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| FOR CENTRAL OFFICE USE ONLY | ESTABLISHMENT NUMBER |
|-----------------------------|----------------------|

|  |   |  |   |
|--|---|--|---|
| Establishment Name<br><b>Quality Inn</b> |   | Name<br><input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager<br><b>Jay Patel</b> |   |
| Physical Address<br><b>702 Drake St.</b> |   | City<br><b>Charleston</b>  | Zip<br><b>63834</b>   |
| Mailing Address<br><b>same</b>           |   | City   | Zip   |
| County<br><b>133</b>                     | This inspection is a(n)<br><input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up | Telephone<br><b>683-4200</b>   | No. of Stories<br><b>2</b> No. of Rooms<br><b>40</b> Is the current lodging license displayed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new |

|   |   |  |
|---|---|--|
| <b>Rooms Inspected:</b><br><b>101, 104, 108, 121, 118, 116, 222, 207</b>  | <b>Water Supply</b><br><input type="checkbox"/> Private <input checked="" type="checkbox"/> Public<br>Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Wastewater</b><br><input type="checkbox"/> Private <input checked="" type="checkbox"/> Public<br>Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR |
| <b>Swimming Pools/Spas (check all that apply)</b><br>Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/> |   |  |

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

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



|                                   |                                   |                    |
|-----------------------------------|-----------------------------------|--------------------|
| ESTABLISHMENT NAME<br>Quality Inn | PHYSICAL ADDRESS<br>702 Drake St. | CITY<br>Charleston |
|-----------------------------------|-----------------------------------|--------------------|

| SECTION REFERENCE | OBSERVATIONS AND ADDITIONAL COMMENTS                     |
|-------------------|--|
| Note:             | All room items were corrected                            |
| Note:             | Pool is closed and not scheduled to reopen at this time. |
| Note:             | Breakfast room is now open and it is in compliance.      |
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| INSPECTED BY<br>Jodie Marblem EPHS # 1681 | DATE<br>6-22-21 |
| RECEIVED BY<br>Missi Jackson              | DATE<br>6-22-21 |