



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: 122, 124, 119, 118, 117, 116, 115, 114, 112	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 <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
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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			
		In	Out	NO	N/A	Section E: Fire Safety				In	Out	NO	N/A				
Section A & B: Water Supply & Wastewater						1. Textiles, hangings and mirrors											
1. Approved source, construction and operation		X				2. Fire extinguisher type, inspected, and location				X							
2. Complies with water quality standards		X				3. Vertical openings fire-rated, self-closing							X				
3. Chlorinator maintained and operated properly					X	4. Doors, self-closing and fire-rated							X				
4. Wastewater operation and maintenance		X				5. Smoke detectors hardwired, installed, good repair				X							
Section C: Sanitation/Housekeeping						6. Evacuation route and plan, installed, available							X				
1. Walls, floors and ceilings in good repair			X			7. Stairs and ramps, maintained, storage							X				
2. Housekeeping practices and furnishings			X			8. Means of egress, number, maintained				X							
3. Towels and bed linens clean			X			9. Handrails and balconies maintained and appropriate							X				
4. Mattresses and box springs clean		X				Section F: Swimming Pools/Spas											
5. Pest control procedures			X			1. Fence, gate adequate, proper closure mechanism							X				
6. Ice machines, scoops, liners clean & protected		X				2. Boundary line, pool depth properly marked											
7. Garbage storage and disposal		X				3. Deck is clean and in good repair											
8. Premises maintained, plant growth controlled		X				4. Lifesaving equipment adequate, good repair											
Food Inspection conducted according to 19CSR20-1.025						5. Pool clarity, pH, disinfectant, & temp. maintained											
9. Food, equipment and single service/use					X	6. Steps, ladders, and handrails installed, good repair											
10. Food protected from contamination					X	7. Adequate ventilation											
11. Facilities to wash, rinse and sanitize					X	8. Electrical outlets, proper protection & distance											
12. Handwashing facilities/hygienic practices					X	9. Records maintained and signs posted											
Section D: Life Safety						10. First aid kit available											
1. Combustible/toxic items usage and storage		X				11. Lighting adequate and in good repair											
2. Building maintained to assure safe conditions		X				Section G: Plumbing/Mechanical											
3. CO detectors hardwired, installed, good repair		X				1. Equipment adequate, good repair				X							
4. GFCI, outlets & switches installed, good repair		X				2. Ventilation adequate, plumbing, restrooms				X							
5. Exit signs installed, good repair		X				3. T & P relief valves adequate, good repair				X							
6. Emergency lighting installed, good repair		X				4. Relief valve discharge pipes installed, adequate				X							
7. Electric panel protected, labeled, good repair		X				5. Backflow, air gaps, no cross connections				X							
Required Annual Third Party Inspections						Section H: Heating & Cooling											
1. Fire Alarm System		X				1. Unvented fuel-burning appliance/space heater							X				
2. Sprinkler System					X	2. Fire resistant room or sprinkler head				X							
3. Local Fire and Building Codes/Ordinances					X	3. Location of heating/cooling units				X							
4. Current Boiler/Pressure Vessels MDPS Certification					X	4. Ventilation of appliances and utility rooms				X							
5. Backflow Device(s) Test					X	5. Operation and condition adequate				X							
6. Liquid Propane Leak Test					X												

INSPECTED BY (PRINT NAME and SIGN) Jodie Marcum		EPHS NUMBER 1681	AGENCY Miss. Co. Health Dept	TELEPHONE 573-683-2191
LICENSING YEAR 20 21 120 22	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 6-2-2021	FOLLOW UP DATE 6-22-21	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) PHARMISHTHA PATEL			PAGE 1 OF 2	



Establishment Name		Physical Address	City
Eagle Inn		2811 E Marshall	Charleston
Section Reference	Observations, comments, and corrective measures		
C-2	Room 122 Water behind toilet		
C-2	Room 124 Musty smell		
C-2	Dirt/debris on bathroom floor		
C-5	Room 119 Dead bugs in room		
C-3	Stain on comforter of right bed		
C-1	Room 116 Mold on ceiling in bathroom		
C-2	Room 112 Musty smell		
C-2	Lampshades dirty		
C-2	Ice machine room Mold on ice machine		
C-2	Floor dirty around ice machine		
C-5	Spider webs		
C-5	Dead bugs		

INSPECTED BY: *Jodie Marcum* RECEIVED BY: *[Signature]* DATE: *6/2/2021*