



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: Quality Inn  
 Physical Address: 702 Drake Street City: Charleston Zip: 63834  
 Mailing Address: same City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: 133 This inspection is a(n)  Initial  Annual  Follow-up Telephone: 513-683-4206  
 No. of Stories: 2 No. of Rooms: 40 Is the current lodging license displayed?  Yes  No  N/A - new

Rooms Inspected: 106, 108, 121, 122, 202, 203, 205, 207, 212, 221  
 Water Supply:  Private  Public  
 Wastewater:  Private  Public  
 Water sample taken  Yes  No Regulated by:  DHSS  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  
 Fire Safety  Electrical Wiring  Plumbing  Swimming Pools/Spas  Fuel Burning Appliances  
 New Lodging Establishments  N/A  
 Smoke detectors hardwired  Yes  No  N/A  
 Fire alarm system installed  Yes  No  N/A  
 Sprinkler system installed  Yes  No  N/A  
 Swimming Pool Certified  Yes  No  N/A  
 Building Certified to National Standards or Occupancy Permit  Yes  No  
 Historical Building  Yes  No  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>	In Out NO N/A	<b>Section E: Fire Safety</b>	In Out NO N/A
1. Approved source, construction and operation	XX	1. Textiles, hangings and mirrors	XX
2. Complies with water quality standards	XX	2. Fire extinguisher type, inspected, and location	XX
3. Chlorinator maintained and operated properly	XX	3. Vertical openings fire-rated, self-closing	XX
4. Wastewater operation and maintenance	XX	4. Doors, self-closing and fire-rated	XX
<b>Section C: Sanitation/Housekeeping</b>		5. Smoke detectors hardwired, installed, good repair	XX
1. Walls, floors and ceilings in good repair	XX	6. Evacuation route and plan, installed, available	XX
2. Housekeeping practices and furnishings	XX	7. Stairs and ramps, maintained, storage	XX
3. Towels and bed linens clean	XX	8. Means of egress, number, maintained	XX
4. Mattresses and box springs clean	XX	9. Handrails and balconies maintained and appropriate	XX
5. Pest control procedures	XX	<b>Section F: Swimming Pools/Spas</b>	
6. Ice machines, scoops, liners clean & protected	XX	1. Fence, gate adequate, proper closure mechanism	XX
7. Garbage storage and disposal	XX	2. Boundary line, pool depth properly marked	XX
8. Premises maintained, plant growth controlled	XX	3. Deck is clean and in good repair	XX
<b>Food Inspection conducted according to 19CSR20-1.025</b>		4. Lifesaving equipment adequate, good repair	XX
9. Food, equipment and single service/use	XX	5. Pool clarity, pH, disinfectant, & temp. maintained	XX
10. Food protected from contamination	XX	6. Steps, ladders, and handrails installed, good repair	XX
11. Facilities to wash, rinse and sanitize	XX	7. Adequate ventilation	XX
12. Handwashing facilities/hygienic practices	XX	8. Electrical outlets, proper protection & distance	XX
<b>Section D: Life Safety</b>		9. Records maintained and signs posted	XX
1. Combustible/toxic items usage and storage	XX	10. First aid kit available	XX
2. Building maintained to assure safe conditions	XX	11. Lighting adequate and in good repair	XX
3. CO detectors hardwired, installed, good repair	XX	<b>Section G: Plumbing/Mechanical</b>	
4. GFCI, outlets & switches installed, good repair	XX	1. Equipment adequate, good repair	XX
5. Exit signs installed, good repair	XX	2. Ventilation adequate, plumbing, restrooms	XX
6. Emergency lighting installed, good repair	XX	3. T & P relief valves adequate, good repair	XX
7. Electric panel protected, labeled, good repair	XX	4. Relief valve discharge pipes installed, adequate	XX
<b>Required Annual Third Party Inspections</b>		5. Backflow, air gaps, no cross connections	XX
1. Fire Alarm System	XX	<b>Section H: Heating &amp; Cooling</b>	
2. Sprinkler System	XX	1. Unvented fuel-burning appliance/space heater	XX
3. Local Fire and Building Codes/Ordinances	XX	2. Fire resistant room or sprinkler head	XX
4. Current Boiler/Pressure Vessels MDPS Certification	XX	3. Location of heating/cooling units	XX
5. Backflow Device(s) Test	XX	4. Ventilation of appliances and utility rooms	XX
6. Liquid Propane Leak Test	XX	5. Operation and condition adequate	XX

INSPECTED BY (PRINT NAME and SIGN): Jodie Marcus EPHS NUMBER: 1681 AGENCY: Miss. Co. Health. Dept TELEPHONE: 573-683-2191  
 LICENSING YEAR: 20 20 / 20 21 APPROVED  YES  NO DATE INSPECTED: 7-22-2020 FOLLOW UP DATE: 7-28-2020  
 RECEIVED BY (PRINT NAME AND TITLE and SIGN): Misti Jackson Front Desk Clerk PAGE 1 OF 2



Establishment Name	Physical Address	City
Section Reference	Observations, comments, and corrective measures	
C-2	<u>Room 122</u> Ice build-up in freezer	
C-2	<u>Room 205</u> Musty odor in room.	
C-2	Refrigerator soiled with debris	
G-1	Showerhead flashing loose	
C-2	<u>Room 221</u> Musty odor in room	
Note:	<u>Pool</u> Pool is remaining closed for the season	
Note:	<u>Breakfast Room</u> No self serve breakfast and room is closed due to Covid-19	

INSPECTED BY <i>Jodie Mada</i>	RECEIVED BY <i>Misty Jackson</i>	DATE 7-22-2020
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