



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Super 8 Name: Owner General Manager Jay Patel

Physical Address: 310 South 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: 103, 117, 121, 130, 211, 207, 216

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

INSPECTED BY (PRINT NAME and SIGN): Jodie Marcum EPHS NUMBER: 1681 AGENCY: Miss. Co. Health Dept. TELEPHONE: 573-683-2191

LICENSING YEAR: 2020 / 2021 APPROVED YES NO DATE INSPECTED: 8-19-2020 FOLLOW UP DATE:

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Carmen Shands manager Carmen Shands PAGE 1 OF 2



ESTABLISHMENT NAME <i>Super 8</i>	PHYSICAL ADDRESS <i>310 S. Story</i>	CITY <i>Charleston</i>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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<i>Note:</i>	<i>All items were corrected</i>
<i>Note:</i>	<i>Pool is covered and still closed</i>
<i>Note:</i>	<i>Breakfast room is closed at this time.</i>

INSPECTED BY <i>Jodie Marz</i>	DATE <i>8-19-2020</i>
RECEIVED BY <i>Carmen Shards</i>	DATE <i>8-19-2020</i>