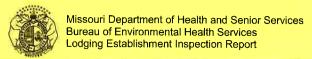


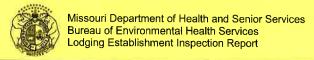
FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

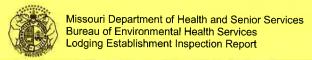
| 2. WATERS S | | | | | | | | USE | UNLY | | | | | |
|---|-------------|-----------|------------|----------|---|--|-------------------|---------------------|-------------------|------------|----------|--------------------|----------|----------|
| Establishment Name Owner General Manager | | | | | | | | | | | | | | |
| Physical Address | | | | | city harlester | | | | Zip 7, 2834/ | | | | | |
| Mailing Address | | | | City | | | Zip | | | | | | | |
| County This inspection is a(n) Telephone | | | ~ ~ | 2.20 | No. of | No. c | of Rooms | Is the cur | rent lodai | na lice | nse dis | plave | d? | |
| Initial Annual Follow-up 573 683 670 8 | | | | | | , | | | | | | | | |
| Rooms Inspected: Water Supply Wastewater | | | | | | | | | | | | | | |
| -112 133 201 217 214, Priva | | | | | | / | | | | | | | | |
| Water sample taken □ Yes □ No Regulated by: □ DHSS □ DNR | | | | | | NR_ | | | | | | | | |
| Swimming Pools/Spas (check all that apply) Indoor pool Outdoor pool Spa Pool larger than 2000 square feet | | | | | | | | | | | | | | |
| Diagonal Indiana | | | | | | | 0001 | ⊠ Spa | a Pool I | arger tha | an 200 | 0 squ | are fe | et 🗆 |
| Please check if the following local ordinances apply | New Lo | dging | Estab | lishm | ents | □ N/A | | | | | | | | |
| ☐ Fire Safety ☐ Electrical Wiring | Smoke d | | | | | Yes 🗆 No 🗆 l | | | g Pool Certified | | | | | I/A |
| Plumbing | Fire alarr | n syste | m insta | lled | (I) | Yes 🗆 No 🗆 l | N/A | | Certified to Nati | | | | upand | у |
| Swimming Pools/Spas | Sprinkler | systen | n installe | ed | | Yes □ No □ I | N/Δ | Permit Historica | l Building | □ Ye: | | No No | □ N | 17.6 |
| Fuel Burning Appliances Based on an inspection this day, the iter | Y . | • | | | | | | | _ | | | | | |
| renewal of your lodging license. Failure | to comply | with a | nv time | limits f | or corre | ipilance in opera ctions specified i | tions (n this | notice ma | s which must be | cation of | d prior | to issu daina l | iconse | or |
| and/or prosecution. Owners may reques | st a hearir | ng befo | re the D | epartm | nent Dire | ector upon filing a | writte | en reques | t within ten day | s after re | ceipt of | this n | otice. | , |
| (RSM0 315.005-065, 19 CSR 20-3.050) | | | | | | | | | | | | | | |
| In=In Compliance Out Section A & B: Water Supply & Wast | =Not in t | In | Out | | N/A | tional page(s) Section E: Fire | · Cafe | | Observed | N/A=Not | | | NO | DI/A |
| 1. Approved source, construction and or | peration | X | Out | NO | IVA | 1. Textiles, hand | | | rs | | ln_ | Out | NO | N/A |
| Complies with water quality standards | | × | | | | 2. Fire extinguis | her ty | pe, inspe | cted, and locati | on | ^ | X | | |
| Chlorinator maintained and operated | properly | . , | | | X | Vertical open | ings fi | re-rated, | self-closing | | | 7.2 | | X |
| 4. Wastewater operation and maintenan Section C: Sanitation/Housekeeping | ce | X | | | | 4. Doors, self-cl | osing | and fire-ra | ated | | X | | | |
| Walls, floors and ceilings in good repart | ir | | 1 | | _ | Smoke detection roEvacuation ro | tors h | ardwired, | installed, good | repair | X | | | |
| Housekeeping practices and furnishing | | | Ŷ | | | 7. Stairs and ran | | | | ле | × | | | V |
| 3. Towels and bed linens clean | | X. | | | | 8. Means of egr | | | | | X | | | ^ |
| 4. Mattresses and box springs clean | | X | - | | | 9. Handrails and | | | | propriate | | | | X |
| 5. Pest control procedures | | | X | | | Section F: Swi | | | | | | | | 1 |
| Ice machines, scoops, liners clean & p Garbage storage and disposal | protected | V | X | | | 1. Fence, gate a | | | | anism | X | | | 3/ |
| Premises maintained, plant growth controlled | | | | | Boundary lineDeck is clean | | | | | | | | X | |
| Food Inspection conducted according | to 19CS | R20-1. | 025 | | | 4. Lifesaving e | | | | epair | | | | ♦ |
| 9. Food, equipment and single service/u | se | X | | | | 5. Pool clarity, p | H, dis | sinfectant, | & temp. mainta | ained | | | | X |
| 10. Food protected from contamination11. Facilities to wash, rinse and sanitize | | | X | | | 6 Steps, ladder | | | s installed, good | d repair | | | | X |
| 12. Handwashing facilities/hygienic prac | tices | V | X | | | 7. Adequate ver8. Electrical outl | | | action 9 distan | | | | | X |
| Section D: Life Safety | | | | | | Records main | | | | ce | | | | X. |
| 1. Combustible/toxic items usage and ste | | X | | | | 10. First aid kit a | vailal | ole | io pootou | | | | | X |
| 2. Building maintained to assure safe co | | ., | X | | | 11. Lighting ade | | | | | | | | X |
| CO detectors hardwired, installed, god GFCI, outlets & switches installed, god | | X | | | | Section G: Plu | | | | | | | | |
| Exit signs installed, good repair | ou repair | × | X | | | Equipment ac Ventilation ad | equa | te, good re | epair | | | X | | |
| 6. Emergency lighting installed, good rep | pair | | X | | | 3. T & P relief va | | | | | X | | | |
| 7. Electric panel protected, labeled, good | d repair | | X | | | 4. Relief valve d | ischai | rge pipes | installed, adequ | uate | X | | | |
| Required Annual Third Party Inspection 1. Fire Alarm System | ons | | | | | 5. Backflow, air | gaps, | no cross | connections | | | X | | |
| Sprinkler System | | X | | | | Section H: Hea 1. Unvented fue | iting a | & Cooling | J | | | | - 4 | 1 |
| 3. Local Fire and Building Codes/Ordinal | nces | | | X | | 2. Fire resistant | room | or sprinkle | er head | ler | V | | - | X |
| 4. Current Boiler/Pressure Vessels MDP | | | | | 1 | | | ог оргина | 0111000 | | ^_ | | | |
| Certification | | | | | | 3. Location of he | | | | | X | | | |
| Backflow Device(s) Test Liquid Propane Leak Test | | | | | | 4. Ventilation of | | | | | X | | | |
| INSPECTED BY (PRINT NAME and | I SIGN) | | | | | 5. Operation and | | | quate | TELE | DHON | Х | | |
| Jodie Maccum Jodie Marcum 112 (Mississippi County 573-683-2191 | | | | | | | | | | | | | | |
| | 7 7 60 | LLC | 1 | | , , | | | NSPECT | | FOLL | DIA/ LII | | <u> </u> | 1 1 |
| LICENSING YEAR 20 / 20 / 20 | | | | | 3.2 | / | 7=" | NOPECI | | FOLL | | - DAT | 1 | 7 |
| Ar | PROV | | | ES | ≥ N | 0 | 15 | ILe - | 19 | | | | 10 | 1 |
| RECEIVED BY (PRINT NAME AND TITLE and SIGN) PAGE 1 OF | | | | | 1 | | | | | | | | | |
| Shaunie Box | 101 | 1-10 | 11 | di | A |)L | | 150 | 101 | | | | | |
| MO 580-0883 (6-16) | | ribution: | White/C | wner | Canary | /Central Office | Pink/L | ocal Office | / | | | E | 9.02 | |
| Derck Honaas De Ha | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



| Establishment Name | 8 | Physical Address | Story | City harles | |
|--------------------|--|------------------------|-------------------------|------------------|------------------|
| Section Reference | Observations, commen | ts, and corrective me | asures | - Charles | <u> </u> |
| | Boom | 121. | | | |
| C-2 | Frieder | | ildup | | |
| 0-2 | SMIN IC | | craffor | | |
| D-L | MECT | broken | | | |
| 7-5 | Dad | bugsto | 1 hois be | hind nightst | and and not |
| | | 73/0 | CLAN IS KR | THE THE | a a ma pers |
| | Room | 15 | | | |
| C-2 | Haicar | dobo | 3 under | couch a | 15/1/1/10 |
| C-5 | ^ | | Suders | behinden | |
| 0 - 1 | Ceclina | | | door | |
| | | 1 CALL VI CI | rye. or | 20004 | |
| | Rown | 107 | | | |
| ('-2 | | wildher | intree= | 7.16 | |
| C-2 | Spill | 1 VIET | 1.001 | | |
| C-5 | Doad be | uss and a | A /h | hind beds a | and night from |
| | Watero | lamana | d wall ar | | y rathroomdown |
| 6-2 | Stain | | r cushi | | |
| C-1 | walld | amaged | | | v and one citize |
| C-2 | | | wrapse | | ght bulb |
| | by rai | | bed. 11 | | J |
| | J | | | | |
| | Room | 12 | | | |
| (7-1 | Showe | chiad, | + lashing | luse | |
| 6-5 | Dead | bugs k | senid b | | ightstard |
| C-1 | Water | damac | e an be | athroom Ce | Aling |
| | 1/2 | 199 |) | | |
| 73 1 | Roun | 133 | | | |
| | Water | | ze on c | eling in roo | mand ballows |
| D-2 | GICI | broken | 0 | <u> </u> | |
| | 10 | DAG | | | |
| 1-5 | Room | top 100 | | | |
| 7-9 | The state of the s | 10,0000 | O law i | 11000 | |
| 1-5 | 5000 | Tarvice C | 1003 100 | d north bulb a | d lorde |
| | GODEV | La la stan | conspan | o med ochia | a plas |
| (- 1) | TAGLO | IN POT | a missing | 7 | |
| | RADO | 217 | |) | |
| 0-4 | CIFCI | broken | | | |
| C-5 | Dood bug | sanddu | ons behing | I bedard n | chtstand |
| 2-2 | mold or |) wall a | nd curling | of bathro | man |
| (- | Certific. | damage | dia sleep | room. | |
| INSPECTED BY | 7- | ₹ R | ECEIVED BY | | DATE |
| Jack Mi | aran Vei | 2Han | 1 | 5AC | 9-16-19 |
| MO 580-2569 (6-16 | Dis | tribution: White/Owner | Canary/Central Office P | ink/Local Office | F9.02A |



| Establishment Name | Super 8 Physical Address Story City (harleston |
|--------------------|---|
| Section Reference | Observations, comments, and corrective measures |
| | Room 221 |
| G1 | Ceiling damaged in sleeping room |
| (-2 | Fre build-up in fridge |
| (-2 | Debris behind night stand |
| (-2 | Mold an wall and nightstand |
| | |
| | Room 208 |
| D-4 | GECT LOCKE |
| C-5 | Dead bucs and debris behind beds and nightstand |
| C-1 | Mold wer exterior duer |
| 6-1 | Fancet sprays water onto counter around sink |
| | |
| | Room 214 |
| 8-4 | CFCI broken |
| (-5 | Dend bugs and debris behind beds and nightstand |
| (-1 | Ceiling bourder talling down |
| C-1 | Wall damaged by exterior door |
| 6-1 | Shaver head + lashing loose |
| 6-1 | Toilet constantly running |
| C-5 | Large hele in window screen |
| | |
| / 5/ | Pool & Not operational at this time |
| C-8 | Old egupment, trash, and weeds in pool area |
| () | Stagnant water in deep end of pool |
| | |
| G-1 | Sink dettached from wall |
| 1+ = | |
| 17 3 | Mold on ceiling vent |
| | Building # 2 |
| (-1 | Ceiling tiles water damaged by south entrance and |
| | between rooms 208 and 209 |
| 10-6 | North end emergency light by exit does not work |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| INSPECTED BY | RECEIVED BY DATE |
| Judie ma | Text of PXC |
| MO 580-2569 (6-16 | Distribution: White/Owner Canary/Central Office Pink/I heal Office Fink/I heal Office |



| Establishment Name | Super 8 | Physical Address 310 S. Story ts, and corrective measures | City Charleston | | | | |
|--------------------|--|--|--|--|--|--|--|
| Section Reference | Observations, commen | its, and corrective measures | | | | | |
| | Break fast | Area | | | | | |
| 0-4 | | lets within 5 feet o | f sink are not CFCI | | | | |
| C-10 | Food items | stored under drain | like for handrink | | | | |
| (-2 | | Ken coffee machine for | | | | | |
| | | | | | | | |
| | Laundry | | | | | | |
| (-1 | wall wat | ier damaged behind | clother washers | | | | |
| 0-4 | CFCI on | Het nas open ground | at 3-bay sink | | | | |
| C-1 | Right bay of 3-bay sink has sign that says 'do not | | | | | | |
| | DUT WATE | CI IN THU SHE | | | | | |
| C-11 | Wo Sanit | izer or test strips. | tor 3-bay sink | | | | |
| C-11 | Clear dishes dried on time! | | | | | | |
| G-5 C-1 | 5-bay Sir | it directly plumbed | ê l | | | | |
| (-1 | Reselement | s missing wador 3-6 | ay Jink | | | | |
| | D COLOUR A | s missing in society | JUNE CITCS | | | | |
| | Water her | ater room - building | #1 | | | | |
| E-2 | Fire ext | incluished in fact tick | and dated | | | | |
| 5-7 | Fire extinguisher inspection and dated | | | | | | |
| 0-7 | Exposed wires bound water storage tank | | | | | | |
| | | | | | | | |
| (-2 | AC fil | ters broken andfordirty | in all rooms except: | | | | |
| | 208 0 | 214 | / | | | | |
| | | | 7 | | | | |
| (=1 | Wall and wall paper damaged by south entrance of 2rd building | | | | | | |
| | Erd bui | iding! | / | | | | |
| MI to | AL DI | | | | | | |
| Nate: | 100 974 1 | rating or gasdryer | | | | | |
| Note: | Water he | eaters and room no | it inspected in building #2 | | | | |
| | | | The state of the s | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| INSPECTED BY | 1 | RECEIVED BY | DATE | | | | |
| Godie Ma | rem | 240 12 | Beg 9-16-19 | | | | |
| MO 580-2569 (6-16 | Dis | stribution: White/Owner Canary/Central Office Pi | ink/Local Office E9.02A | | | | |