



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
-----------------------------	----------------------

Establishment Name: Super 8 Name:  Owner  General Manager Jay Patel

Physical Address: 310 S. Story City: Charleston Zip: 63834

Mailing Address: same City: Zip:

County: 133 This inspection is a(n)  Initial  Annual  Follow-up Telephone: 573-683-2125 No. of Stories: 1 No. of Rooms: 60 Is the current lodging license displayed?  Yes  No  N/A - new

**Rooms Inspected:** 102, 119, 126, 130, 116, 215  
203, 220, 208, 225

**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**

<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Electrical Wiring	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
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Swimming Pools/Spas	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
<input type="checkbox"/> Fuel Burning Appliances		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			
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>		In	Out	NO	N/A	<b>Section E: Fire Safety</b>		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"/>				
<b>Section C: Sanitation/Housekeeping</b>						5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>				
1. Walls, floors and ceilings in good repair			<input checked="" type="checkbox"/>			6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>				
2. Housekeeping practices and furnishings			<input checked="" type="checkbox"/>			7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>				
3. Towels and bed linens clean			<input checked="" type="checkbox"/>			8. Means of egress, number, maintained	<input checked="" type="checkbox"/>				
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>					9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>				
5. Pest control procedures			<input checked="" type="checkbox"/>			<b>Section F: Swimming Pools/Spas</b>					
6. Ice machines, scoops, liners clean & protected			<input checked="" type="checkbox"/>			1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>				
7. Garbage storage and disposal			<input checked="" type="checkbox"/>			2. Boundary line, pool depth properly marked					<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>					3. Deck is clean and in good repair					<input checked="" type="checkbox"/>
<b>Food Inspection conducted according to 19CSR20-1.025</b>						4. Lifesaving equipment adequate, good repair					<input checked="" type="checkbox"/>
9. Food, equipment and single service/use					<input checked="" type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained					<input checked="" type="checkbox"/>
10. Food protected from contamination					<input checked="" type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair					<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize					<input checked="" type="checkbox"/>	7. Adequate ventilation					<input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices					<input checked="" type="checkbox"/>	8. Electrical outlets, proper protection & distance					<input checked="" type="checkbox"/>
<b>Section D: Life Safety</b>						9. Records maintained and signs posted					<input checked="" type="checkbox"/>
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>					10. First aid kit available					<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>					11. Lighting adequate and in good repair					<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>					<b>Section G: Plumbing/Mechanical</b>					
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			1. Equipment adequate, good repair	<input checked="" type="checkbox"/>				
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>					2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>				
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>					3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>				
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>				
<b>Required Annual Third Party Inspections</b>						5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>				
1. Fire Alarm System						<b>Section H: Heating &amp; Cooling</b>					
2. Sprinkler System						1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>				
3. Local Fire and Building Codes/Ordinances				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>				
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/>					3. Location of heating/cooling units	<input checked="" type="checkbox"/>				
5. Backflow Device(s) Test				<input checked="" type="checkbox"/>		4. Ventilation of appliances and utility rooms		<input checked="" type="checkbox"/>			
6. Liquid Propane Leak Test				<input checked="" type="checkbox"/>		5. Operation and condition adequate	<input checked="" type="checkbox"/>				

INSPECTED BY (PRINT NAME AND SIGN): Blaine Gatto/Blaine Gatto/Jodie Marcum EPHS NUMBER: 1748/1681 AGENCY: MCHD + DHSS TELEPHONE: 573-683-2191

LICENSING YEAR: 20 21 / 20 22 APPROVED  YES  NO DATE INSPECTED: 5/26/21 FOLLOW UP DATE: 6/23/2021

RECEIVED BY (PRINT NAME AND TITLE AND SIGN): Jay Patel PAGE 1 OF 4





ESTABLISHMENT NAME Super 8	PHYSICAL ADDRESS 310 S. Story	CITY Charleston
-------------------------------	----------------------------------	--------------------

**SECTION REFERENCE      OBSERVATIONS AND ADDITIONAL COMMENTS**

	<u>Room 102</u>
C-5	Spider webs behind bed
C-5	Live spider in bathtub
D-4	GFCI works, but will not reset
C-2	A/C filter was dirty
C-5	Screen on window not in good repair
	<u>Room 119</u>
C-2	Front of sink is cracked by paper towel dispenser
C-2	Window seal is dirty
C-5	Spider webs in room
C-1	Burnt spot on carpet by/under TV stand
	<u>Room 126</u>
D-4	GFCI won't reset
C-2	Left A/c filter broken
C-3	Left mattress cover is ripped
C-5	Spider webs in room
	<u>Room 130</u>
C-5	Small live spider on right bed
C-3	Box spring cover ripped
C-5	Ant crawling on bed
	<u>Room <del>112</del> 203</u>
C-5	Dead spider in bathroom
C-5	Spider webs in room
C-5	small spider crawling on outside bed

Note: Currently no food service due to COVID + ice bucket + coffee pots removed from rooms. Pool is covered/closed + locked permanently.

INSPECTED BY Jodie Marcum EPHS # 1681 / <i>[Signature]</i> 1748	DATE 5-26-2021
RECEIVED BY <i>[Signature]</i>	DATE





Establishment Name	Physical Address	City
Super 8	310 S. Story	Charleston
Section Reference	Observations, comments, and corrective measures	
	Room 116	
C-2	A/C filter is dirty	
C-2	Window seal dirty	
C-5	Spider webs at base of bed close to outside	
	Room 215	
C-2	A/C filters dirty	
C-5	Window open for ventilation without a screen and flies were coming in the room.	
D-4	Light or switch above sink not working	
C-5	Spider webs in room	
C-5	Pest sticky trap behind toilet in bathroom	
D-4	GFCI won't reset	
C-2	Wall between bed and nightstand dirty.	
	Room 220	
C-5	Small spider in sink	
C-2	A/C filter dirty and broken	
C-5	Spider webs in window seal	
	Room 208	
C-1	Paint chipping off wall by couch	
C-2	A/C filter broken and dirty	
C-5	Outside door doesn't completely seal	
	Room 225	
C-5	Large spider in sink	
C-1	Ceiling damaged in bathroom	
C-2	A/C filters missing	
C-5	Dead bugs in window seal	
C-2	Food debris between bed and nightstand	
C-2	In the 200-building hallway, the filter in the A/C unit is broken	
C-1	In the 200-building hallway (close to entrance, wall paper is damaged & under the window/coming off the walls)	
C-1	There are stained ceiling tiles close to storage room in 200 building	

INSPECTED BY: Bonnie [Signature] / Jodie Marcin RECEIVED BY: Devin [Signature] DATE: 5-26-2021





ESTABLISHMENT NAME Super-8	PHYSICAL ADDRESS 310 S Story	CITY Charleston
-------------------------------	---------------------------------	--------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

C-5	Men's restroom located down the hall from the front lobby had a dead roach on the floor. The women's restroom next to it also had dead bugs in it.
H-4	In the mechanical room where the hot water heater (gas) is located, insulation has been stuffed into the vent that allows outside air ventilation.
H-4	Condensation observed dripping from overhead pipes in the mechanical room.
D-7	Electrical panels in the mechanical room blocked w/empty buckets.
C-10	Crack inside of the ice machine located in the hallway has excessive build up of mold/mildew.
C-1	Trash on the floor under/behind ice machine in the hallway.
C-5	Gap between doors where light is showing through -> Exit doors close to ice machine. Assure that doors are properly sealed to prevent entry of pests.
C-1	Ceiling tile stained/damaged close to ice machine -> room 125. Ceiling tile's between rooms 112 & 129 and at the end of hall stained/damaged.

INSPECTED BY Blanned / Jodie Marcum	DATE 5/26/21
RECEIVED BY Vanicee	DATE 5/26/21