



Establishment Name Super 8 Motel	In: 11:06 am Out: 2:16 pm	Name of Owner/Contact Person yJB Contracting DBA Super 8 / Natasha Holloway
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Mailing Address	City	Zip Code
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Physical Address 8 Northwood Drive	City Bonne Terre	Zip Code 63628
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County 187	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone (573)358-5888	No. of Stories 2	No. of Rooms 40	Rooms Inspected 103,106,109,111,112,212,214,216,218,224
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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"/>	<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"/>	<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"/>	<input checked="" type="checkbox"/>	Is the Sewage/Wastewater private		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical wiring		<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"/>	<input checked="" type="checkbox"/>	Swimming Pools/Spas			
Plumbing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoor pool		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swimming pools/spas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food		<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Doors and locks permitted				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complies with chemical, bacT & rad standards				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Textiles, hangings and mirrors proper				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained & operated properly.				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Fire extinguisher type, inspected, location				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B: SEWAGE & WASTEWATER								5. Vertical openings protected				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Operating satisfactorily				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
1. Walls, floors & ceilings in good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper housekeeping practices				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Evacuation route and plan, installed, available				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Towels & bed linens clean				<input checked="" type="checkbox"/>	<input 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"/>
4. Mattresses & box springs clean				<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"/>
5. No evidence of rodents & insects				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION F: SWIMMING POOLS/SPAS							
6. Ice machines, scoops, liners, clean & protected				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage & refuse properly maintained				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises, plant growth controlled				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food sources, sound condition, approved				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, good repair				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Proper facilities to wash, rinse & sanitize				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate ventilation				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper hygienic practices				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Electrical outlets, proper protection & distance				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION D: LIFE SAFETY								8. Records maintained & signs posted				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Combustible/toxic items properly used & stored				<input type="checkbox"/>	<input checked="" 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"/>	1. Equipment adequate, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CO detectors installed, good repair				<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"/>
4. GFCI and proper wiring installed, good repair				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exit signs installed, good repair				<input type="checkbox"/>	<input checked="" 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"/>
6. Emergency lighting installed, good repair				<input type="checkbox"/>	<input checked="" 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"/>
7. Electric panel protected, labeled, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Proper air gaps, no cross connections				<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Fire alarm system installed & maintained				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head/detector				<input checked="" 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 checked="" type="checkbox"/>	3. Proper location of heating/cooling units				<input checked="" 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"/>
1. Complies with local building codes, fire codes & ordinances				<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"/>

INSPECTED BY <i>Rose Mier</i>	EPHS NUMBER 1390	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947
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LICENSING YEAR 2015-2016	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED May 21, 2015	SCHEDULED FOLLOW UP June 23, 2015	REVIEWED BY <i>N Holloway</i>	DATE May 21, 2015
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Establishment Name: Super 8 Motel	Physical Address: 8 Northwood Drive	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
LOBBY C6 - Mold observed on the ice chute of the ice machine in the lobby. Please wash, rinse, sanitize daily.	
FIRST FLOOR D1 - Cleaners in spray bottles on the housekeeping cart were not labeled. Please label working containers of chemicals with the common name of their contents. E5 - The stairwell door was propped open on the west end. Please keep doors closed to retard fire spread.	
ROOM 103 (dirty) C2 - Debris observed beneath the AC unit. Please clean.	
ROOM 106 (clean, handicap room) C2 - Debris observed beneath the AC unit. Please clean. E7 - The smoke detector did not appear to be functioning. Please replace battery or unit.	
ROOM 109 (dirty, suite) G1 - The toilet seat was loose. Please tighten or replace. C2 - Accumulation of debris in window runner ledge. Please clean.	
ROOM 111 (dirty, suite) C2 - Accumulation of dust on the grate over the mechanical vent fan in the bathroom. Please clean.	
ROOM 112 (clean) E7 - The smoke detector did not appear to be functioning. Please replace battery or unit.	
SECOND FLOOR E5 - The doors entering onto the second floor from both stairwells were propped open. Please keep doors closed to retard fire spread. D1 - Spray bottles containing cleaners on both housekeeping carts were not labeled. Please label with the common name of the contents. D2 - The window on the west end of the hallway was opened without a screen. This poses a life risk as well as allows pests to enter. Please install screen or prevent window from being opened. C1 - Wallpaper was loose from wall around AC unit and window on the west end of the hallway. Please ensure there are no leaks and repair wall. C1 - Wallpaper damage observed in corner of east end of hallway. Please repair. E7 - The smoke detector on the stairwell landing on the west end did not appear to be functioning. Please replace battery or unit.	
STORAGE CLOSET E7 - The smoke detector did not appear to be working. Please replace battery or unit.	
ROOM 224 (dirty, jacuzzi suite) C2 - The grate over the mechanical vent in the bathroom had an accumulation of debris. Please clean.	
ROOM 218 (partially cleaned, suite) C2 - Accumulation of dust on the grate over the mechanical vent in the bathroom. Please clean. C1 - Yellow, dried debris observed beneath the sink, possibly glue. Please clean. C2 - Accumulation of dust on the pipes beneath the sink. Please clean.	
ROOM 216 (clean) no violations noted	
ROOM 214 (dirty) C1 - Wallpaper pulling loose above shower/bath surround. Please reattach or replace. C4 - Stains observed on mattresses on both beds. Please clean.	
ROOM 212 (dirty) C1 - Wallpaper pulling loose in corner above shower surround. Please reattach or replace. C4 - Stains observed on mattress on bed closest to bathroom. Please clean.	
ROOM 208 (clean) No violations noted	

Inspected by: <i>Rose Mena</i>	Date: May 21, 2015
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Received by: <i>[Signature]</i>	Date: May 21, 2015
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MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

Establishment Name: Super 8 Motel	Physical Address: 8 Northwood Drive	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
FIRST FLOOR	
POOL	
F4 -	The pH measured greater than 8.4 and the free chlorine measured greater than 10 ppm. Please adjust chemicals to keep pH between 7.2 and 7.8, and free chlorine at 1 ppm.
C1 -	Damage (hole) observed in the wall, and coving was taped on. Please repair.
C2 -	Debris observed on the floor in the chlorinator room. Please clean.
F8 -	The daily log of temperature and chemicals lacked data for May 19 and May 20. Please check temperature and chemicals daily and record.
CONFERENCE ROOM	
D5, D6 -	The emergency lighting and the exit sign over the door did not appear to be functioning. Please repair or replace units.
GUEST LAUNDRY	
E7 -	The smoke detector did not appear to be functioning. Please replace battery or unit.
LAUNDRY/HOUSEKEEPING/STORAGE ROOM	
D1 -	Some spray bottles of cleaners were not labeled. Please label all working containers of chemicals.
D7 -	According to a taped-on note, one electrical box had incorrect labeling for rooms 223 and 225. Please label correctly on the breaker box panel.
C1 -	Damage observed to the wall behind the dryer. Please repair.
C2 -	Accumulation of boxes piled in one area. Please organize to allow effective cleaning.
D7 -	The large breaker box and Electrical panels D and E were blocked with items stored in front of them. Please keep electrical boxes accessible.
C1 -	Damage on floor and wall/coving in front of the washing machine and dryer. Please repair.
OUTSIDE	
G1 -	The grate covering the AC unit on the southeast side of the building was pulled loose, exposing wiring and motor. Please repair.
CERTIFICATIONS	
Please provide copies of reports for the following approved certifications/tests:	
E4 - fire extinguishers	
E8 - Fire alarm system	
G3 - Boiler inspection	
G6 - Backflow prevention	

Inspected by: <i>Rose Muen</i>	Date: May 21, 2015
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Received by: <i>Nathan Holloway</i>	Date: May 21, 2015
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