



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
-----------------------------	----------------------

Establishment Name Quality Inn		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager Jay Patel	
Physical Address 102 Drake Street		City Charleston	Zip 63834
Mailing Address Same		City	Zip
County 133	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone 573-683-4200	No. of Stories 2 No. of Rooms 40 Is the current lodging license displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: 200, 204, 208, 214, 218, 102 105, 109, 115, 118	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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 A & B: Water Supply & Wastewater					Section E: Fire Safety				
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		<input checked="" type="checkbox"/>		
8. Premises maintained, plant growth controlled		<input checked="" type="checkbox"/>			3. Deck is clean and in good repair	<input checked="" type="checkbox"/>			
Food inspection conducted according to 19CSR20-1.025					4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>			
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>				5. Pool clarity, pH, disinfectant, & temp. maintained		<input checked="" type="checkbox"/>		
10. Food protected from contamination		<input checked="" type="checkbox"/>			6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>			
11. Facilities to wash, rinse and sanitize		<input checked="" type="checkbox"/>			7. Adequate ventilation	<input checked="" type="checkbox"/>			
12. Handwashing facilities/hygienic practices		<input checked="" type="checkbox"/>			8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>			
Section D: Life Safety					9. Records maintained and signs posted		<input checked="" type="checkbox"/>		
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	<input checked="" type="checkbox"/>			
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) Derek Horvath	EPHS NUMBER 1126	AGENCY MO DHSS	TELEPHONE 573-730-1310
LICENSING YEAR 2019 - 2020	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 8-21-19	FOLLOW UP DATE 9-16-19
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Stephanie Carter GSA			PAGE 1 OF 4



Establishment Name	Physical Address	City
Quality Inn	102 Drake Street	Charleston
Section Reference	Observations, comments, and corrective measures	
C-2	Air conditioner (AC) filters dirty in all inspected rooms except 109 + 118	
	<u>Room 200</u>	
D-4	GFI outlet in bathroom broken	
C-1	Paint peeling/chipping on ceiling above tub/shower	
C-2	Debris under chair cushion	
	<u>Room 204</u>	
G-1	Showerhead flashing loose	
C-3	Hair on pillow cases on bed by door	
C-2	Debris under chair cushion	
	<u>Room 208</u>	
D-4	Bathroom GFI outlet loose	
C-2	Top of ottoman soiled	
C-2	Debris under chair cushion	
	<u>Room 214</u>	
C-2	Interior of microwave soiled with food debris	
C-2	Ice build-up in freezer	
C-2	Top of fridge door seal soiled and moldy	
C-5	Multiple dead bugs by baseboards	
C-5	Bottom of exterior door does not seal well, light visible	
	<u>Room 218</u>	
C-2	Interior of microwave soiled with food debris	
C-2	Ice build-up in freezer	
C-2	Ironing board cover severely stained	
C-2	Trash under couch	
	<u>Room 118</u>	
C-2	Moldy/musty smell in room	
C-2	Ice build-up in freezer	
C-2	Trash, dead bugs, and debris behind furniture	
C-2	Debris under chair cushion	
C-5	Multiple bird nests on fixtures on exterior of building	
D-5	2nd floor, west side exit sign very dim	

INSPECTED BY <i>Darshan Jade Maran</i>	RECEIVED BY <i>Stephanie Carter</i>	DATE 8-21-19
---	--	-----------------



Establishment Name <u>Quality Inn</u>	Physical Address <u>102 Drake Street</u>	City <u>Charleston</u>
--	---	---------------------------

Section Reference Observations, comments, and corrective measures

	<u>Room 115</u>
G-1	Showerhead flashing loose
C-2	Interior of microwave soiled with food debris
C-2	Food and ice build-up in freezer
C-5	Dead bugs behind bed and night stand
C-2	Trash and debris behind bed and nightstand
C-5	Daylight visible in lower corner of door
	<u>Room 109</u>
G-1	Toilet tank leaking
G-1	Showerhead flashing loose
C-2	Interior and exterior of microwave soiled
C-2	Ice build-up in freezer
C-2	Debris under chair cushion
	<u>Room 105</u>
C-2	moldy/musty smell in room
G-1	Showerhead flashing loose
C-1	Ceiling above toilet and shower damaged
C-2	Interior of microwave soiled
C-2	Ice build-up in freezer
C-2	Interior of fridge soiled
C-5	Dead bugs behind fridge and nightstand
C-2	Trash behind fridge and nightstand
C-5	Daylight visible in lower corner of door
	<u>Room 102</u>
D-4	GFCI outlet in bathroom broken
C-2	Ice build-up in freezer
C-2	Interior of fridge soiled
C-5	Spiderwebs by door
C-1	Ceiling paint flaking over couch
	<u>2nd floor Storage room</u>
D-2	Multiple extension cords used to replace wiring.
E-3	Laundry Chute door propped open
C-10	Shampoo, lotion, and conditioner stored over coffee and cream and sugar packets

INSPECTED BY <u>Dazhan Jodie Marzan</u>	RECEIVED BY <u>Stephanie Carter</u>	DATE <u>8-21-19</u>
--	--	------------------------



Establishment Name	Physical Address	City
Quality Inn	102 Broke	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Ice Machine Room</u>	
C-8	Floor wet	
C-8	Trash and debris	
D-4	GFCI outlet by ice machine broken	
D-2	Extension cords used in place of wiring	
	<u>Breakfast Room</u>	
D-4	GFCI behind syrup open ground	
D-4	GFCI outlet loose behind display case	
C-12	No soap at hand sink	
C-1	Paint chipped on southeast corner of room	
	<u>Office</u>	
C-10	Personal food stored with service food in black fridge	
	<u>Pool</u>	
F-2	No depth markings on inside of pool	
F-5	Pool water cloudy	
F-5	PH is less than 6.8	
F-5	Free chlorine did not register on test.	
F-5	Debris and bugs floating in pool.	
F-5	Pump not running	
F-9	No records maintained for pool water quality	
	<u>Laundry Room</u>	
D-3	No CO ₂ detector	
E-5	No smoke detector	
D-2	Extension cords powering washing machines	
C-11	No sanitizer or test strips for 3bay sink	
C-11	3bay sink directly plumbed	
	<u>Water heater Room</u>	
H-2	No sprinkler over water heaters	
H-4	Water heater room door vents covered up	
C-7	Dumpster lids open	
C-8	Trash and excessive plant growth around dumpster	
	Check Backflow test, fire alarm test, occupancy permits, pool certification, and fire and building codes/ordinances	
INSPECTED BY	RECEIVED BY	DATE
Danzon Jodie Mazar	Stephanie Carter	8-21-19