

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

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

200ging Establishment hispostion report								USE	ONLY						
Establishment Name							Name Owner D G			General N	General Manager				
Quality Inn							Jay Pate			1					
Physical Address					City)		Zip				
Physical Address Drake Street					Ch			rieston			63834				
Mailing Address					City						Zip			- /	
Same															
County This inspection is a(n) Telephone					1013	No. of	No.	of Rooms	rrent lodgi	rent lodging license displayed?					
Initial Annual Follow-up 5/3-6				874	1200	Stories	Į.	47)	□ No □	No □ N/A- new					
Rooms Inspected:				Wate	er Sup	oly		/ /	7						
			□ Pri		Public	□ Private				Public					
						ole taken □ Yes	sΠN		Regulated b			□ D	NR		
										J					
					Swimming Pools/Spas (check all that apply) Indoor pool Outdoor pool Spa Pool larger than 2000 square fe										
Please check if the following												301			
local ordinances apply	New Lodging Establishments														
☐ Fire Safety ☐ Electrical Wiring	Smoke detectors hardwired														
□ Plumbing	Fire alarm system install										☐ Yes ☐ No ☐ N/A onal Standards or Occupancy				
☐ Swimming Pools/Spas			ied 165 140			N/A Building Certified to Natio			□ Yes □ No						
☐ Fuel Burning Appliances Sprinkler system			n install	led		Yes 🗆 No 🕠 N	□ N/A Historical Building			☐ Yes ☐ No ☐ N/A				Ι/Δ	
Based on an inspection this day the iter	g Appliances				noncon										
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 Denartment Director upon filing a written request within ten days after receipt of this notice															
(RSWIG 315.005-005, 19 CSR 20-3.050)															
In=In Compliance Out	=Not In C					itional page(s)		NO=Not C	Observed	N/A=Not	Appli	cable			
Section A & B: Water Supply & Wast 1. Approved source, construction and or		In	Out	NO	N/A	Section E: Fire	e Safe	ety			In	Out	NO	N/A	
Complies with water quality standards	erauon			5	-	Textiles, hang Fire extinguis	gings	and mirror	S stad and least	-			X		
Chlorinator maintained and operated properly				₩		Vertical open	On			X					
Wastewater operation and maintenance				X		4. Doors, self-cl				×					
Section C: Sanitation/Housekeeping						5. Smoke detec	5. Smoke detectors hardwired, installed, good r						X		
Walls, floors and ceilings in good repair				X		6. Evacuation ro	vacuation route and plan, installed, availab						X		
Housekeeping practices and furnishings Towels and bed linens clean				X		7. Stairs and rar				X					
Towers and bed linens clean Mattresses and box springs clean				X		8. Means of egr				X					
Pest control procedures				10		9. Handrails and	propriate			X					
6. Ice machines, scoops, liners clean & protected				R		Section F: Swi 1. Fence, gate a	deau	ate proper	closure mach	aniem		~			
Garbage storage and disposal				X		2. Boundary line	DOO	depth pro	perly marked	amom	YOU	X			
8. Premises maintained, plant growth controlled				X		3. Deck is clean	and i	in good rep	air		1 thin		X		
Food Inspection conducted according to 19CSR20-1.025				v v	4. Lifesaving e	quipr	ment adec	uate, good r	epair			X			
Food, equipment and single service/use Food protected from contamination				X		5. Pool clarity, p	H, dis	sinfectant,	& temp. mainta	ained			X		
11. Facilities to wash, rinse and sanitize						Steps, laddenAdequate ver			installed, good	d repair			X		
12. Handwashing facilities/hygienic practices				V		8. Electrical outl			ction & distan	00		-	X		
Section D: Life Safety				-		9. Records main	ntaine	d and sign:	s posted	CC			>		
Combustible/toxic items usage and storage				×		10. First aid kit a							2		
2. Building maintained to assure safe conditions		>				11. Lighting ade							X		
CO detectors hardwired, installed, good repair GFCI, outlets & switches installed, good repair		1		X		Section G: Plu					1				
Exit signs installed, good repair		X		~		 Equipment ad Ventilation ad 					X				
6. Emergency lighting installed, good repair				×		3. T & P relief va							X		
7. Electric panel protected, labeled, good repair				X		4. Relief valve d				uate					
Required Annual Third Party Inspections						5. Backflow, air	gaps,	no cross c	onnections				2		
1. Fire Alarm System				×		Section H: Hea	iting i	& Cooling							
Sprinkler System Local Fire and Building Codes/Ordinances					X	1. Unvented fuel				ter			X		
Current Boiler/Pressure Vessels MDPS				X		2. Fire resistant	room	or sprinkle	r head				X		
Certification					X	3. Location of he	atina	/cooling.un	iite				V		
5. Backflow Device(s) Test				X		4. Ventilation of	applia	nces and	utility rooms				\bigcirc		
6. Liquid Propane Leak Test				M	X	5. Operation and	dition adeq		- Table			V			
INSPECTED BY (PRINT NAME and SIGN)				EPHS NUMBER A			CY	V	TELER	PHON	= "	-			
Gode Mercen					1681			COH	eath Dop		3-6		219		
LICENSING VEAD	1001					FOLL									
20 /9 /20 20 APPROVED VE										I OLL	JVV UF	DAI	_		
APPROVED YES INO 16 0011															
RECEIVED BY (PRINT NAME AND TITLE and SIGN) PAGE 1 OF															
Caimen Shands Carmen Shands manager															
MO 580-0883 (6-16) Distribution: White/Owner Canary/Central Office Plyk/Local Office													0 02		

* must call me to inspect pool before opening for the season