| Missouri Department of Health Bureau of Environmental Health Lodging Establishment Inspection | Service | es | es | | | | OR CENTI OFFICE USE ONL | | ESTA | BLISH | IMENT | NUM | BER |
|---|------------------------|---------------------------------------|---------------------|-------------------------|---|--|--|--|---|---|--|-------------------|-------|
| EstablishmentName | ` | | | | | Name | DOV | vner 🗆 | General N | /lanag | er | | |
| Physical Address | 1 | | | | City | |) 6 y | Pat | e | | Zi p | | |
| 102 Drake S | tree | + | | | Ma | 1100 | 101 | | | | To | 156 | 34 |
| Mailing Address | | | | | City | | | | | | Zip | | |
| County This inspection is a(n) | Tele | phone | 0.7 | 11010 | No. of | No. of Ro | | | rrent lodgi | | | splaye | ed? |
| Rooms Inspected: | ip 57 | 3 · U | Wate | r Supp | Stories | 40 | | Stewate | ∠No □ | N/A- n | ew | | |
| 200, 204, 208, 214, 218 | 10 | 2 | □ Priv | | y Public | | | rivate | 1 ∑ ∕Pub | olic | | | |
| 105, 109, 115, 118 | | | Wate | r sampl | le [′] taken □ Yes | X No | Re | gulated b | | | □ DI | NR | |
| | | | | | Pools/Spas (c | | | | | | | | |
| | | | | r pool | □ Outdoor | pool 🗶 | Spa 🗆 | Pool I | larger tha | an 200 | 00 squ | ıare fe | eet 🗆 |
| Please check if the following New Lo | odging | Estab | lishm | ents | □ N/A | | | | | | | | |
| ocal ordinances apply Fire Safety ☐ Electrical Wiring Smoke of | letector | e hardu | vired | W | es □ No □ I | N/A Swii | mmina Do | ol Certified | d □ Ye: | | No | m N | V/A |
| □ Plumbing Fire alar | | | | Ŕ | | | | fied to Nat | | | | | |
| Swimming Pools/Spas | | | | | | Peri | nit | | □ Ye | S | □ No | | |
| ☐ Fuel Burning Appliances Sprinkle | | | | | ∕es XNo □ I | | orical Buil | _ | □ Ye | , | No | | |
| Based on an inspection this day, the items market | d "Out" | below i | dentify | noncom | pliance in opera | tions or fac | cilities whi | ch must be | e correcte | d prio | to issi | uance | or |
| renewal of your lodging license. Failure to compland/or prosecution. Owners may request a hear | y witri ai na befoi | ny ume re the C | enmits i Departm | or correct tent Dire | ctions specified i ector upon filing i | n tnis notic a written re | ce may res | suit in revo | cation of s after re | your ic ceint o | aging f this n | licens: Intice | е |
| (RSMo 315.005-065, 19 CSR 20-3.050) | | | | | | | | | | | | otioo. | |
| In=In Compliance Out=Not In Section A & B: Water Supply & Wastewater | Complia In | Out | xplain | | tional page(s) Section E: Fire | | Not Obs | erved | N/A=Not | _ | THE RESERVE OF THE PARTY OF THE | NO | NI/A |
| Approved source, construction and operation | 1 | Out | NO | IVA | 1. Textiles, han | | mirrors | | | In | Out | NU | N/A |
| Complies with water quality standards | V | | | | 2. Fire extinguis | | | and locati | ion | 1 | | | |
| | | _ | | | | | | | 1011 | 16. | | | |
| 3. Chlorinator maintained and operated properly | | | | X | 3. Vertical open | ings fire-ra | ted, self- | | 1011 | 1 | X | | |
| | X | | | X | Vertical open Doors, self-cl | ings fire-ra osing and | ited, self-o | closing | 1 | X | X | | |
| Chlorinator maintained and operated properly Wastewater operation and maintenance Section C: Sanitation/Housekeeping Walls, floors and ceilings in good repair | X | X | | X | Vertical open Doors, self-cl Smoke detect Evacuation re | ings fire-ra osing and tors hardw oute and p | ited, self-o fire-rated rired, install lan, install | closing alled, good led, availal | repair | X | X | | |
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RECEIVED BY (PRINT NAME AND TITLE and SIGN) Stiplanie Carter

Derek Honorca

LICENSING YEAR
20 7 / 20 20

Distribution: White/Owner Canary/Central Office

APPROVED | YES | NO

Pink/Local Office

MO DHSS DATE INSPECTED

E9.02

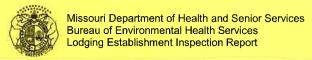
PAGE 1 OF

573 - 730 - 1310 FOLLOW UP DATE

9-14-19



| Establishment Name | Observations, comments, and corrective measures Physical Address City Charleston |
|--------------------|---|
| Section Reference | Observations, comments, and corrective measures |
| (-2 | Air conditioner (Ac) filters dirty in all inspected |
| | rooms except 109 + 118 |
| | |
| | Room 200 |
| D-4 | EFCI outlet in bathroom broken |
| | Paint peeling / chipping or ceiling above tub/shower |
| (-2 | Paint peeling / chipping or reiling above tub/shower Debris under chail cushion |
| | |
| | Room 204 |
| 6-1 | Showerhead flashing loose |
| (-3 | Itali on pillow cases or bed by doct |
| (-2 | Debris under chair cushion |
| | |
| | 200m 208 |
| D-4 | Bathroom EFCI outlet loose |
| (-2 | Top of ottomen soiled |
| (-2 | Debris under chair cushion |
| | |
| () | Room 214 |
| (-2 | Interior of microwave soiled with food debris |
| | Ice build-up in freezer |
| (-2 (-5 | Top of Fridge door seal soiled and moldy |
| (-5 | Multiple dead bucs by base boards Bottom of exterior door does not seal well, light visible |
| | bottom of extend door does not seal well, light visible |
| | Room 218 |
| (-2 | Interior of microwave soiled with food debris |
| (-2 | Ice build-up in ficezer |
| (-2 | Ironing board cover severely stained |
| (-2 | Trash under couch |
| | |
| | Room 118 |
| (-2 | Moldy /musty Smell in room |
| (-2 | Ice build-up in freezer |
| (-2 | Trash, dead bugs, and debris behind furniture |
| (-2 | Debris under chair cushion |
| | |
| (-5 | Multiple bird nests on fixtures or exterior of building |
| | |
| D-5 | 2nd floor, west side exit sign very dim |
| INSPECTED BY | RECEIVED BY DATE |
| INSPECTED BY | |
| MO 580-2669 (6-16 | Distribution: White/Owner Canary/Gentral Office Pink/Local Office E9,02A |
| Derek Ho | |



| Establishment Name | Y Inn Physical Address 102 Drake Street (Nariestan |
|--------------------|---|
| Section Reference | Observations, comments, and corrective measures |
| | Raon 115 |
| (7-1 | |
| (-2 | Shower head flashing loose |
| | Interior of microwave soiled with food debris |
| (-2 | Food and ice build-up in freezer |
| (-5 | Dead byes behind bed and night stand |
| (-2 | Trash and debris behind bed and nightstand |
| (-5 | Daylight visible in lower corner of door |
| | |
| | Room 109 |
| G-1 | Toilet tank leaking |
| (5-1 | Showerhead flashing loose |
| (-2 | Interior and exterior of microwave soiled |
| (- 2 | Ire build-up in freezer |
| (-2 | Debris under chair cushion |
| | N |
| | Room 105 |
| C-2 | moldy/musty smell in room |
| C-1-1 | Shower head Plashing 100se |
| C = 1 | Ceiling above toiled and Shower damaged |
| C-2 | Interior of microwave soiled |
| C-2 | The build-up infracter |
| 7-2 | Interior of findge sciled |
| 7-6 | Dead bugs behind fridge and hightstand |
| C-2 | Tresh behind tridge and nightstand |
| (-5 | Daylight vsible in love, corner of door |
| | |
| | Room 102 |
| D-4 | GFCI outlet in bathroom broken |
| (-2 | I co build-up in freezer. |
| (-2 | Intento of Indae Spiled |
| 2-5 | Spidersuelps by door |
| C-1 | Ceiling paint flaking over couch |
| | |
| | 2nd floor Storage room |
| D-2 | multiple extension cords used to rullace wing. |
| E-3 | Laurdry Christe dong popula open |
| C-10 | Shamped, loter, and contituer stored over coffee and |
| ~ ' | Crown and Share packets |
| | Creery our steger packers |
| | |
| | |
| INSPECTED BY | RECEIVED BY DATE |
| W 3/ | Codin Mars Cl. manicator 8-21-19 |
| MO 580-2569 (6-16 | 6) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A |



| The state of the s | g Establishment inspection report |
|--|---|
| Establishment Name | In Physical Address City has losten |
| Section Reference | Observations, comments, and corrective measures |
| | Ice Machine Room |
| (-0 | |
| 8 | Hoor wet |
| 611 | Trosh ind debns |
| D-4 | Extension cords used in place of wing |
| D-4 | Extension cords used in place of wining |
| | 10 |
| NII | Breakfast Room |
| D-4 | GFCT behind syrup open ground |
| 1)-(| GFCI outlet loose behind display case |
| (-12 | No goop at hand sink |
| C-1 | Paint Chipped on southeast corner of room |
| | A CC |
| | Office |
| C=10 | Personal food stored with since food in block |
| | Fridge. |
| | |
| - | 2001 |
| 12 | No depth markings on inside of pool |
| F-5 | Pool water Cloudy |
| F-5 | Phis less than 6.8 |
| =-5 | Free chlorine did not register on test. |
| F-5 | Debns and bugs floating in pool. |
| F-5 | Pump not running |
| F-9 | No records maintained for pool water quality |
| | |
| | Laundry Room |
| D-3 | No Co2 detector |
| E-5 | No smake detector |
| D-2 | Extension cords Dowlood washing Machines |
| | AL Sanitifue actost stores for about sink |
| C-11 | 3 bay sink directly plumbed |
| | |
| | Water heater Room |
| H-2 | No sonable cover water heaters |
| 1 | Water heater room door vents covered up |
| | |
| C-7 | Dumpster lids open |
| (-8 | Trosh and excessive plant growth a rand dunost |
| | |
| | Check Backflow test, fire glarm test, occupancy permits |
| | poel certification, and fin and building redexlanding |
| INSPECTED BY | poel certification, and fix and building rades/ordinance |
| W- 74 | a-Codie Mazar Stalmin (aRth) 8-21-19 |
| MO 580-2569 6-16 | 3) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A |