



ESTABLISHMENT NUMBER

ESTABLISHMENT NAME <i>Super 8 motel</i>		NAME OF OWNER/CONTACT PERSON <i>Gannick Inc.</i>			
MAILING ADDRESS <i>510 S. Story</i>		CITY <i>Charleston</i>	ZIP CODE <i>63834</i>		
PHYSICAL ADDRESS		CITY	ZIP CODE		
COUNTY <i>133</i>	THIS INSPECTION IS A(N) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE <i>683-2195</i>	NO. OF STORIES <i>1</i>	NO. OF ROOMS <i>60</i>	ROOMS INSPECTED <i>103, 116, 124, 130, 137, 201, 208, 211, 216</i>

Please check Yes or No next to each item.		YES	NO	WATER SUPPLY		YES	NO
Was this lodging facility built after October 31, 2005			X	Is the water supply private			X
				Is the water supply public		X	
If built after October 31, 2005, does it have certification to national standards or an occupancy permit			X	Water sample taken			X
Do the following local ordinances apply?				SEWAGE/WASTEWATER			
Fire safety			X	Is the Sewage/Wastewater private			X
Electrical wiring				Is the Sewage/Wastewater public		X	
SWIMMING POOLS/SPAS							
Fuel burning appliances				Indoor pool			X
Plumbing				Outdoor pool		X	
Swimming pools/spas				Spa			X
Food		X		Pool larger than 2000 square feet			X

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)

Yes = In Compliance	No = Not in Compliance, explain on additional page(s)	NB = Not Observed	NA = Not Applicable
SECTION A: WATER SUPPLY		SECTION E: FIRE SAFETY (All Establishments cont.)	
1. Approved source, construction & operation	X		
2. Complies with chemical, bacT & rad standards	X		
3. Chlorinator maintained & operating properly			X
SECTION B: SEWAGE & WASTEWATER		SECTION F: SWIMMING POOLS/SPAS	
1. Operating satisfactorily	X		
SECTION C: SANITATION/HOUSEKEEPING		SECTION G: PLUMBING/MECHANICAL	
1. Walls, floors & ceilings in good repair		X	
2. Proper housekeeping practices		X	
3. Towels & bed linens clean		X	
4. Mattresses & box springs clean	X		
5. No evidence of rodents & insects		X	
6. Ice machines, scoops, liners, clean & protected	X		
7. Garbage & refuse properly maintained	X		
8. Premises, plant growth controlled		X	
9. Food sources, sound condition, approved			X
10. Food protected from contamination			X
11. Proper facilities to wash, rinse and sanitize			X
12. Proper hygienic practices		X	
SECTION D: LIFE SAFETY		SECTION H: HEATING & COOLING	
1. Combustible/toxic items properly used and stored		X	
2. Building maintained to assure safe conditions	X		
3. CO detectors installed, good repair	X		
4. GFCI and proper wiring 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	
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)		SECTION I: ELECTRICAL	
1. Smoke detectors hardwired & maintained	X		
2. Fire alarm system installed & maintained	X		
3. Sprinkler system installed & maintained	X		
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)		SECTION J: ELEVATORS	
1. Complies with local building codes, fire codes & ordinances	X		

INSPECTED BY <i>Clinton Wolford</i>	EPHS NUMBER <i>1209</i>	AGENCY <i>Mississippi Co. Health</i>	TELEPHONE <i>573-683-2191</i>
LICENSING YEAR <i>2017-18</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>9/20/17</i>	SCHEDULED FOLLOW UP DATE <i>10/22/17</i>
RECEIVED BY <i>Wanda Reynolds</i>		DATE <i>9/22/17</i>	



Establishment Name	Physical Address	City
Sevens Motel	5105. Story	Charleston
Section Reference	Observations and additional comments	
Lauding Room	50°F on glass cooler / no Temp. Reg. Device	
F4	fire extinguisher No Inspection tag.	
H4	Exhaust fan for Dryer Not functioning	
D1	Excessive clutter in washer location Room.	
Gen Storage Room	CS Spiders found In All areas of Facility	
103	C1	Ceiling falling
124	C1	Moisture smell
130	C1	Ceiling falling
	C1	Moisture smell
132	H4	Filter broke in hvac unit
Gen Storage Room	C1	Ceiling falling
Back entrance to facility	Fly Spots on All smoke detectors	
Gen Storage Room	C1	Water issues (mold) around vent
Swimming Pool Area	C1	Facility smells of moisture.
	C8	Large amount of clutter pest Refugium. Pool area Not closed/locked.
F2, FS, F4	Pool not maintained or covered.	
F3	No Signage for safety	
F3	No Safety devices.	
201	C5	Spiders / web found
208	C2	Unknown stain on wall + sink
	C2	toilet seat dirty
	C5	Spiders found in tub
	C1	Shower head in disrepair
212	C1	Shower head in disrepair
	C2	Blood Stains on sheets
	C2	Ashes on floor by dresser.
216.	C5	Spiders above mirror
	C2	mold on ceiling above Tub
	H4	Vent damage in Hvac unit
218	C1	Wall damage into bathroom
second wing	D7	Beetles look comming / separated from wall.
Inspected by	Date	
<i>[Signature]</i>	9/20/17	
Received by	Date	
<i>[Signature]</i>	9/22/17	