



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Quality Inn
 Name: Owner 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) 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: 200, 204, 208, 214, 218, 102, 105, 109, 115, 118
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			
Section A & B: Water Supply & Wastewater		In	Out	NO	N/A	Section E: Fire Safety		In	Out	NO	N/A
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						Section F: Swimming Pools/Spas					
1. Walls, floors and ceilings in good repair			<input checked="" type="checkbox"/>			1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>				
2. Housekeeping practices and furnishings			<input checked="" type="checkbox"/>			2. Boundary line, pool depth properly marked			<input checked="" type="checkbox"/>		
3. Towels and bed linens clean	<input checked="" type="checkbox"/>					3. Deck is clean and in good repair	<input checked="" type="checkbox"/>				
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>					4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>				
5. Pest control procedures			<input checked="" type="checkbox"/>			5. Pool clarity, pH, disinfectant, & temp. maintained				<input checked="" type="checkbox"/>	
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>				
7. Garbage storage and disposal	<input checked="" type="checkbox"/>					7. Adequate ventilation	<input checked="" type="checkbox"/>				
8. Premises maintained, plant growth controlled			<input checked="" type="checkbox"/>			8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>				
Food Inspection conducted according to 19CSR20-1.025						Section G: Plumbing/Mechanical					
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>					1. Equipment adequate, good repair			<input checked="" type="checkbox"/>		
10. Food protected from contamination	<input checked="" type="checkbox"/>					2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>				
11. Facilities to wash, rinse and sanitize			<input checked="" type="checkbox"/>			3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>				
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/>					4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>				
Section D: Life Safety						Section H: Heating & Cooling					
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>					1. Unvented fuel-burning appliance/space heater					<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions			<input checked="" type="checkbox"/>			2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>				
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>					3. Location of heating/cooling units	<input checked="" type="checkbox"/>				
4. GFCI, outlets & switches installed, good repair			<input checked="" type="checkbox"/>			4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>				
5. Exit signs installed, good repair			<input checked="" type="checkbox"/>			5. Operation and condition adequate	<input checked="" type="checkbox"/>				
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>										
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>										

INSPECTED BY (PRINT NAME and SIGN) Jodie Marcum Jodie Marcum EPHS NUMBER 1126 AGENCY Mississippi County TELEPHONE 573-683-2191

LICENSING YEAR 20 19 120 20 APPROVED YES NO DATE INSPECTED 9-16-19 FOLLOW UP DATE 9-27-19

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	
C-1	Room 200 Paint peeling/chipping on ceiling above tub/shower	
C-2	Room 208 Top of Ottoman soiled	
C-5	Room 115 Daylight visible in lower corner of door	
G-1	Room 109 Toilet tank leaking	
C-2	Room 105 moldy/musty smell in room	
D-2	2nd floor Storage Room Multiple extension cords used to replace wiring	
E-3	Laundry Chute door propped open	
C-8	Ice Machine Room Floor wet	
D-2	Extension cords used in place of wiring	
D-4	Breakfast Room GFCI behind syrup open ground	
C-1	Paint chipped on southeast corner of room.	
F-2	Pool No depth markings on inside of pool - Pool is closed for the season	
D-2	Laundry Room Extension cord powering chemical dispensers	
C-11	3 bay sink directly plumbed	
D-5	2nd floor west side exit sign very dim	
C-8	Excessive plant growth around dumpster	
F-10	No first aid kit by pool	
Note *	Owner stated water heater room is fire resistant	

INSPECTED BY <i>Jodie Moran DeZure</i>	RECEIVED BY <i>Carmen Shanks</i>	DATE 9-16-19
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