



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Super 8</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Jay Patc</i>	
Physical Address <i>310 S. Story</i>		City <i>Charleston</i>	Zip <i>63834</i>
Mailing Address <i>same</i>		City	Zip
County <i>133</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573-683-2125</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>112, 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 <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input type="checkbox"/> N/A	
	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler system installed <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 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	Section E: Fire Safety		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"/>				
Section C: Sanitation/Housekeeping						5. Smoke detectors hardwired, installed, good repair					
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"/>			Section F: Swimming Pools/Spas					
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"/>
Food Inspection conducted according to 19CSR20-1.025						4. Lifesaving equipment adequate, good repair					
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"/>
Section D: Life Safety						9. Records maintained and signs posted					
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"/>					Section G: Plumbing/Mechanical					
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"/>			4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>				
Required Annual Third Party Inspections						5. Backflow, air gaps, no cross connections					
1. Fire Alarm System	<input checked="" type="checkbox"/>					Section H: Heating & Cooling					
2. Sprinkler System					<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater					<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances				<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) <i>Jodie Marcum Jodie Marcum</i>	EPHS NUMBER <i>1126</i>	AGENCY <i>Mississippi County</i>	TELEPHONE <i>573-683-2191</i>
LICENSING YEAR <i>20 19 / 20 20</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>9-16-19</i>	FOLLOW UP DATE <i>9-27-19</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Shawnee Boyce Front desk</i>			PAGE 1 OF <u>4</u>



Establishment Name	Physical Address	City
Super 8	310 S. Story	Charleston
Section Reference	Observations, comments, and corrective measures	
	Room 126	
C-2	Freezer ice buildup	
C-2	Spill in refrigerator	
D-4	GFCI broken	
C-5	Dead bugs/debris behind nightstand and beds	
	Room 115	
C-2	Hair and debris under couch cushion	
C-5	Cobwebs and spiders behind couch	
C-1	Ceiling damaged by door	
	Room 107	
C-2	Ice buildup 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 ceiling	
C-2	Electrical tape wrapped around light bulbs by right hand bed. 11	
	Room 112	
C-1	Showerhead flashing loose	
C-5	Dead bugs behind beds and nightstand	
C-1	Water damage on bathroom ceiling	
	Room 133	
C-1	Water damage on ceiling in room and bathroom	
D-4	GFCI broken	
	Room 201	
C-2	Table top loose	
C-1	Wall damaged by window	
C-5	Dead bugs, debris, and mold behind beds and nightstand	
C-6	Ice bucket lid missing	
	Room 217	
D-4	GFCI broken	
C-5	Dead bugs and debris behind bed and nightstand	
C-2	Mold on wall and ceiling of bathroom	
C-1	Ceiling damaged in sleeping room.	
INSPECTED BY		RECEIVED BY
Jodie Maran Dazha		[Signature] [Signature]
DATE		9-16-19



Establishment Name	Physical Address	City
Super 8	310 S. story	Charleston
Section Reference	Observations, comments, and corrective measures	
	<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	G-FCI broken	
C-5	Dead bugs and debris behind beds and nightstand	
C-1	Mold over exterior door	
G-1	Faucet sprays water onto counter around sink	
	<u>Room 214</u>	
D-4	G-FCI 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	Shower head 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>	
C-1	Sink detached from wall	
H-5	Mold on ceiling vent	
	<u>Building #2</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: *Judie Macan Derr* RECEIVED BY: *J. Beal* DATE: 9-16-19



Section Reference	Observations, comments, and corrective measures
Establishment Name <u>Super 8</u> Physical Address <u>310 S. Story</u> City <u>Charleston</u>	
<u>Breakfast Area</u>	
D-4	Two outlets within 5 feet of sink are not G-FCI
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 washers
D-4	G-FCI outlet not open ground at 3-bay sink
C-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
G-5	3-bay sink directly plumbed
C-1	Floor tiles missing under 3-bay sink
C-1	Baseboards missing in 3-bay sink area
<u>Water heater room - building #1</u>	
E-2	Fire extinguisher inspection out dated
D-1	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

INSPECTED BY <u>Jodie Mace</u>	RECEIVED BY <u>Boyo</u>	DATE <u>9-16-19</u>
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