



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Supply 8</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Jay Patel</i>	
Physical Address <i>510 S Story</i>		City <i>Charleston</i>	Zip <i>63834</i>
Mailing Address		City	Zip
County <i>133</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>663-2175</i>	No. of Stories <i>1</i>
		No. of Rooms <i>60</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>105, 107, 112, 126, 133, 201, 217, 214, 221, 208</i>	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input checked="" type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <input type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Plumbing	Fire alarm system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	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)

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

INSPECTED BY (PRINT NAME and SIGN) <i>Derek Honchar</i>	EPHS NUMBER <i>1126</i>	AGENCY <i>MO DHSS</i>	TELEPHONE <i>573-730-1310</i>
LICENSING YEAR <i>20 19 120 20</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>8/27/2019</i>	FOLLOW UP DATE <i>9-16-2019</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Shawnee Boyce</i>			PAGE 1 OF 4



Establishment Name	Physical Address	City
Super 8	510 S. Story	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Room 126</u>	
C-2	Freezer ice build-up	
C-2	Spill in refrigerator	
D-4	GFCI broken	
C-5	Dead bugs/debris behind nightstand and beds	
	<u>Room 105</u>	
C-2	Hair and debris under couch cushion	
C-5	Cobwebs and spiders behind couch	
C-1	Ceiling damaged by door	
	<u>Room 107</u>	
C-2	Ice build-up in freezer	
C-2	Spill in refrigerator	
C-5	Dead bugs and debris behind beds and nightstand	
C-1	Water damaged wall and ceiling by bathroom door	
C-2	Stain on chair cushion	
C-1	Wall damaged by exterior window and along ceiling	
C-2	Electrical tape wrapped around light bulb by nightstand bed.	
	<u>Room 112</u>	
G-1	Shower flashing loose	
C-5	Dead bugs behind beds and nightstand	
C-1	Water damage on bathroom ceiling	
	<u>Room 133</u>	
C-1	Water damage on ceiling in room and bathroom	
C-2	Refrigerator dirty	
D-4	GFCI broken	
	<u>Room 201</u>	
D-4	GFCI broken	
C-2	Table top loose	
C-2	Ice build-up in freezer	
C-2	Food spill in refrigerator	
C-1	Wall damaged by window	
C-5	Dead bugs, debris, and mold behind beds and nightstand	
C-6	Ice bucket lid missing	
INSPECTED BY	RECEIVED BY	DATE
Daxton	Jodie Moran	8/27/2019



Establishment Name	Physical Address	City
Super 8	510 S. Story	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Room 217</u>	
D-4	GFCI broken	
C-5	Dead bugs and debris behind bed and nightstand	
C-2	Mold on walls and ceiling of bathroom	
C-1	Ceiling damaged in sleeping room	
	<u>Room 221</u>	
C-1	Ceiling damaged in sleeping room	
C-2	Ice build-up in fridge	
C-2	Debris behind nightstand	
C-2	Mold on wall and nightstand	
	<u>Room 208</u>	
D-4	GFCI broken	
C-2	Moisture build-up in fridge	
C-5	Dead bugs and debris behind beds and nightstand	
C-1	Mold of over exterior door	
G-1	Faucet sprays water onto counter around sink	
	<u>Room 214</u>	
D-4	GFCI broken	
C-5	Dead bugs and debris behind beds and nightstand	
C-1	Ceiling boarder falling down	
C-1	Wall damaged by exterior door	
G-1	Showerhead flashing loose	
G-1	Toilet constantly running	
C-5	Large hole in window screen	
	<u>Pool</u> * Not operational at this time	
C-8	Old equipment, trash, and weeds in pool area	
C-5	Stagnant water in deep end of pool	
	<u>Lobby women's restroom</u>	
G-1	Sink detached from wall	
C-12	No covered trash in women's restroom	
H-5	Mold on ceiling vent	
	<u>2nd building</u>	
C-1	Ceiling tiles water damaged by south entrance and between rooms 208 and 209	
D-6	North end emergency light by exit does not work	
INSPECTED BY	RECEIVED BY	DATE
<i>Dezhan</i>	<i>Jodie Moran</i>	8-27-19



Establishment Name	Physical Address	City
Super 8	510 S. Story	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Breakfast Area</u>	
D-4	GFCI outlet by sink not working	
D-4	Two outlets within 5 feet of sink are not GFCI	
C-10	Food items stored under drain line for hand sink	
C-2	Remove broken coffee machine from breakfast area	
	<u>Laundry</u>	
C-1	Wall water damaged behind clothes washer	
C-10	Personal food items stored with service food items	
D-4	GFCI outlet has open ground at 3-bay sink	
G-1	Right bay of 3-bay sink has sign that says do not put water in this sink	
C-11	No sanitizer or test strips for 3-bay sink	
C-11	Clean dishes dried on towel	
C-5	3-bay to sink directly plumbed	
C-1	Floor tiles missing under 3-bay sink	
C-1	Baseboards missing in 3-bay sink area	
C-10	Shampoo, conditioner, and lotion stored next to coffee and over single service cups	
	<u>Water heater room - building #1</u>	
E-2	Fire extinguisher inspection out dated	
H-2	No sprinkler over water heater	
D-7	Electrical panels not accessible	
D-2	Exposed wires behind water storage tank	
C-2	AC filters broken and dirty in all rooms except: 208 and 214	
C-1	Wall and wallpaper damaged by south entrance of 2nd building	
Note:	No. Btu rating on gas dryer	
Note:	Water heaters and room not inspected in building #2	
Note:	Keys to storage room between buildings #1 and #2, building #1 storage north, and building #2 storage south	
INSPECTED BY <i>Danzon</i>		
RECEIVED BY <i>Julie M...</i>		
DATE 8-27-19		