



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <b>Eagle Inn</b>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <b>Jay Patel</b>	
Physical Address <b>2811 E Marshall</b>		City <b>Charleston</b>	Zip <b>63834</b>
Mailing Address <b>same</b>		City	Zip
County <b>133</b>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <b>573-683-3900</b>	No. of Stories <b>1</b>
		No. of Rooms <b>19</b>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

<b>Rooms Inspected:</b> <b>112, 114, 121, 123, 122, 124, 125</b>	<b>Water Supply</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wastewater</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
<b>Swimming Pools/Spas (check all that apply)</b> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

<b>Please check if the following local ordinances apply</b>	<b>New Lodging Establishments</b> <input type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No
	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

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

INSPECTED BY (PRINT NAME and SIGN) <b>Jodie Marcum Jodie Marcum</b>	EPHS NUMBER <b>1681</b>	AGENCY <b>Miss. Co. Health Dept.</b>	TELEPHONE <b>573-683-2191</b>
LICENSING YEAR <b>20 20 / 20 21</b>	<b>APPROVED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <b>8-18-2020</b>	FOLLOW UP DATE
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <b>D. ARMISTHA PATAL D. Patel</b>	PAGE 1 OF 2		



ESTABLISHMENT NAME

Eagle Inn

PHYSICAL ADDRESS

2811 E Marshall

CITY

Charleston

SECTION REFERENCE

OBSERVATIONS AND ADDITIONAL COMMENTS

Note:

All items were corrected.

INSPECTED BY

Jodie Mar

DATE

8-18-2020

RECEIVED BY

Patil

DATE