



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Super 8 Name: Owner General Manager Jay Patel

Physical Address: 310 South Story City: Charleston Zip: 63834

Mailing Address: same City: Charleston Zip: 63834

County: 133 This inspection is a(n) Initial Annual Follow-up Telephone: 573-683-2125 No. of Stories: 1 No. of Rooms: 60 Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: 105, 107, 112, 126, 133
201, 208, 214, 217

Water Supply Private Public
Water sample taken Yes No

Wastewater Private Public
Regulated by: DHSS DNR

Swimming Pools/Spas (check all that apply)
Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

Please check if the following local ordinances apply

Fire Safety Electrical Wiring Plumbing Swimming Pools/Spas Fuel Burning Appliances

New Lodging Establishments N/A

Smoke detectors hardwired Yes No N/A
Fire alarm system installed Yes No N/A
Sprinkler system installed Yes No N/A

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

INSPECTED BY (PRINT NAME and SIGN) Dorothy Marcum EPHS NUMBER 1126 AGENCY MO DHSS TELEPHONE 573-730-1310

LICENSING YEAR 2019 / 2020 APPROVED YES NO DATE INSPECTED 11-12-2019 FOLLOW UP DATE 12-12-19

RECEIVED BY (PRINT NAME AND TITLE and SIGN) Carmen Shands Manager Carmen Shands PAGE 1 OF 3

Derek Hancas



Establishment Name	Physical Address	City
Super 8	310 S Story	Charleston
Section Reference	Observations, comments, and corrective measures	
	<u>Room 105</u>	
C-1	Ceiling damaged by door	
	<u>Room 107</u>	
C-1	Water damaged wall and ceiling by bathroom door	
C-2	Stain on chair cushion	
	<u>Room 133</u>	
C-1	Water damage on ceiling in room	
D-4	GFCI broken	
	<u>Room 217</u>	
D-4	GFCI Broken	
C-5	Dead bugs and debris behind bed and nightstand	
	<u>Room 208</u>	
D-4	GFCI broken	
	<u>Room 214</u>	
D-4	GFCI broken	
	<u>Room 221</u>	
C-1	Ceiling damaged in sleeping room	
C-2	Ice build-up in fridge	
C-2	Debris behind nightstand	
C-2	Mold on wall and nightstand	
	<u>Pool * Not operational at this time</u>	
C-8	Old equipment, trash, and weeds in pool area	
C-5	Stagnant water in deep end of pool	
	<u>Building #2</u>	
D-6	North end emergency light by exit does not work	
	<u>Laundry</u>	
D-4	GFCI outlet has open ground at 3-bay sink	
C-11	No sanitizer or test strips for 3-bay sink	
C-11	Clean dishes dried on towel	
C-1	Baseboards missing in 3-bay sink area	
INSPECTED BY <i>Dezha</i>		
RECEIVED BY <i>Carmen Shands</i>		
DATE <i>11-12-19</i>		



Establishment Name <i>Super 8</i>	Physical Address <i>310 S. Story</i>	City <i>Charleston</i>
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Section Reference	Observations, comments, and corrective measures
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	<i>Water heater room - building #1</i>
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<i>F-2</i>	<i>Fire extinguisher inspection out dated</i>
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<i>D-2</i>	<i>Exposed wires behind water storage tank</i>
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<i>C-2</i>	<i>AC filters broken and/or dirty in all rooms except 204 and 208.</i>
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<i>Note:</i>	<i>No Btu ratings on gas dryer</i>
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<i>Note:</i>	<i>Water heaters and room not inspected in building #2</i>
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INSPECTED BY <i>Danzon</i>	RECEIVED BY <i>Carmen Shands</i>	DATE <i>11-12-19</i>
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