



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <b>Super 8</b>				Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager	
Physical Address <b>310 South Story</b>			City <b>Charleston</b>		Zip <b>63834</b>
Mailing Address			City		Zip
County <b>133</b>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up		Telephone	No. of Stories <b>1</b>	No. of Rooms <b>60</b>
			Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new		
<b>Rooms Inspected:</b> <b>101, 106, 121, 125, 130</b> <b>206, 212, 219, 222, 225</b>			<b>Water Supply</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Wastewater</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
			<b>Swimming Pools/Spas (check all that apply)</b> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		
<b>Please check if the following local ordinances apply</b> <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances			<b>New Lodging Establishments</b> <input type="checkbox"/> N/A Smoke detectors hardwired <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 Sprinkler system installed <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 Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No 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)					
<b>In=In Compliance Out=Not In Compliance, explain on additional page(s) NO=Not Observed N/A=Not Applicable</b>					
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>		<b>In</b>	<b>Out</b>	<b>NO</b>	<b>N/A</b>
1. Approved source, construction and operation		X			
2. Complies with water quality standards		X			
3. Chlorinator maintained and operated properly		X			X
4. Wastewater operation and maintenance		X			
<b>Section C: Sanitation/Housekeeping</b>					
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			
<b>Food Inspection conducted according to 19CSR20-1.025</b>					
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			
<b>Section D: Life Safety</b>					
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			
<b>Required Annual Third Party Inspections</b>					
1. Fire Alarm System		X			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	X
6. Liquid Propane Leak Test					X
<b>Section E: Fire Safety</b>					
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			
<b>Section F: Swimming Pools/Spas</b>					
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
<b>Section G: Plumbing/Mechanical</b>					
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			
<b>Section H: Heating &amp; Cooling</b>					
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			
<b>INSPECTED BY (PRINT NAME and SIGN)</b> <b>Jodie Marclum</b>		<b>EPHS NUMBER</b> <b>1681</b>		<b>AGENCY</b> <b>MCHD</b>	
<b>LICENSING YEAR</b> <b>2025 / 2026</b>		<b>APPROVED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>DATE INSPECTED</b> <b>5-27-2025</b>	
<b>RECEIVED BY (PRINT NAME AND TITLE and SIGN)</b> <b>Youlanda Sharp</b>				<b>TELEPHONE</b> <b>573-683-2191</b>	
				<b>FOLLOW UP DATE</b> <b>6-16-2025</b>	
				<b>PAGE 1 OF 2</b>	





Establishment Name	Super 8	Physical Address	310 South Story	City	Charleston
Section Reference	Observations, comments, and corrective measures				
	<del>Room 101</del>				
C-2	Debris on floor				
C-1	Light visible around exterior door				
	<del>Room 121</del>				
C-2	Debris on floor				
	<del>Room 106</del>				
C-2	Inside of refrigerator dirty				
C-2	Debris on floor				
	<del>Room 125</del>				
C-5	Spider webs in room				
C-5	Dead spider on a/c unit				
C-2	Debris on floor				
	<del>Room 206</del>				
C-5	Dead bugs in bathroom				
C-1	Ceiling stained and sagging				
	<del>Room 212</del>				
C-5	Dead bugs in bathroom				
C-5	Spider webs in room				
C-1	Light visible under exterior door				
	<del>Room 219</del>				
C-5	Dead spider in sink				
C-5	Live spider in bathtub				
	<del>Room 222</del>				
C-2	Debris on floor				
	<del>Room 225</del>				
C-2	Debris on floor				
C-1	Wallpaper peeling by room 202 and 133				
C-1	Stained ceiling tiles in breakfast room				
C-1	Missing ceiling tile in hall by room 208				
C-1	Gap between doors by vending machine in building 1				
C-2	Debris on carpets in hallways				
INSPECTED BY		RECEIVED BY		DATE	
Gladie Marcum		Gladie Marcum		5/27/25	