



ESTABLISHMENT NUMBER

ESTABLISHMENT NAME <i>Quality Inn</i>		NAME OF OWNER/CONTACT PERSON <i>Shirley Turner</i>			
MAILING ADDRESS <i>102 Drake</i>		CITY <i>Charleston</i>		ZIP CODE <i>63834</i>	
PHYSICAL ADDRESS		CITY		ZIP CODE	
COUNTY <i>133</i>	THIS INSPECTION IS A(N) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE <i>683-4900</i>	NO. OF STORIES <i>2</i>	NO. OF ROOMS <i>40</i>	ROOMS INSPECTED <i>210, 219, 220, 107, 115, 120, 203, 207, 211, 215</i>

Please check Yes or No next to each item.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005			<input checked="" type="checkbox"/>	Is the water supply private		<input checked="" type="checkbox"/>
				Is the water supply public	<input checked="" type="checkbox"/>	
If built after October 31, 2005, does it have certification to national standards or an occupancy permit			<input checked="" type="checkbox"/>	Water sample taken		<input checked="" type="checkbox"/>
Do the following local ordinances apply?				SEWAGE/WASTEWATER		
Fire safety			<input checked="" type="checkbox"/>	Is the Sewage/Wastewater private		<input checked="" type="checkbox"/>
Electrical wiring				Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	
				SWIMMING POOLS/SPAS		
Fuel burning appliances				Indoor pool		<input checked="" type="checkbox"/>
Plumbing				Outdoor pool	<input checked="" type="checkbox"/>	
Swimming pools/spas				Spa		<input checked="" type="checkbox"/>
Food		<input checked="" type="checkbox"/>		Pool larger than 2000 square feet		<input checked="" type="checkbox"/>

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)

Yes = In Compliance No = Not in Compliance, explain on additional page(s) NB = Not Observed NA = Not Applicable

SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
1. Approved source, construction & operation	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	2. Doors and locks permitted	<input checked="" type="checkbox"/>			
2. Complies with chemical, bacT & rad standards	<input checked="" type="checkbox"/>				3. Textiles, hangings and mirrors proper	<input checked="" type="checkbox"/>			
3. Chlorinator maintained & operating properly	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input checked="" type="checkbox"/>			
SECTION B: SEWAGE & WASTEWATER					SECTION F: SWIMMING POOLS/SPAS				
1. Operating satisfactorily	<input checked="" type="checkbox"/>				1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>			
SECTION C: SANITATION/HOUSEKEEPING					2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>			
1. Walls, floors & ceilings in good repair		<input checked="" type="checkbox"/>			3. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>			
2. Proper housekeeping practices	<input checked="" type="checkbox"/>				4. Pool clarity, pH, disinfectant, temp maintained	<input checked="" type="checkbox"/>			
3. Towels & bed linens clean	<input checked="" type="checkbox"/>				5. Steps, ladders, deck installed, good repair	<input checked="" type="checkbox"/>			
4. Mattresses & box springs clean	<input checked="" type="checkbox"/>				SECTION G: PLUMBING/MECHANICAL				
5. No evidence of rodents & insects	<input checked="" type="checkbox"/>				1. Equipment adequate, good repair	<input checked="" type="checkbox"/>			
6. Ice machines, scoops, liners, clean & protected	<input checked="" type="checkbox"/>				2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>			
7. Garbage & refuse properly maintained	<input checked="" type="checkbox"/>				3. Boilers/pressure vessels MDPS certified	<input checked="" type="checkbox"/>			
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>				4. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>			
9. Food sources, sound condition, approved	<input checked="" type="checkbox"/>				5. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>			
10. Food protected from contamination	<input checked="" type="checkbox"/>				6. Proper air gaps, no cross connections	<input checked="" type="checkbox"/>			
11. Proper facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>				SECTION H: HEATING & COOLING				
12. Proper hygienic practices	<input checked="" type="checkbox"/>				1. Unvented fuel-burn appliance/space heater approved	<input checked="" type="checkbox"/>			
SECTION D: LIFE SAFETY					2. Fire resistant room or sprinkler head/detector	<input checked="" type="checkbox"/>			
1. Combustible/toxic items properly used and stored	<input checked="" type="checkbox"/>				3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>			
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>				4. Ventilation of appliances & utility rooms	<input checked="" type="checkbox"/>			
3. CO detectors installed, good repair	<input checked="" type="checkbox"/>				5. Operation & condition adequate	<input checked="" type="checkbox"/>			
4. GFCI and proper wiring installed, good repair	<input checked="" type="checkbox"/>				6. Proper safety valve, thermo control, elect. switch	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>				SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)				
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>				1. Smoke detectors hardwired & maintained	<input checked="" type="checkbox"/>			
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>				2. Fire alarm system installed & maintained	<input checked="" type="checkbox"/>			
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)					3. Sprinkler system installed & maintained	<input checked="" type="checkbox"/>			
1. Complies with local building codes, fire codes & ordinances	<input checked="" type="checkbox"/>				INSPECTED BY: <i>Britton (Wahlford)</i> EPHS NUMBER: <i>1709</i> AGENCY: <i>Mississippi Co Health</i> TELEPHONE: <i>683-2191</i>				

LICENSING YEAR <i>2018-19</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>9/5/18</i>	SCHEDULED FOLLOW UP DATE <i>9/25/18</i>	RECEIVED BY <i>Shirley Turner</i>	DATE <i>9-5-18</i>
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Establishment Name <i>Quality Inn</i>		Physical Address <i>102 Drake</i>	City <i>Clinton</i>
Section Reference	Observations, comments, and corrective measures		
<i>PM</i>			
<i>102</i>	<i>None observed</i>		
<i>115</i>	<i>None observed</i>		
<i>120</i>	<i>(C1) Ceiling falling in bathroom</i>		
<i>203</i>	<i>None observed</i>		
<i>207</i>	<i>None observed</i>		
<i>211</i>	<i>None observed</i>		
<i>215</i>	<i>None observed</i>		
<i>216</i>	<i>None observed</i>		
<i>219</i>	<i>None observed</i>		
<i>220</i>	<i>None observed</i>		
<i>Laundry</i>	<i>None observed</i>		
<i>Storage</i>	<i>(E5) Upper laundry, sheet door not shut</i>		
INSPECTED BY <i>Patricia Wolford</i>		RECEIVED BY <i>Ann Bailey</i>	DATE <i>9/5/18</i>