



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name Eagle Inn		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager Jay Patel	
Physical Address 2811 E Marshall		City Charleston	Zip 63834
Mailing Address same		City	Zip
County 133	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone 573-683-3900	No. of Stories 1 No. of Rooms 19 Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: 129, 127, 124, 123, 119, 117, 116, 112, 111, 110	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 type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <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
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A
1. Approved source, construction and operation	<input checked="" type="checkbox"/>			
2. Complies with water quality standards	<input checked="" type="checkbox"/>			
3. Chlorinator maintained and operated properly			<input checked="" type="checkbox"/>	
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>			
Section C: Sanitation/Housekeeping	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair		<input checked="" type="checkbox"/>		
2. Housekeeping practices and furnishings		<input checked="" type="checkbox"/>		
3. Towels and bed linens clean	<input checked="" type="checkbox"/>			
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>			
5. Pest control procedures		<input checked="" type="checkbox"/>		
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>			
7. Garbage storage and disposal	<input checked="" type="checkbox"/>			
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>			
Food inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use			<input checked="" type="checkbox"/>	
10. Food protected from contamination			<input checked="" type="checkbox"/>	
11. Facilities to wash, rinse and sanitize			<input checked="" type="checkbox"/>	
12. Handwashing facilities/hygienic practices			<input checked="" type="checkbox"/>	
Section D: Life Safety	In	Out	NO	N/A
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>			
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>			
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>			
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>			
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>			
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>			
2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>			
3. Vertical openings fire-rated, self-closing				<input checked="" type="checkbox"/>
4. Doors, self-closing and fire-rated				<input checked="" type="checkbox"/>
5. Smoke detectors hardwired, installed, good repair		<input checked="" type="checkbox"/>		
6. Evacuation route and plan, installed, available				<input checked="" type="checkbox"/>
7. Stairs and ramps, maintained, storage				<input checked="" type="checkbox"/>
8. Means of egress, number, maintained	<input checked="" type="checkbox"/>			
9. Handrails and balconies maintained and appropriate				<input checked="" type="checkbox"/>
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism				<input checked="" type="checkbox"/>
2. Boundary line, pool depth properly marked				<input checked="" type="checkbox"/>
3. Deck is clean and in good repair				<input checked="" type="checkbox"/>
4. Lifesaving equipment adequate, good repair				<input checked="" type="checkbox"/>
5. Pool clarity, pH, disinfectant, & temp. maintained				<input checked="" type="checkbox"/>
6. Steps, ladders, and handrails installed, good repair				<input checked="" type="checkbox"/>
7. Adequate ventilation				<input checked="" type="checkbox"/>
8. Electrical outlets, proper protection & distance				<input checked="" type="checkbox"/>
9. Records maintained and signs posted				<input checked="" type="checkbox"/>
10. First aid kit available				<input checked="" type="checkbox"/>
11. Lighting adequate and in good repair				<input checked="" type="checkbox"/>
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, good repair	<input checked="" type="checkbox"/>			
2. Ventilation adequate, plumbing, restrooms		<input checked="" type="checkbox"/>		
3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>			
4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>			
5. Backflow, air gaps, no cross connections			<input checked="" type="checkbox"/>	
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater				<input checked="" type="checkbox"/>
2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>			
3. Location of heating/cooling units	<input checked="" type="checkbox"/>			
4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>			
5. Operation and condition adequate	<input checked="" type="checkbox"/>			

INSPECTED BY (PRINT NAME and SIGN) Jodie Marcum Jodie Marcum	EPHS NUMBER 1681	AGENCY Miss. Co. Health	TELEPHONE 573-683-2191
LICENSING YEAR 20 22 120 23	DATE INSPECTED 5-23-2022	FOLLOW UP DATE 6-7-2022	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Thainette Patel		PAGE 1 OF 2	



Establishment Name	Physical Address	City
Eagle Inn	2811 E Marshall	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Ice Machine Room</u>	
C-2	Dirty floors around ice machine	
C-2	Ice machine needs to be cleaned	
	<u>Room 129</u>	
C-1	Mold on ceiling in bathroom above shower	
	<u>Room 124</u>	
C-5	Dead bugs in window in room	
	<u>Room 123</u>	
C-2	Mold on mirror above sink	
C-2	Debris on floor	
	<u>Room 119</u>	
C-2	Mold on mirror above sink	
C-6	No ice bucket in room	
	<u>Room 117</u>	
C-2	Mold on mirror above sink	
C-6	No ice bucket in room	
	<u>Room 116</u>	
C-1	Mold on ceiling in bathroom above shower	
	<u>Room 112</u>	
C-2	Dead bugs in window in room	
G-2	Exhaust fan in bathroom not working	
	<u>Room 111</u>	
E-5	Smoke detector not working properly	
	<u>Room 110</u>	
G-2	Exhaust fan in bathroom not working	

INSPECTED BY

Judie Marcum

RECEIVED BY

Eric Marshall Date

DATE

5-23-2022