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| Establishment Name Super 8 Motel | In: 12:58 pm Out: 2:05 pm | Name of Owner/Contact Person yJB Contracting DBA Super 8 / Carlyn Buffington |
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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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up | Complaint | Telephone (573)358-5888 | No. of Stories 2 | No. of Rooms 40 | Rooms Inspected 103,106,109,111,112,212,214,218,224 |
|----------------------|---|-----------|-----------------------------------|----------------------------|---------------------------|---|

| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION C: SANITATION/HOUSEKEEPING | | | | | | | | | 7. Smoke detectors installed, good repair | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Walls, floors & ceilings in good repair | | | | | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Evacuation route and plan, installed, available | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Towels & bed linens clean | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10. Stairs and ramps maintained, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. No evidence of rodents & insects | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Garbage & refuse properly maintained | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Boundary line, pool depth properly marked | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Premises, plant growth controlled | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Lifesaving equipment adequate, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Food protected from contamination | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Steps, ladders, deck installed, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION D: LIFE SAFETY | | | | | | | | | 8. Records maintained & signs posted | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Combustible/toxic items properly used & stored | | | | | <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 checked="" type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Ventilation adequate, plumbing, restrooms | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. GFCI and proper wiring installed, good repair | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. T & P relief valves adequate, good repair | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Emergency lighting installed, good repair | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Relief valve discharge pipes installed, adequate | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | 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 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 checked="" type="checkbox"/> |
| 2. Fire alarm system installed & maintained | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Fire resistant room or sprinkler head/detector | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SECTION E: FIRE SAFETY (All Establishments) | | | | | | | | | 4. Ventilation of appliances & utility rooms | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Proper safety valve, thermo control, elect. switch | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Proper safety valve, thermo control, elect. switch | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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| INSPECTED BY <i>Rose Mier</i> | EPHS NUMBER 1390 | AGENCY ST. FRANCOIS COUNTY HEALTH CENTER | TELEPHONE (573) 431 - 1947 |
| LICENSING YEAR 2015-2016 | APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | DATE INSPECTED July 2, 2015 | SCHEDULED FOLLOW UP Please call to schedule |
| REVIEWED BY <i>Carlyn Buffington</i> | | DATE July 2, 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. | |
| ROOM 109 G1 - The toilet seat was loose. Please tighten or replace. | |
| ROOM 214 C4 - Stains observed on mattresses on both beds. Please clean or replace mattresses. | |
| ROOM 212 (dirty) C4 - Stains observed on mattress on bed closest to bathroom. Please clean or replace mattress. | |
| CERTIFICATIONS Please provide copies of reports for the following approved certifications/tests for the 2015-2016 licensing year: E4 - fire extinguishers E8 - Fire alarm system G3 - Boiler inspection G6 - Backflow prevention | |
| Please call our office when all violations have been corrected and all inspections completed to schedule a reinspection. | |

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| Inspected by: <i>Rose Mier</i> Rose Mier | Date: July 2, 2015 |
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| Received by: <i>Carlyn Buffington</i> Carlyn Buffington | Date: July 2, 2015 |
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