



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <b>Super 8</b>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <b>Jay Patel</b>	
Physical Address <b>310 S. Story</b>		City <b>Charleston</b>	Zip <b>63834</b>
Mailing Address <b>Same</b>		City	Zip
County <b>133</b>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <b>573-683-2125</b>	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>116, 126, 208, 215</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>	<b>New Lodging Establishments</b> <input type="checkbox"/> N/A
<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
<input type="checkbox"/> Plumbing	Fire alarm system installed <input 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
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>	In	Out	NO	N/A
1. Approved source, construction and operation			X	
2. Complies with water quality standards				X
3. Chlorinator maintained and operated properly				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			
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	
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

INSPECTED BY (PRINT NAME and SIGN) <b>Jodie Marcum</b>	EPHS NUMBER <b>1681</b>	AGENCY <b>Miss. Co. Health</b>	TELEPHONE <b>573-683-2191</b>
LICENSING YEAR 20 <b>21</b> / 20 <b>22</b>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <b>6/28/2021</b>	FOLLOW UP DATE <b>7/21/2021</b>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <b>Tamesha</b>			PAGE 1 OF 4





Establishment Name	Physical Address	City
Super 8	310 S. Story	Charleston
Section Reference	Observations, comments, and corrective measures	
Note:	Was not able to inspect rooms 102, 119, 130, 203, 220, and 225 due to being occupied.	
<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 dirty	
C-5	screen on window unit 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	
<u>Room 130</u>		
C-5	small live spider on night bed	
C-3	Box spring cover ripped	
C-5	Ant crawling on bed	
<u>Room 203</u>		
C-5	Dead spider in bathroom	
C-5	Spider webs in room	
C-5	small spider crawling on outside bed	
<u>Room 116</u>		
C-2	A/C filter is dirty	
C-2	Window seal dirty	
<u>Room 215</u>		
<del>D-4</del>		
C-5	Spider webs in room	
D-4	GFCI won't reset	
C-2	Wall between bed and nightstand dirty	
C-5	Pest sticky trap behind toilet in bathroom	

INSPECTED BY

RECEIVED BY

DATE

Jodie Marcum

Tonesha

6/28/21





Establishment Name	Physical Address	City
Super 8	310 S. Story	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Room 220</u>	
C-5	Small spider in sink	
C-2	A/C filter dirty and broken	
C-5	Spider webs in window seal	
	<u>Room 208</u>	
C-1	Paint chipping off wall by couch	
C-2	A/C filter broken and dirty	
C-5	Outside door doesn't completely seal	
	<u>Room 225</u>	
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 of the wall	
C-1	There are stained ceiling tiles close to storage room in 200 building.	
H-4	Condensation observed dripping from overhead pipes in the mechanical room.	
D-7	Electrical panels in the mechanical room blocked with empty buckets.	
C-6	Chute inside of the ice machine, located in the hallway has excessive build up of mold/mildew.	
C-5	Gap between doors where light is shining through → Exit doors close to ice machine. Assure that doors are properly sealed to prevent entry of pests. Front lobby doors also don't seal properly.	
INSPECTED BY	RECEIVED BY	DATE
Jodie Marcum	Tamasha	6/28/21





Establishment Name Super 8	Physical Address 310 S. Stony	City Charleston
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Section Reference	Observations, comments, and corrective measures
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C-1	Ceiling tile stained/damaged close to ice machine + room 125. Ceiling tiles between rooms 112 + 129 and at the end of hall stained/damaged.
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Note:	Need to provide proof of pest control servicing the establishment in order to pass next re-inspection.
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INSPECTED BY Jodie Marcum	RECEIVED BY Tenesha	DATE 6/28/21
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