



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Super 8 motel</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager	
Physical Address <i>510 S. Story</i>		City <i>Charleston</i>	Zip <i>63634</i>
Mailing Address		City	Zip
County <i>133</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone <i>683-2175</i>	No. of Stories <i>1</i> No. of Rooms <i>60</i> Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>101, 127, 133, 215</i>	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
	Fire alarm system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building Certified to National Standards or Occupancy Permit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Sprinkler system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Historical Building <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

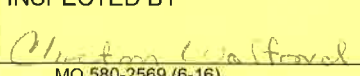
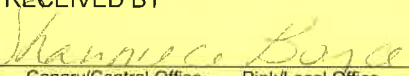
Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your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

INSPECTED BY (PRINT NAME and SIGN) <i>Clinton Walford</i>	EPHS NUMBER <i>1209</i>	AGENCY <i>Missouri Dept of Health</i>	TELEPHONE <i>(63-2191)</i>
LICENSING YEAR <i>20 18 120 17</i>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <i>11/26/18</i>	FOLLOW UP DATE
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Shannon</i>			PAGE 1 OF <i>2</i>



Establishment Name	Physical Address	City
Super 8 motel	510 S. Stary	Clawson
Section Reference	Observations, comments, and corrective measures	
101	(c1) corrected (ceiling found to be repaired)	
127	(c1) corrected (Toilet lid has been replaced)	
133	(c1) corrected (Ceiling + Wall repaired)	
215	(c1) corrected (Ceiling has been repaired)	
End of Hall	(c1) 2 corrected (wall was cleaned and mended w/ wall paper repair)	
Boiler Room	(c1) corrected (ventilation has been hooked up)	
Pool Area	(c8) corrected (clutter has been removed from the area)	

INSPECTED BY  RECEIVED BY  DATE 11-26-18