



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Super 8
 Physical Address: 370 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: 107, 217, 221
 Water Supply: Private Public
 Wastewater: Private Public
 Water sample taken Yes No 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			X	
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					Section F: Swimming Pools/Spas				
1. Walls, floors and ceilings in good repair	X				1. Fence, gate adequate, proper closure mechanism	X			
2. Housekeeping practices and furnishings	X				2. Boundary line, pool depth properly marked				X
3. Towels and bed linens clean			X		3. Deck is clean and in good repair				X
4. Mattresses and box springs clean			X		4. Lifesaving equipment adequate, good repair				X
5. Pest control procedures	X				5. Pool clarity, pH, disinfectant, & temp. maintained				X
6. Ice machines, scoops, liners clean & protected			X		6. Steps, ladders, and handrails installed, good repair				X
7. Garbage storage and disposal			X		7. Adequate ventilation				X
8. Premises maintained, plant growth controlled			X		8. Electrical outlets, proper protection & distance				X
Food Inspection conducted according to 19CSR20-1.025					Section G: Plumbing/Mechanical				
9. Food, equipment and single service/use			X		1. Equipment adequate, good repair			X	
10. Food protected from contamination			X		2. Ventilation adequate, plumbing, restrooms			X	
11. Facilities to wash, rinse and sanitize	X				3. T & P relief valves adequate, good repair			X	
12. Handwashing facilities/hygienic practices			X		4. Relief valve discharge pipes installed, adequate			X	
Section D: Life Safety					Section H: Heating & Cooling				
1. Combustible/toxic items usage and storage			X		1. Unvented fuel-burning appliance/space heater			X	X
2. Building maintained to assure safe conditions			X		2. Fire resistant room or sprinkler head			X	
3. CO detectors hardwired, installed, good repair			X		3. Location of heating/cooling units			X	
4. GFCI, outlets & switches installed, good repair			X		4. Ventilation of appliances and utility rooms			X	
5. Exit signs installed, good repair			X		5. Operation and condition adequate			X	
6. Emergency lighting installed, good repair			X						
7. Electric panel protected, labeled, good repair			X						

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

LICENSING YEAR: 2019 / 2020 APPROVED YES NO DATE INSPECTED: 3-9-2020 FOLLOW UP DATE: _____

RECEIVED BY (PRINT NAME AND TITLE and SIGN): DHARMISHVA PATEL Dharmishva Patel PAGE 1 OF 2



Establishment Name <i>Super 8</i>	Physical Address <i>310 South Story</i>	City <i>Charleston</i>
Section Reference	Observations, comments, and corrective measures	

All items were corrected.

NOTE: The pool has a secured tarp that was installed

INSPECTED-BY <i>Jodie Mars</i>	RECEIVED BY <i>Dharmendra H. Patel</i>	DATE <i>3-9-2020</i>
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