



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT

Establishment Name Bonneville Inn Motel	Name of Owner/Contact Person Shree Ganesh, Hardik Patel, Pravin Patel
--	--

Mailing Address	City	Zip Code
-----------------	------	----------

Physical Address 1017 Highway K	City Bonne Terre, MO	Zip Code 63628
------------------------------------	-------------------------	-------------------

County 187	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone 573-358-3328	No. of Stories 2	No. of Rooms 29	Rooms Inspected 17,19,20,22,27,26,28,7,9
----------------------	---	-----------	---------------------------	---------------------	--------------------	---

Please check Yes or No next to each item.		Yes	No	Water Supply	Yes	No
Was this lodging facility built after October 31, 2005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the water supply private	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Is the water supply public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water sample taken	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do the following local ordinances apply?				Sewage/Wastewater		
Fire safety	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the Sewage/Wastewater private	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical wiring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fuel burning appliances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Swimming Pools/Spas		
Plumbing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoor pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming pools/spas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Pool larger than 2000 square feet	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)

Yes=In Compliance		No=Not in Compliance, explain on additional page(s)				NB=Not Observed				NA=Not Applicable					
SECTION A: WATER SUPPLY		YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)				YES	NO	NB	NA		
1. Approved source, construction & operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Doors and locks permitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Complies with chemical, bacT & rad standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Chlorinator maintained & operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION B: SEWAGE & WASTEWATER						5. Vertical openings protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1. Operating satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SECTION C: SANITATION/HOUSEKEEPING						7. Smoke detectors installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Proper housekeeping practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Evacuation route and plan, installed, available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Towels & bed linens clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Stairs and ramps maintained, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Mattresses & box springs clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Means of egress, number, maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. No evidence of rodents & insects	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION F: SWIMMING POOLS/SPAS									
6. Ice machines, scoops, liners, clean & protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7. Garbage & refuse properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
9. Food sources, sound condition, approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Steps, ladders, deck installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
11. Proper facilities to wash, rinse & sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SECTION D: LIFE SAFETY						8. Records maintained & signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
1. Combustible/toxic items properly used & stored	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION G: PLUMBING/MECHANICAL									
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. CO detectors installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. GFCI and proper wiring installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Proper air gaps, no cross connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (New Establishment Only)						SECTION H: HEATING & COOLING									
1. Smoke detectors hardwired & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2. Fire alarm system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Sprinkler system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (All Establishments)						4. Ventilation of appliances & utility rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Complies with local building codes, fire codes & ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Operation & condition adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INSPECTED BY	John Wiseman				EPHS NUMBER	1507				AGENCY	ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947				
LICENSING YEAR	2016-2017				APPROVED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DATE INSPECTED	8-10-16				
MO 580-0883 (11-08) PART A						SCHEDULED FOLLOW UP	9-15-16				REVIEWED BY				
						DATE	8-10-16								



Establishment Name: Bonneville Inn Motel	Physical Address: 1017 Highway K	City: Bonne Terre, MO
---	-------------------------------------	--------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

Lobby
 E7) The smoke detector in the lobby was not hardwired due to an inoperable connected outlet. Smoke detectors shall be hardwired and maintained. Please repair the outlet to an operable condition.

Room 17
 C1) Damage was observed to the wall around the bathtub faucet. Walls, floors and ceilings shall be in good repair. Please repair the wall surrounding the faucet to a cleanable condition.

Room 19
 C1) Stains were observed on the ceiling tiles in the vanity area. Walls, floors and ceilings shall be in good repair. Please replace or paint the ceiling tiles.



Room 20
 C1) Stains were observed on the ceiling tiles in the vanity area. Walls, floors and ceilings shall be in good repair. Please replace or paint the ceiling tiles.
 C1) An accumulation of dust was observed on the mechanical vent in the restroom. Walls, floors and ceilings shall be in good repair. Please clean the vent.

Room 22
 C1) Stains were observed on the carpet. Walls, floors and ceilings shall be in good repair. Please clean the carpet.
 G2) The mechanical vent in the restroom was not working. Ventilation shall be adequate. Please repair the vent.
 C3) Holes were observed in the top cover of the bed. Towels and bed linens shall be clean and in good repair. Please replace or repair the bed cover.
 E7) The smoke detector was not functioning. Smoke detectors shall be hardwired and maintained. Please repair the smoke detector.

Outside Second Floor Storage Room
 D4) An open neutral was detected on the outlet located outside the second floor storage room. Proper wiring shall be installed and in good repair. Please repair the outlet.
 E7) The smoke detector located within the second story storage room was chirping, indicating that the battery needed to be replaced. Smoke detectors shall be hardwired and maintained. Please repair the smoke detector.

Room 27
 E7) A smoke detector was not present in the room. Smoke detectors shall be installed and in good repair. Please install a smoke detector in the room.
 E9) Evacuation instructions were not present in the room. A evacuation route and plan shall be installed and available in the room. Please install evacuation instructions in the room.
 C3) The top cover of the bed had holes in it. Towels and bed linens shall be clean and in good repair. Please replace or repair the bed cover.
 D2) The light bulbs were missing from the light located above the vanity. The building shall be maintained to assure safe conditions. Please install light bulbs in this location.
 C1) The vanity surface was observed to be cracked. Furniture shall be cleanable and in good repair. Please repair the vanity surface to a cleanable condition.
 C1) The ceiling tiles in the restroom and vanity were stained. Walls, floors and ceilings shall be in good repair. Please replace or paint the ceiling tiles in these areas.
 C3) The mattress cover was observed to be dirty and had holes in it. Towels and bed linens shall be clean and in good repair. Please replace the mattress cover.

Room 26
 E7) The smoke detector was not functioning. COS by installing a battery.
 C5) Dead ants were observed on the vanity. There shall be no evidence of rodents and insects. Please remove evidence of pests.
 C1) Stained ceiling tiles were observed in the vanity area. Walls, floors and ceilings shall be in good repair. Please replace or paint the ceiling tiles.
 C1) The linoleum floor in the vanity area was observed to be damaged. Walls, floors and ceilings shall be in good repair. Please replace or repair the flooring in this area.
 C1) The edge of the table in this room was missing the laminate cover. Furniture shall be in good repair. Please replace or repair the furniture to a cleanable condition.

Inspected by: 	John Wiseman	Date: 8-10-16
Received by: 	Hardik Patel	Date: 8-10-16



Establishment Name: Bonneville Inn Motel	Physical Address: 1017 Highway K	City: Bonne Terre, MO
---	-------------------------------------	--------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

Room 28
 C1) The carpeting in this room was observed to be stained. Walls, floors and ceilings shall be in good repair. Please clean the carpet.
 C1) The wall behind the bathtub faucet was observed to be damaged. Walls, floors and ceilings shall be in good repair. Please recaulk the wall behind the faucet and paint with a water resistant paint.
 C1) The room dresser was observed to be damaged. Furniture shall be in good repair. Please repair the dresser to a cleanable condition.
 C2) An accumulation of dust was observed on the lampshades. Proper housekeeping procedures shall be used. Please clean the lampshades.
 C2) The wall behind the beds was observed to be dirty. Proper housekeeping procedures shall be used. Please clean this wall.

Room 7
 C5) A dead insect was observed below the vanity. There shall be no evidence of rodents or insects. COS by removing the insect.
 C1) Stained ceiling tiles were observed in the vanity area. Walls, floors and ceilings shall be in good repair. Please replace or paint the ceiling tiles.

Room 9
 C2) A bottle of cleaner was observed in the restroom. Proper housekeeping procedures shall be used. COS by removing the cleaner.
 C1) Holes were observed in the chair upholstery. Furniture shall be in good condition. Please replace or repair the chair.
 C3) Holes were observed in the bed sheet. Towels and bed linens shall be clean and in good repair. Please replace the bed sheet.
 C4) Holes were observed in the bed mattress. Mattresses and box springs shall be clean and in good repair. Please replace or repair the mattress.
 C1) The restroom door was observed to be damaged. Walls, floors and ceilings shall be clean and in good repair. Please repair the door to a cleanable condition.


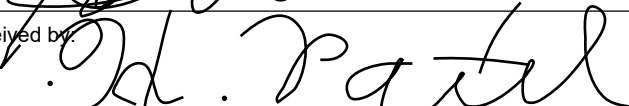
Room 1
 D4) The top portion of the outlet near the window does not work. Proper wiring shall be installed and in good repair. Please repair the outlet.

Laundry Room
 E7) According to the owner, the smoke detectors and carbon monoxide detectors are not tested on a monthly basis. Smoke and carbon monoxide detectors shall be tested monthly. Please test monthly.
 D1) A gas can was observed outside the opening to the laundry room. Combustibles and toxic items shall be properly used and stored. Please store the gas in a secure location away from sources of ignition.

Mechanical Room
 D3) Smoke and carbon monoxide detector was not working. Smoke and carbon monoxide detectors shall be installed and in good repair. Please repair the detector.

Building Exterior
 C7) An accumulation mattresses, wood and other debris was observed behind the building. Garbage and refuse shall be properly maintained. Please remove these items from the premises.

Note:
 The annual fire inspection for extinguishers was conducted on April 29, 2016. A copy of the inspection invoice was furnished by the owners.
 The owners employ ORKIN pest control services to control pests on a monthly basis.

Inspected by:  John Wiseman	Date: 8-10-16
Received by:  Hardik Patel	Date: 8-10-16