



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager	

Establishment Name: Quality Inn
 Physical Address: 702 Drake Street City: Charleston Zip: 03834
 Mailing Address: same City: Zip:
 County: 133 This inspection is a(n) Initial Annual Follow-up Telephone: 683-4200 No. of Stories: 2 No. of Rooms: 40 Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: 122, 205, 221
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fire alarm system installed	<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
Sprinkler system installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A
1. Approved source, construction and operation			X	
2. Complies with water quality standards			X	
3. Chlorinator maintained and operated properly			X	
4. Wastewater operation and maintenance			X	
Section C: Sanitation/Housekeeping				
1. Walls, floors and ceilings in good repair			X	
2. Housekeeping practices and furnishings	X			
3. Towels and bed linens clean			X	
4. Mattresses and box springs clean			X	
5. Pest control procedures			X	
6. Ice machines, scoops, liners clean & protected			X	
7. Garbage storage and disposal			X	
8. Premises maintained, plant growth controlled			X	
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use			X	
10. Food protected from contamination			X	
11. Facilities to wash, rinse and sanitize			X	
12. Handwashing facilities/hygienic practices			X	
Section D: Life Safety				
1. Combustible/toxic items usage and storage			X	
2. Building maintained to assure safe conditions			X	
3. CO detectors hardwired, installed, good repair			X	
4. GFCI, outlets & switches installed, good repair			X	
5. Exit signs installed, good repair			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	
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors			X	
2. Fire extinguisher type, inspected, and location			X	
3. Vertical openings fire-rated, self-closing			X	
4. Doors, self-closing and fire-rated			X	
5. Smoke detectors hardwired, installed, good repair			X	
6. Evacuation route and plan, installed, available			X	
7. Stairs and ramps, maintained, storage			X	
8. Means of egress, number, maintained			X	
9. Handrails and balconies maintained and appropriate			X	
Section F: Swimming Pools/Spas				
1. Fence, gate adequate, proper closure mechanism			X	
2. Boundary line, pool depth properly marked			X	
3. Deck is clean and in good repair			X	
4. Lifesaving equipment adequate, good repair			X	
5. Pool clarity, pH, disinfectant, & temp. maintained			X	
6. Steps, ladders, and handrails installed, good repair			X	
7. Adequate ventilation			X	
8. Electrical outlets, proper protection & distance			X	
9. Records maintained and signs posted			X	
10. First aid kit available			X	
11. Lighting adequate and in good repair			X	
Section G: Plumbing/Mechanical				
1. Equipment adequate, good repair		X		
2. Ventilation adequate, plumbing, restrooms			X	
3. T & P relief valves adequate, good repair			X	
4. Relief valve discharge pipes installed, adequate			X	
5. Backflow, air gaps, no cross connections			X	
Section H: Heating & Cooling				
1. Unvented fuel-burning appliance/space heater			X	
2. Fire resistant room or sprinkler head			X	
3. Location of heating/cooling units			X	
4. Ventilation of appliances and utility rooms			X	
5. Operation and condition adequate			X	

INSPECTED BY (PRINT NAME and SIGN): Jodie Marcum EPHS NUMBER: 1681 AGENCY: Miss. Co. Health TELEPHONE: 573-683-2191
 LICENSING YEAR: 20 20 21 APPROVED YES NO DATE INSPECTED: 7-30-2020 FOLLOW UP DATE:
 RECEIVED BY (PRINT NAME AND TITLE and SIGN): Carmen Shands Manager Carmen Shands PAGE 1 OF 2



Establishment Name <i>Quality Inn</i>	Physical Address <i>702 Drake St.</i>	City <i>Charleston</i>
Section Reference	Observations, comments, and corrective measures	

Note: All Items were corrected.

Note: The breakfast room will open back up after the 1st of 2021.

INSPECTED BY

Jodie Marcus

RECEIVED BY

Carmen Shands

DATE

7-30-2020