriate entries must be made in Items 1, 2, 3 and 4.

1. Pool Water Heater: Type _____ Mfg. _____ Model No. _____
 Capacity _____ Thermometer Before and After _____
2. Dressing Area and Lockers: Provided for Each Sex: Yes ☐ No ☐
 Located at Shallow End of Pool _____
 Construction Material: Walls _____ Floor _____ Partition _____
3. Sanitary Facilities: No of Showers: Male _____ Female _____
 No. of Lavatories: Male _____ Female _____
 Soap Dispensers: Liquid ☐ Powder ☐ At Each Wash and Shower Unit ☐
 No. Toilets Provided: Male _____ Female _____
 No. Urinals Provided: Male _____ Female _____
 Showers Located Between Toilets and Pool Entrance _____
4. Other Equipment _____

Swimming Pool Inspection Report

This legacy form is included to show the problems that can be identified in a swimming pool inspection.

715-410 (ML 2/01)

ST. LOUIS CITY HEALTH DIVISION
ENVIRONMENTAL HEALTH SERVICES
634 N. GRAND BLVD

SWIMMING POOL INSPECTION REPORT

Est. Name: _____ Est. #: _____ Insp. Date: _____

Address: _____ Previous Insp. Date: _____ Previous Score: _____

Insp. Type: Routine _____ Followup _____ Complaint _____ Ward: _____

Item	Description	Wt.
☐	1. Clarity	5
☐	2. Water Supply Adequate	2
☐	3. Depth Properly Marked	2
☐	4. Overflow Control	1
☐	5. Water Level Constant	1
☐	6. Turnover Rate Adequate	3
☐	7. Chlorine Residual (1.0 - 3.0)	5
☐	8. pH (7.2 - 7.8)	4
PUMP AND FILTRATION		
☐	9. Pump Operating Properly	4
☐	10. Filters Functioning Properly	3
☐	11. Main Drains/Skimers/Gutters/ Vacuum Adequate and in Good Repair	5
☐	12. Chemical Feeders Operating Properly	4
☐	13. Filtration Equipment Working	4
DECK AND SURFACES		
☐	14. Pool Surfaces in Good Repair	2
☐	15. Pool/Deck Clean and in Good Repair	2
☐	16. Coping Clean and in Good Repair	1
☐	17. Adequate Lighting	1
☐	18. No Glass Objects on Deck	1
SEWAGE DISPOSAL		
☐	19. Wastewater Properly Disposed	4

V - Violation C - Consecutive Violation A - Abatement

Item Numbers

Comments/Instructions

Entered _____

Operator/Title: _____ Inspector: _____

Lodging Establishment Inspection Report (page 1 of 2)

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE LODGING ESTABLISHMENT INSPECTION REPORT										ESTABLISHMENT NUMBER							
ESTABLISHMENT NAME					NAME OF OWNER/CONTACT PERSON												
MAILING ADDRESS					CITY					ZIP CODE							
PHYSICAL ADDRESS					CITY					ZIP CODE							
COUNTY	THIS INSPECTION IS A(N) ☐ Initial ☐ Follow-up ☐ Complaint			TELEPHONE	NO. OF STORES	NO. OF ROOMS	ROOMS INSPECTED										
Please check Yes or No next to each item.					YES	NO	WATER SUPPLY					YES	NO				
Was this lodging facility built after October 31, 2005							Is the water supply private										
							Is the water supply public										
If built after October 31, 2005, does it have certification to national standards or an occupancy permit							Water sample taken										
							SEWAGE/WASTEWATER										
Do the following local ordinances apply?							Is the Sewage/Wastewater private										
Fire safety							Is the Sewage/Wastewater public										
Electrical wiring							SWIMMING POOLS/SPAS										
Fuel burning appliances							Indoor pool										
Plumbing							Outdoor pool										
Swimming pools/spas							Spa										
Food							Pool larger than 2000 square feet										
Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)																	
Yes = In Compliance					No = Not in Compliance, explain on additional page(s)					NB = Not Observed			NA = Not Applicable				
SECTION A: WATER SUPPLY					YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)					YES	NO	NB	NA
1. Approved source, construction & operation									2. Doors and locks permitted								
2. Complies with chemical, bacT & rad standards									3. Textiles, hangings and mirrors proper								
3. Chlorinator maintained & operating properly									4. Fire extinguisher type, inspected, location								
SECTION B: SEWAGE & WASTEWATER									5. Vertical openings protected								
1. Operating satisfactorily									6. Doors, self closing & fire rated								
SECTION C: SANITATION/HOUSEKEEPING									7. Smoke detectors installed, good repair								
1. Walls, floors & ceilings in good repair									8. Fire alarm & sprinkler systems tested & approved								
2. Proper housekeeping practices									9. Evacuation route and plan, installed, available								
3. Towels & bed linens clean									10. Stairs and ramps maintained, good repair								
4. Mattresses & box springs clean									11. Means of egress, number, maintained								
5. No evidence of rodents & insects									SECTION F: SWIMMING POOLS/SPAS								
6. Ice machines, scoops, liners, clean & protected									1. Fence, gate adequate, proper closure mechanism								
7. Garbage & refuse properly maintained									2. Boundary line, pool depth properly marked								
8. Premises, plant growth controlled									3. Lifesaving equipment adequate, good repair								
9. Food sources, sound condition, approved									4. Pool clarity, pH, disinfectant, temp maintained								
10. Food protected from contamination									5. Steps, ladders, deck installed, good repair								
11. Proper facilities to wash, rinse and sanitize									6. Adequate ventilation								
12. Proper hygienic practices									7. Electrical outlets, proper protection & distance								
SECTION D: LIFE SAFETY									8. Records maintained & signs posted								
1. Combustible/toxic items properly used and stored									SECTION G: PLUMBING/MECHANICAL								
2. Building maintained to assure safe conditions									1. Equipment adequate, good repair								
3. CO detectors installed, good repair									2. Ventilation adequate, plumbing, restrooms								
4. GFCI and proper wiring installed, good repair									3. Boilers/pressure vessels MDPS certified								
5. Exit signs installed, good repair									4. T & P relief valves adequate, good repair								
6. Emergency lighting installed, good repair									5. Relief valve discharge pipes installed, adequate								
7. Electric panel protected, labeled, good repair									6. Proper air gaps, no cross connections								
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)									SECTION H: HEATING & COOLING								
1. Smoke detectors hardwired & maintained									1. Unvented fuel-burn appliance/space heater approved								
2. Fire alarm system installed & maintained									2. Fire resistant room or sprinkler head/detector								
3. Sprinkler system installed & maintained									3. Proper location of heating/cooling units								
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)									4. Ventilation of appliances & utility rooms								
1. Complies with local building codes, fire codes & ordinances									5. Operation & condition adequate								
									6. Proper safety valve, thermo control, elect. switch								
INSPECTED BY					EPHS NUMBER			AGENCY			TELEPHONE						
LICENSING YEAR	APPROVED ☐ YES ☐ NO		DATE INSPECTED		SCHEDULED FOLLOW UP DATE		RECEIVED BY		DATE								

MO 580-0883 (11-08) PART A DISTRIBUTION: WHITE - OWNER CANARY - CENTRAL OFFICE PINK - LOCAL OFFICE FR 02/11/08

		Missouri Department of Health and Senior Services Environmental Regulations & Licensure Unit Lodging Establishment Inspection Report		Page of
Establishment Name		Physical Address		City
Section Reference	Observations and additional comments			
Inspected by				
Received by		Date		

MO 580-0883 (1-06)
Distribution: White/Owner Canary/Central Office Pink/Local Office

Sanitation Inspection Report Family Child Care Home (page 1 of 2)

 MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR CHILD CARE REGULATION SANITATION INSPECTION REPORT FAMILY CHILD CARE HOME	Arrival Time	a.m. p.m.	CODES X = Defects Noted N.O. = Not Observed N.A. = Not Applicable * = Discussed and Agrees to comply with requirements
	Departure Time	a.m. p.m.	
	DATE		
☐ Initial ☐ Annual ☐ Reinspection ☐ Lead ☐ Special Circumstances:			
NAME		DVN	COUNTY CODE
ADDRESS (Street, City, State, Zip Code)		INSPECTOR'S NAME (Print)	
An inspection of the premises of your facility has been made on the above date. Any defects are marked below with an X.			
A. GENERAL		E. FOOD PROTECTION	
1. Premises clean and free of unsanitary conditions.		1. Food from approved source and in sound condition; no excessively dented cans.	
2. Premises free of environmental hazards.		2. No use of home canned food. No unpasteurized milk.	
3. No evidence of insects, spiders, rodents or pest harborage.		3. If meals are served, kitchens shall have adequate equipment to store and prepare food safely with a minimum of a stove or other cooking equipment sized to meet the needs of the facility; a two compartment sink with hot and cold running water; and a refrigerator.	
4. Well ventilated, no evidence of mold, noxious or harmful odors.		4. Ground beef cooked to 155° F; poultry to 165° F; pork to 145° F; and all other foods cooked to at least 140° F. All hot food kept at 140° F or above.	
5. Screens on windows and doors used for ventilation in good repair.		5. Precooked food reheated to 165°.	
6. No indication of lead hazards.		6. Food requiring refrigeration stored at 41° F or below.	
7. No toxic or dangerous plants accessible to children.		7. Refrigerator 41° F or below, accessible readable thermometer required. Foods in freezer frozen solid.	
8. Medicines and other toxic agents not accessible to children and stored to prevent contamination of child contact items.		8. Metal stemmed thermometer reading 0 - 220° F in 2° increments for checking food temperatures.	
9. All sinks equipped with mixing faucets or combination faucets with hot and cold running water under pressure.		9. Food, food related items and utensils covered and stored to prevent contamination by pests, toxic agents, cleaning agents, water drain lines, medicines, dust, splash and other foods.	
10. Hot water temperature at sinks accessible to children - 100° - 120° F. Temp at time of inspection _____		10. Food, toxic agents, cleaning agents not in their original containers shall be properly labeled.	
11. Pets free of disease communicable to man.		11. No food stored or prepared in diapering area or bathrooms.	
12. Pets living quarters clean, and well maintained.		12. Food stored in food grade containers only.	
13. Reptiles are prohibited on the premises. Birds of the Parrot Family tested for Psittacosis.		13. Food thawed under refrigeration, 70° F running water or microwave if part of the cooking process.	
14. Swimming/wading pools filtered, treated, tested and water quality records maintained. Meets local codes.		14. No animals in food preparation or food storage areas.	
		15. No eating, smoking, drinking during food preparation.	
		16. Food served and not eaten shall not be re-served to children in care.	
B. WATER SUPPLY (circle type)		F. CLEANING AND SANITIZING	
COMMUNITY NON-COMMUNITY PRIVATE		1. Food utensils washed, rinsed and air dried.	
HIGH HAZARD CROSS CONNECTIONS		2. Single service items used only once.	
PRIVATE SYSTEMS ONLY:		3. Food contact surfaces cleaned in place are washed, rinsed, and sanitized after each use with approved agents.	
Constructed to prevent contamination.		4. Infant/toddler toys washed, rinsed and air dried after contact with body fluids, when soiled or at least daily.	
Meets MDOH-SCCR requirements/meets local requirements		5. Diapering surface and potty chairs washed, rinsed and sanitized after each use with approved agents.	
A. Bacteriological sample results. _____		6. Test kits available to check proper concentration of sanitizing agents.	
B. Chemical (Prior SCCR Approval Needed) _____		7. Soiled laundry stored and handled in a manner which does not contaminate food and food related items and child contact items.	
C. SEWAGE (circle type)		G. REFUSE DISPOSAL	
COMMUNITY ON-SITE		1. Adequate number of containers.	
DNR Regulated System - Type: _____		2. Clean, nonabsorbent, insect and rodent proof.	
DOH Regulated System - Type: _____		3. Outside refuse containers covered at all times.	
1. Functioning properly at time of inspection. (circle) Yes No		4. Inside containers covered when full or accessible to children.	
2. Single-Family residence lot consisting (circle) Yes No		5. Soiled diapers stored in solid, non absorbent container with tight fitting lid located in the diapering area.	
of three acres or more.			
3. Health hazard to children. (circle) Yes No			
Meets MDOH-SCCR requirements/meets local requirements			
D. HYGIENE			
1. Care givers and children wash hands using soap, warm running water and sanitary hand drying methods.			
2. Care givers and children wash hands after toileting, diapering, assisting with toileting and nose blowing; before preparing food; after handling raw food, cleaning and sanitizing, outdoor play, handling animals, smoking and as necessary.			
3. An empty sink available in kitchen to wash hands during food preparation.			
4. Hand sink with warm running water accessible at all times to wash hands after using bathroom and diapering.			
5. Personnel preparing food free of infection or illness.			

Sanitation Inspection Report Family Child Care Home (page 2 of 2)

Centers, Group Homes and License-Exempt Facilities			
Sanitation Inspection Report			
FACILITY NAME:		DVN:	DATE
SECTION #	OBSERVATIONS		
The above facility has been inspected and ☐ does ☐ does not conform with the sanitation requirements of the Missouri Department of Health and Senior Services - Bureau of Child Care.		The inspector has discussed the issues marked by an asterisk (*) and/or marked by an (X) on this form. I agree to comply with these requirements.	
SIGNATURE OF INSPECTOR	TELEPHONE	DATE	DATE
SIGNATURE OF CHILD CARE PROVIDER		DATE	

MO 580-1916 (9-01) DISTRIBUTION: WHITE:BUREAU OF CHILD CARE CANARY:INSPECTOR PINK:PROVIDER DC-36-3

Sanitation Inspection Report – Centers, Group Homes and License Exempt Facilities (page 1 of 2)

[illegible]

Sanitation Inspection Report – Centers, Group Homes and License Exempt Facilities (page 2 of 2)

[illegible]

One Time Permit to Fumigate

DIVISION OF HEALTH DEPARTMENT OF HEALTH & HOSPITALS CITY OF ST. LOUIS, MISSOURI ONE TIME PERMIT TO FUMIGATE	
PERMISSION IS HEREBY GRANTED TO:	
NAME: _____	TELEPHONE NO. _____
ADDRESS: _____	
TO FUMIGATE PREMISES AT: _____	
CHEMICALS TO BE USED: _____	
FUMIGATION WILL START AT _____ AM/PM ON _____	
FUMIGATION WILL END AT _____ AM/PM ON _____	
FUMIGATION WILL BE CONDUCTED IN ACCORDANCE WITH THE PROVISIONS OF THE CITY OF ST. LOUIS.	
AUTHORIZATION FUMIGANT OPERATORS: _____	

(PARTIAL FUMIGATION AUTHORIZED UNDER DIRECT SUPERVISION OF A REPRESENTATIVE OF THE HEALTH COMMISSIONER ONLY)	

COMMISSIONER OF HEALTH	
DATE: _____	BY: _____
CERTIFICATE WILL BE AT FUMIGATION IN POSSESSION OF FUMIGANT OPERATOR (CIRCLE AUTHORIZED FUMIGANT OPERATOR ALL OTHERS ARE HELPERS).	

Self-Evaluation of Property

This shows fields and complaints noted during a block survey.

FRANCIS G. SLAY
Mayor

PAMELA RICE WALKER, MPA, CPHA
Interim Director of Health

MELBA R. MOORE, MS, CPHA
Commissioner of Health

City of St. Louis Department of Health

Email: health@stlouis.missouri.org
Website: <http://stlouis.missouri.org/citygov/health>

1520 Market Street
PO Box 14702
St. Louis, Missouri 63178

Phone: (314) 612-5100
Fax: (314) 612-5105

SELF-EVALUATION OF PROPERTY

PROPERTY OWNER: _____ DATE: _____

STREET ADDRESS: _____ APT. #: _____

Please conduct an evaluation of your property before _____ AND correct any violations found.
Return this evaluation in the postage paid envelope to the St. Louis City Department of Health by _____.

Failure to correct health code violations may result in fines.

Does violation exist?		Check all that apply.
YES	NO	
☐	☐	ACCUMULATION OF REFUSE Location: ☐ Alley ☐ Sidewalk ☐ Street ☐ Gutter ☐ Yard ☐ Basement ☐ Shed ☐ Garage ☐ Interior ☐ Other:
☐	☐	INADEQUATE/UNSATISFACTORY REFUSE CONTAINERS
☐	☐	UNLAWFUL STORAGE OF SALVABLE MATERIAL Location: ☐ Lumber ☐ Firewood ☐ Bricks ☐ Other:
☐	☐	UNSANITARY KEEPING OF ANIMALS ☐ Dogs ☐ Cats ☐ Other: ☐ Fecal Matter ☐ Odor ☐ Other:
☐	☐	OPERATING AN ANIMAL KENNEL WITHOUT A LICENSE Number of animals on premise: _____
☐	☐	VERMIN OBSERVED ON PREMISE Location: ☐ Mosquitoes ☐ Flies ☐ Mice ☐ Roaches ☐ Other:
☐	☐	PERMITTING NOXIOUS WEEDS TO GROW
☐	☐	NO HEAT AVAILABLE INSIDE PREMISE
☐	☐	NO HOT WATER OR NO WATER Hot water temperature: ☐ Leaking ☐ Inadequate Pressure ☐ Defective
☐	☐	PLUMBING SYSTEM OPERATING INCORRECTLY ☐ Obstructed ☐ Defective ☐ Leaking ☐ Waste stack ☐ Soil Stack ☐ Sewer ☐ Other:
☐	☐	PLUMBING FIXTURES OPERATING INCORRECTLY ☐ Obstructed ☐ Defective ☐ Leaking ☐ Kitchen sink ☐ Bathtub ☐ Lavatory ☐ Toilet ☐ Other:
☐	☐	ACCUMULATION OF WASTE WATER ☐ Basement ☐ Yards and/or Lots ☐ Streets, alley, etc.
☐	☐	RAT INFESTATION
☐	☐	OTHER VIOLATIONS:

Legacy Citations

CITY OF ST. LOUIS										Work Order#																							
DIVISION OF HEALTH																																	
Ward					City Block					Type of Premise																							
										1	2	3	4	5+	C	VL	VB																
VIOLATIONS CHECKED BELOW OBSERVED ON _____ VIOLATION ADDRESS _____ YOU HAVE UNTIL _____ TO CORRECT ALL ITEMS BELOW MARKED WITH AN "X". TO: _____ ADDRESS: _____																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RACE</td> <td>SEX</td> <td>WEIGHT</td> <td>HEIGHT</td> <td>BIRTHDATE</td> <td>AGE</td> <td>SOCIAL SECURITY #</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>010#</td> </tr> </table>																				RACE	SEX	WEIGHT	HEIGHT	BIRTHDATE	AGE	SOCIAL SECURITY #							010#
RACE	SEX	WEIGHT	HEIGHT	BIRTHDATE	AGE	SOCIAL SECURITY #																											
						010#																											
☐ UNLAWFUL ACCUMULATION OF REFUSE IN (ORD. #48292) ☐ ALLEY ☐ SIDEWALK ☐ STREET ☐ GUTTER ☐ YARD ☐ BASEMENT ☐ SHED ☐ GARAGE ☐ INTERIOR OF PREMISE ☐ OTHER																																	
☐ INADEQUATE/UNSATISFACTORY REFUSE CONTAINERS (ORD. #59121) Location: _____																																	
☐ UNLAWFUL STORAGE OF SALVABLE MATERIAL (ORD. #48292) ☐ LUMBER ☐ FIREWOOD ☐ BRICKS ☐ OTHER Location: _____																																	
☐ PERMITTING NOXIOUS WEEDS TO GROW (ORD. #59860) Location: _____																																	
☐ UNSANITARY KEEPING OF ANIMALS (ORD. #20.030) ☐ DOGS ☐ CATS ☐ OTHER Evidenced by: _____																																	
☐ OPERATING KENNEL WITHOUT A PERMIT (ORD. #62853) ☐ DOGS ☐ CATS ☐ OTHER Evidenced by: _____																																	
☐ FAILURE TO ELIMINATE OUTSIDE RATS (ORD. #48292) Location: _____																																	
☐ OTHER: _____																																	
FAILURE TO COMPLY WITH THIS NOTICE CAN RESULT IN A FINE NOT EXCEEDING \$500.00 AND/OR IMPRISONMENT NOT EXCEEDING 90 DAYS.																																	
How Issued: ☐ In Person ☐ U.S. Mail ☐ Posted																																	
Issued by: _____																																	
Inspector can be contacted at 612-5300 or 622-4252, Monday thru Friday, between the hours of 8:00 a.m. and 9:30 a.m.																																	
Remarks: _____ _____ _____ _____ _____																																	
SS-100 (ML00)																																	

Special Report / Inspection (page 1 of 2)

MEMORANDUM

To: Charles Pratt *6*
Environmental Health Supervisor

From: Verna Reeves
Environmental Health Officer

Date: March 2, 2010

Re: Ink Doctors Tattoo Studio-8245 N. Broadway-63147
Document Number 278911
Application number 116176

Contact on premise at time of inspection was owner, Kevin Simmons.

A sanitation inspection was conducted. No health code violations or concerns were observed. All required equipment in place.

Approved for operation.

Special Report / Inspection (page 2 of 2)

SPECIAL REPORT / INSPECTION DIVISION OF HEALTH - CITY OF SAINT LOUIS		OCCUPANT	PREMISE ADDRESS	NO.	DIST.	DATE OF THIS INSPECTION	FILE NO.	
TO: <u>Rhonda Barton</u>		<u>Lat Decker Tattoo Studio</u>	<u>8245 N Broadway</u>			<u>2/27/10</u>		
SUBJECT: <u>Lat Decker Tattoo Studio Application # 116176</u>								COMPLAINT NUMBER
DATE OF REPORT: <u>2/23/10</u> BY: <u>Charles R. Rupp</u>								TIME:
INVESTIGATION AND FINDINGS:								
<u>On 2/23/10 a permit inspection/sanitation inspection was conducted at the establishment with Elio Verna Ruelas.</u> <u>Contact was made with owner of business Kari Simmons in person at phone (314-657-6523).</u> <u>The following non-compliance issues were found:</u> <u>① Walls in artist booth not light colored for easy cleaning.</u> <u>② Hot water temperature was 100°.</u> <u>③ Artist booth entry walls constructed with porous material.</u> <u>④ Water faucet handle in cleaning room not equipped with wrist or knee action device.</u> <u>⑤ No hand washing sink in close proximity of artist booth.</u> <u>⑥ No wash, rinse, sanitizing practice in place.</u> <u>⑦ Owner has not submitted artist information and records required for operating within establishment.</u> <u>Inspection for compliance will be made on or about 3/1/10</u>								

Special Inspection Letter

 FRANCIS G. SLAY <i>Mayor</i> PAMELA RICE WALKER, MPA, CPHA <i>Interim Director of Health</i> MELBA R. MOORE, MS, CPHA <i>Commissioner of Health</i>	City of St. Louis Department of Health Email: health@stlouis.missouri.org Website: http://stlouis.missouri.org/citygov/health	 1520 Market St PO Box 14702 St. Louis, Missouri 63178 Phone: (314) 612-5100 Fax: (314) 612-5105
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 **COPY** **FILE**

March 3, 2010

Honorable Board of Public Service
Room 300, City Hall
1200 Market Street
St. Louis, Missouri 63103

RE: Ink Doctors Tattoo Studio
Document # 278911
Application #116176

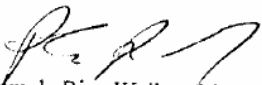
Dear Board Members:

Transmitted, herewith, is an application submitted by the above applicant to obtain a license to operate a tattoo parlor at 8245 N. Broadway, in the City of St. Louis.

A member of the Health Department Community Sanitation staff inspected the facility on March 2, 2010 and found no evidence of health code violations.

It is, therefore, recommended that the permit be granted for a licensed tattoo establishment at 8245 N. Broadway.

Sincerely,


Pamela Rice Walker, MPA, CPHA
Interim Director of Health

PRW/mw

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION
(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

DATE: _____ **PREPARED BY:** _____

PREPARER'S TELEPHONE NUMBER: _____

PREPARER'S E-MAIL ADDRESS: _____

PREPARER'S CELL PHONE NUMBER: _____

PREPARER'S ADDRESS AND ZIP CODE: _____

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

AUTHORIZED REPRESENTATIVE CERTIFICATION:

_____ (Signature)

NAME: _____

TITLE: _____

DATE: _____

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ADJUSTMENT BULLETIN

**NOTICE OF ST. LOUIS LIVING WAGE RATES
EFFECTIVE APRIL 1, 2010**

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance ("Ordinance") and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$11.33** per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are **not** provided to the employee, the living wage rate is **\$14.68** per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Wages required under Chapter 6.20 of the Revised Code of the City of St. Louis: **\$3.35** per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and these rates are effective as of **April 1, 2010**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health and Human Services or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <http://www.mwdbe.org/livingwage> or obtained from:

City Compliance Official
Lambert-St. Louis International Airport
Certification and Compliance Office
P.O. Box 10212
St. Louis, Mo 63145
(314) 426-8111

Dated: March 31, 2010