



Establishment Name <i>Eagle Inn</i>		Name	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> General Manager
Physical Address <i>2811 E Marshall</i>		City	<i>Charleston</i>	
Mailing Address <i>Same</i>		City	Zip <i>63834</i>	

County <i>133</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <i>683-3900</i>	No. of Stories <i>1</i>	No. of Rooms <i>19</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new
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Rooms Inspected: <i>119, 126</i>	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply)		
Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <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			
		In	Out	NO	N/A	Section E: Fire Safety				In	Out	NO	N/A
Section A & B: Water Supply & Wastewater													
1. Approved source, construction and operation		<input checked="" type="checkbox"/>				1. Textiles, hangings and mirrors				<input checked="" type="checkbox"/>			
2. Complies with water quality standards		<input checked="" type="checkbox"/>				2. Fire extinguisher type, inspected, and location				<input checked="" type="checkbox"/>			
3. Chlorinator maintained and operated properly					<input checked="" type="checkbox"/>	3. Vertical openings fire-rated, self-closing							<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance		<input checked="" type="checkbox"/>				4. Doors, self-closing and fire-rated							<input checked="" type="checkbox"/>
Section C: Sanitation/Housekeeping						5. Smoke detectors hardwired, installed, good repair					<input checked="" type="checkbox"/>		
1. Walls, floors and ceilings in good repair			<input checked="" type="checkbox"/>			6. Evacuation route and plan, installed, available							<input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings			<input checked="" type="checkbox"/>			7. Stairs and ramps, maintained, storage							<input checked="" type="checkbox"/>
3. Towels and bed linens clean			<input checked="" type="checkbox"/>			8. Means of egress, number, maintained				<input checked="" type="checkbox"/>			
4. Mattresses and box springs clean		<input checked="" type="checkbox"/>				9. Handrails and balconies maintained and appropriate							<input checked="" type="checkbox"/>
5. Pest control procedures			<input checked="" type="checkbox"/>			Section F: Swimming Pools/Spas							
6. Ice machines, scoops, liners clean & protected			<input checked="" type="checkbox"/>			1. Fence, gate adequate, proper closure mechanism							<input checked="" type="checkbox"/>
7. Garbage storage and disposal		<input checked="" type="checkbox"/>				2. Boundary line, pool depth properly marked							
8. Premises maintained, plant growth controlled		<input checked="" type="checkbox"/>				3. Deck is clean and in good repair							
Food Inspection conducted according to 19CSR20-1.025						4. Lifesaving equipment adequate, good repair							
9. Food, equipment and single service/use		<input checked="" type="checkbox"/>				5. Pool clarity, pH, disinfectant, & temp. maintained							
10. Food protected from contamination		<input checked="" type="checkbox"/>				6. Steps, ladders, and handrails installed, good repair							
11. Facilities to wash, rinse and sanitize					<input checked="" type="checkbox"/>	7. Adequate ventilation							
12. Handwashing facilities/hygienic practices					<input checked="" type="checkbox"/>	8. Electrical outlets, proper protection & distance							
Section D: Life Safety						9. Records maintained and signs posted							
1. Combustible/toxic items usage and storage		<input checked="" type="checkbox"/>				10. First aid kit available							
2. Building maintained to assure safe conditions		<input checked="" type="checkbox"/>				11. Lighting adequate and in good repair							
3. CO detectors hardwired, installed, good repair		<input checked="" type="checkbox"/>				Section G: Plumbing/Mechanical							
4. GFCI, outlets & switches installed, good repair			<input checked="" type="checkbox"/>			1. Equipment adequate, good repair					<input checked="" type="checkbox"/>		
5. Exit signs installed, good repair					<input checked="" type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms					<input checked="" type="checkbox"/>		
6. Emergency lighting installed, good repair					<input checked="" type="checkbox"/>	3. T & P relief valves adequate, good repair					<input checked="" type="checkbox"/>		
7. Electric panel protected, labeled, good repair			<input checked="" type="checkbox"/>			4. Relief valve discharge pipes installed, adequate				<input checked="" type="checkbox"/>			
Required Annual Third Party Inspections						5. Backflow, air gaps, no cross connections				<input checked="" type="checkbox"/>			
1. Fire Alarm System		<input checked="" type="checkbox"/>				Section H: Heating & Cooling							
2. Sprinkler System					<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater							<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances					<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head				<input checked="" type="checkbox"/>			
4. Current Boiler/Pressure Vessels MDPS Certification					<input checked="" type="checkbox"/>	3. Location of heating/cooling units				<input checked="" type="checkbox"/>			
5. Backflow Device(s) Test					<input checked="" type="checkbox"/>	4. Ventilation of appliances and utility rooms				<input checked="" type="checkbox"/>			
6. Liquid Propane Leak Test					<input checked="" type="checkbox"/>	5. Operation and condition adequate				<input checked="" type="checkbox"/>			

INSPECTED BY (PRINT NAME and SIGN) <i>Jodie Marcum Jodie Marcum</i>	EPHS NUMBER <i>1126/1681</i>	AGENCY <i>Mississippi County</i>	TELEPHONE <i>573-683-2191</i>
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LICENSING YEAR <i>20 19 120 20</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>9-17-2019</i>	FOLLOW UP DATE <i>10-9-19</i>
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RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>D. H. ARMISTEAD PATRICK</i>	PAGE 1 OF <u>3</u>
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Derek Hancock Dazhan



Establishment Name	Physical Address	City
Eagle Inn	2211 E Marshall	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Room 130</u>	
D-4	GFCI open ground	
C-1	Crack in bathroom ceiling	
C-1	Water damage around A/C unit	
C-2	Microwave soiled	
C-2	Splatter on wall by A/C unit	
F-5	Smoke detector not plugged in	
C-5	Cobwebs in ceiling corner over nightstand	
C-1	Ceiling damaged over door and window	
C-1	Base boards detached	
C-2	Musty smell in room	
	<u>Room 129</u>	
C-1	Bathroom ceiling water damaged	
C-1	Wall damaged by tub	
C-2	Refrigerator soiled with food debris	
C-5	Dead bugs behind bed	
C-5	Light visible under door	
G-2	Exhaust fan not working	
C-1	Crack in ceiling by door	
	<u>Room 126</u>	
C-2	Musty smell in room	
C-1	Wall damaged by A/C unit	
C-3	Stain on box spring covers	
C-2	Chair cushion stained	
	<u>Room 123</u>	
C-2	White residue along base boards	
C-5	Light visible around door	
C-6	Ice bucket lid missing	
	<u>Room 119</u>	
C-2	Musty smell in room	
C-5	Light visible under door	
C-5	Dead bugs along base boards	
C-2	White residue under left bed	
C-5	Cobwebs behind TV stand	
C-2	Trash behind TV stand	
C-1	Mold on ceiling patch in bathroom	

INSPECTED BY Godie Marcum <i>DM</i>	RECEIVED BY <i>STC</i>	DATE 9-17-19
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Establishment Name <i>Eagle Inn</i>	Physical Address <i>2811 E. Marshall</i>	City <i>Charleston</i>
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Section Reference Observations, comments, and corrective measures

	<u>Room 116</u>
D-4	GFCI not working
G-2	Exhaust fan in bathroom not working
C-6	Ice bucket lid missing
C-2	White stain on carpet by night stand next to the window
	<u>Room 115</u>
C-2	Musty smell in room
G-2	Exhaust fan in bathroom not working and detached from wall
C-2	Freezer soiled with food debris
C-5	Daylight visible under exterior door
E-5	Smoke detector not working, wiring not connected
C-1	Wall damaged behind bed by door
	<u>Room 114</u>
C-1	Wall damaged near ceiling over shower
E-5	Smoke detector not working, wiring not connected
C-2	Lamp shade on desk stained
	<u>Room 121</u>
G-1	Faucet leaking
C-5	Daylight visible under exterior door
C-1	Ceiling damaged over bed by exterior door
	<u>Ice machine room</u>
C-2	Floor soiled with mold and debris
C-5	Cobwebs over ice machine
	<u>Laundry room/storage</u>
D-7	Black barrels and box of toilet paper blocking access to electrical panels
G-3	Water heater T&P valve tag missing
	<u>Note:</u>
	Owner, Jay Patel, stated that only rooms 119 and 126 were available to inspect today.

INSPECTED BY <i>Jodie Moore-Danzon</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>9/17/2019</i>
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