



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Logan Inn</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager	
Physical Address <i>2811 E Marshall</i>		City <i>Charleston</i>	Zip <i>63834</i>
Mailing Address		City	Zip
County <i>133</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573-683-3900</i>	No. of Stories <i>1</i> No. of Rooms <i>15</i> Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

<b>Rooms Inspected:</b> <i>111, 112, 115, 116, 117, 122, 123, 124, 125, 126</i>	<b>Water Supply</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Wastewater</b> <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
<b>Swimming Pools/Spas (check all that apply)</b> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

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

INSPECTED BY (PRINT NAME and SIGN) <i>Judie Marcum</i>	EPHS NUMBER <i>1681</i>	AGENCY <i>MC HD</i>	TELEPHONE <i>573-683-2191</i>
LICENSING YEAR <i>20 21 120 25</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>6-5-2024</i>	FOLLOW UP DATE <i>6-20-2024</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>J. P. [Signature]</i>			PAGE 1 OF <i>2</i>



Establishment Name	Physical Address	City
Eagle Inn	2811 E Marshall	Charleston
Section Reference	Observations, comments, and corrective measures	
	Room 111	
G-1	Rust around drain in bathtub	
C-3	Bedskirt soiled with stains	
	Room 112	
C-2	Debris on floor and desk	
C-1	Carpet peeling from wall	
	Room 113	
C-2	Debris on floor	
C-3	Stains on bedskirt + Comforter on bed by bathroom	
	Room 116	
C-2	Debris on floor	
C-5	Dead bugs on floor under sink	
	Room 117	
C-2	Debris on floor	
C-5	Spider webs by door	
C-2	Wall soiled by door	
C-3	Stain on bedskirt	
	Room 122	
C-2	Debris on floor	
C-3	Stain on bedskirt	
	Room 123	
C-2	Debris on floor	
C-2	Musty odor in room	
	Room 124	
C-2	Debris on floor	
C-5	Spider web by TV stand	
	Room 125	
C-2	Debris on floor	
	Room 126	
C-2	Debris on floor	
Note: Received complaint about bed bugs in room 111 after guest said they had bites on their body. I inspected room and found no evidence of bed bugs present.		
INSPECTED BY Gladie Marcum		RECEIVED BY J. Patel
		DATE 6-5-2011