



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Eagle Inn Name: Owner General Manager Cita Patel

Physical Address: 2811 E. Marshall City: Charleston Zip: 63834

Mailing Address: _____ City: _____ Zip: _____

County: 133 This inspection is a(n) Initial Annual Follow-up Telephone: 683-3900 No. of Stories: 1 No. of Rooms: 19 Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected: 111, 112, 116, 117, 118, 121, 123, 125, 127, 130

Water Supply	Wastewater
<input type="checkbox"/> Private <input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Public
Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR

Swimming Pools/Spas (check all that apply)
Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

Please check if the following local ordinances apply

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

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
Section A & B: Water Supply & Wastewater				
1. Approved source, construction and operation	<input checked="" type="checkbox"/>			
2. Complies with water quality standards	<input checked="" type="checkbox"/>			
3. Chlorinator maintained and operated properly				
4. Wastewater operation and maintenance				
Section C: Sanitation/Housekeeping				
1. Walls, floors and ceilings in good repair		<input checked="" type="checkbox"/>		
2. Housekeeping practices and furnishings		<input checked="" type="checkbox"/>		
3. Towels and bed linens clean		<input checked="" type="checkbox"/>		
4. Mattresses and box springs clean		<input checked="" type="checkbox"/>		
5. Pest control procedures		<input checked="" type="checkbox"/>		
6. Ice machines, scoops, liners clean & protected		<input checked="" type="checkbox"/>		
7. Garbage storage and disposal		<input checked="" type="checkbox"/>		
8. Premises maintained, plant growth controlled		<input checked="" type="checkbox"/>		
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use				
10. Food protected from contamination				
11. Facilities to wash, rinse and sanitize				
12. Handwashing facilities/hygienic practices				
Section D: Life Safety				
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>			
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>			
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>			
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>			
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>			
Required Annual Third Party Inspections				
1. Fire Alarm System	<input checked="" type="checkbox"/>			
2. Sprinkler System	<input checked="" type="checkbox"/>			
3. Local Fire and Building Codes/Ordinances				
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/>			
5. Backflow Device(s) Test				
6. Liquid Propane Leak Test				
Section E: Fire Safety				
1. Textiles, hangings and mirrors				
2. Fire extinguisher type, inspected, and location				
3. Vertical openings fire-rated, self-closing				
4. Doors, self-closing and fire-rated				
5. Smoke detectors hardwired, installed, good repair				
6. Evacuation route and plan, installed, available				
7. Stairs and ramps, maintained, storage				
8. Means of egress, number, maintained				
9. Handrails and balconies maintained and appropriate				
Section F: Swimming Pools/Spas				
1. Fence, gate adequate, proper closure mechanism				
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
Section G: Plumbing/Mechanical				
1. Equipment adequate, good repair				
2. Ventilation adequate, plumbing, restrooms				
3. T & P relief valves adequate, good repair				
4. Relief valve discharge pipes installed, adequate				
5. Backflow, air gaps, no cross connections				
Section H: Heating & Cooling				
1. Unvented fuel-burning appliance/space heater				
2. Fire resistant room or sprinkler head				
3. Location of heating/cooling units				
4. Ventilation of appliances and utility rooms				
5. Operation and condition adequate				

INSPECTED BY (PRINT NAME and SIGN): Clinton Wolford EPHS NUMBER: 1209 AGENCY: Mississippi Co Health TELEPHONE: 483-2191

LICENSING YEAR: 2018 to 12019 APPROVED YES NO DATE INSPECTED: 12/5/18 FOLLOW UP DATE: _____

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Jitendra Patel PAGE 1 OF 2



Establishment Name Eagle Inn	Physical Address 2811 E. Marshall	City Cheverus
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Section Reference	Observations, comments, and corrective measures
123	None observed
125	None observed
127	None observed
130	None observed
outside	18 screws of 1st Accommodation pulled up outside office (corrected on site)
Lobby Area	None observed
Meal Room	None observed (Ice machine free of mold)
121	None observed
118	None observed
117	None observed
116	None observed
114	None observed
911	None observed

INSPECTED BY Clinton Woodford Clinton / 12/5/18 <small>MO 580-2569 (6-16)</small>	RECEIVED BY Jitendra Patel <small>Canary/Central Office Pink/Local Office</small>	DATE 12/5/18
	<small>Distribution: White/Owner 1209</small>	