



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Quality Inn
 Physical Address: 102 Brake Street City: Charleston Zip: 63834
 Mailing Address: same City: _____ Zip: _____
 Name: Owner General Manager Jay Patel

County: 133 This inspection is a(n) Initial Annual Follow-up Telephone: 573-683-4200
 No. of Stories: 2 No. of Rooms: 40 Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: 105, 109, 115, 200, + 208
Water Supply Private Public Water sample taken Yes No
Wastewater Private Public 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			
		In	Out	NO	N/A			In	Out	NO	N/A
Section A & B: Water Supply & Wastewater						Section E: Fire Safety					
1. Approved source, construction and operation		X				1. Textiles, hangings and mirrors		X			
2. Complies with water quality standards		X				2. Fire extinguisher type, inspected, and location		X			
3. Chlorinator maintained and operated properly		X				3. Vertical openings fire-rated, self-closing		X			
4. Wastewater operation and maintenance		X				4. Doors, self-closing and fire-rated		X			
Section C: Sanitation/Housekeeping						Section F: Swimming Pools/Spas					
1. Walls, floors and ceilings in good repair		X				1. Fence, gate adequate, proper closure mechanism		X			
2. Housekeeping practices and furnishings		X				2. Boundary line, pool depth properly marked			X		
3. Towels and bed linens clean		X				3. Deck is clean and in good repair		X			
4. Mattresses and box springs clean		X				4. Lifesaving equipment adequate, good repair		X			
5. Pest control procedures		X				5. Pool clarity, pH, disinfectant, & temp. maintained		X			
6. Ice machines, scoops, liners clean & protected		X				6. Steps, ladders, and handrails installed, good repair		X			
7. Garbage storage and disposal		X				7. Adequate ventilation		X			
8. Premises maintained, plant growth controlled		X				8. Electrical outlets, proper protection & distance		X			
Food Inspection conducted according to 19CSR20-1.025						Section G: Plumbing/Mechanical					
9. Food, equipment and single service/use		X				1. Equipment adequate, good repair			X		
10. Food protected from contamination		X				2. Ventilation adequate, plumbing, restrooms		X			
11. Facilities to wash, rinse and sanitize			X			3. T & P relief valves adequate, good repair		X			
12. Handwashing facilities/hygienic practices		X				4. Relief valve discharge pipes installed, adequate		X			
Section D: Life Safety						Section H: Heating & Cooling					
1. Combustible/toxic items usage and storage		X				1. Unvented fuel-burning appliance/space heater		X			
2. Building maintained to assure safe conditions			X			2. Fire resistant room or sprinkler head		X			
3. CO detectors hardwired, installed, good repair		X				3. Location of heating/cooling units		X			
4. GFCI, outlets & switches installed, good repair			X			4. Ventilation of appliances and utility rooms		X			
5. Exit signs installed, good repair		X				5. Operation and condition adequate		X			
6. Emergency lighting installed, good repair		X									
7. Electric panel protected, labeled, good repair		X									
Required Annual Third Party Inspections											
1. Fire Alarm System		X									
2. Sprinkler System					X						
3. Local Fire and Building Codes/Ordinances				X							
4. Current Boiler/Pressure Vessels MDPS Certification					X						
5. Backflow Device(s) Test				X							
6. Liquid Propane Leak Test					X						

INSPECTED BY (PRINT NAME and SIGN): Derek Horvath Jodie Marcum EPHS NUMBER: 1126 AGENCY: MO DHSS TELEPHONE: 573-730-1310

LICENSING YEAR: 2019 / 20 20 APPROVED YES NO DATE INSPECTED: 11-12-2019 FOLLOW UP DATE: 12-12-19

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Carmen Shands manager Carmen Shands PAGE 1 OF 2



Establishment Name	Physical Address	City
Quality Inn	102 Drake Street	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Room 109</u>	
G-1	Toilet tank leaking	
	<u>2nd floor storage room</u>	
D-2	Multiple extension cords used to replace permanent wiring	
	<u>Ice machine room</u>	
Note:	All vending machines unplugged with out of service signs	
	<u>Laundry room</u>	
D-2	Extension cord powering chemical dispensers	
C-11	3-bay drain vent is located above bottom of sink bays	
	<u>Breakfast room</u>	
D-4	GFCI behind syrup has open ground	
D-5	2nd floor, west side exit sign very dim	
	<u>Pool</u>	
F-2	No depth markings on inside of pool	
Note:	Pool is closed for the season	

INSPECTED BY D. H. / Jodie Marcum	RECEIVED BY Carmen Shanks	DATE 11-12-19
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