



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

Establishment Name Super 8 Motel Arrive: 10:30am, Depart: 3:47pm	Name of Owner/Contact Person JB Contracting DBA Super 8/Kelly Kendle, Mgr.
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Mailing Address	City	Zip Code
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Physical Address 8 Northwood Dr.	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 101,103,224,221,219,209,207,202,210
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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 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"/>
2. Complies with chemical, bacT & rad standards				<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"/>
3. Chlorinator maintained & operated properly.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated				<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism				<input type="checkbox"/>	<input checked="" 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 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"/>	3. Lifesaving equipment adequate, good repair				<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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"/>
3. CO detectors installed, good repair				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms				<input type="checkbox"/>	<input checked="" 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"/>	3. Boilers/pressure vessels MDPS certified				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>
SECTION E: FIRE SAFETY (New Establishment Only)								SECTION H: HEATING & COOLING							
1. Smoke detectors hardwired & maintained				<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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				EPHS NUMBER				AGENCY				TELEPHONE			
				1507				ST. FRANCOIS COUNTY HEALTH CENTER				(573) 431 - 1947			

LICENSING YEAR 2016-2017	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 8-25-16	SCHEDULED FOLLOW UP 9-29-16	REVIEWED BY 	DATE August 25, 2016
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Establishment Name: Super 8 Motel Arrive: 10:30am, Depart: 3:47p	Physical Address: 8 Northwood Dr.	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Lobby
 E6) The door to the stairwell in the lobby area was observed propped open. Doors for stairwells shall be kept closed. COS
 D6) The emergency light outside the pool door did not function when tested. Emergency lighting shall be installed and in good repair. Repair the light.
 C1) The door frame and window frame of the door to the pool room was observed to be badly corroded. The facility shall be in good repair. Please repair the door.

Pool Room
 F1) The door to the pool room was not fully self-closing. Doors leading into an indoor pool area shall be installed with self-closing and positive self-latching closure mechanisms. Repair the door to a self-closing and locking condition.
 F3) The rope for the throwable life-saving device was wound around the device, making it unusable in an emergency. Lifesaving equipment shall be adequate and in good repair. Do not wrap the rope around the device.
 F3) The throwable life-saving device was observed to be split. Lifesaving equipment shall be adequate and in good repair. Repair the hole in the wall.
 D1) The door to the pool chemical room was not locked. Hazardous materials shall be properly stored in such a manner that they do not present a hazard to health or life safety. Keep this door locked.
 E5) A hole was observed in the ceiling of the pool chemical room, exposing the floor and plumbing of the room above. Vertical openings through floors shall be closed to provide compartmentation and prevent the spread of fire. Please enclose the hole.
 D4) The GFI outlet in the pool chemical room was not operating. GFI and proper wiring shall be installed and in good repair. Replace the GFI outlet.
 D5) The exit sign to the outside from the pool room did not function when tested. Exit signs shall be installed and in good repair.
 H2) A sprinkler head was not installed above the gas powered water heater in the pool chemical room. Rooms containing gas water heaters and/or furnaces shall have an automatic sprinkler head installed off the domestic water system and be installed so that the water spray will encompass the gas water heater and/or furnace. Install an automatic sprinkler head above the water heater.

Laundry Room
 D3) The carbon monoxide detector in the laundry room was not functioning when tested. Carbon monoxide detectors shall be installed and in good repair. Repair or replace the carbon monoxide detector.
 D3) According to the person in charge, the carbon monoxide detectors are tested twice per year. Carbon monoxide detectors shall be tested at least monthly to ensure they are operating properly.
 H4) The gas fueled dryer was not vented to the exterior. Evidence of the unit previously being vented was observed. Gas water heaters, gas furnaces and other gas appliances shall be properly vented to the outside, and the flue pipe shall be constructed of galvanized pipe or material recommended by the manufacturer.
 C2) A accumulation of debris was observed on the outside of the screen to the make-up air vent located on the lower portion of the wall in the laundry room. Please clean the debris from the vent.
 H2) A sprinkler head was not observed installed above the gas water heaters in the laundry room. Rooms containing gas water heaters and/or furnaces shall have an automatic sprinkler head installed off the domestic water system and be installed so that the water spray will encompass the gas water heater and/or furnace. Install an automatic sprinkler head above the water heaters.

Room 101
 G2) The mechanical vent in the restroom was not functioning. Ventilation shall be adequate in restrooms. Please repair the vent.

Room 103
 C4) A stain was observed on the mattress. Mattresses and box springs shall be clean. Please clean the mattress.
 D4) An outlet cover was missing from the outlet behind the night stand. Wiring shall be in good repair. Please replace the cover.
 D4) The GFI outlet in the restroom was broken. Wiring shall be in good repair. Please replace the outlet.

First floor hallway
 C1) The wall paper was observed pulling away from the wall at the end of the hall near the outside exit. Walls, floors and ceilings shall be in good repair. Please repair the wallpaper.

Rooms 224, 221, 219,209, 210
 E7) The smoke detectors in these rooms did not appear to be functioning. There was no blinking light as with the others. Smoke detectors shall be installed and in good repair. Please ensure these detectors are functioning.

Inspected by: 	John Wiseman	Date: August 25, 2016
Received by: 	Kelly Kendle	Date: August 25, 2016



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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D6) The emergency light located in the front stairwell did not function when tested. Emergency lighting shall be installed and in good repair. Please replace or repair the emergency light.

Outside Access Storage Room

E4) The fire extinguisher was located on the floor, was not charged and did not have evidence of an annual inspection attached to it. All fire extinguishers shall be located at least four inches off of the floor, be fully charged and annually inspected.

C5) An excess of spiders was observed in this room. There shall be no evidence of rodents or pests. Please remove evidence of pests.

E5) A hole was observed in the ceiling of the room, exposing the floor of the room above. Vertical openings through floors shall be closed to provide compartmentation and prevent the spread of fire. Please enclose the hole.

E1) It is not apparent if the smoke detector in this room is hardwired. The detector is attached to an electrical box and a small red wire is observed attached to it. It is not clear whether this device, or any similar detectors in the facility are hardwired to the electrical power source. All smoke detectors shall be hardwired and maintained. Please provide a written statement from the fire/safety inspector attesting to the condition of the smoke detectors as being hardwired or not.

Kitchen/Furness room connected to the dining area

D3) The device attached to the wall in the furnace room in this area was labeled "Gas Alarm". It is unknow if this is a carbon monoxide detector. It is plugged into an outlet, not hardwired. Carbon monoxide detectors shall be hardwired and maintained. Please install a hardwired carbon monoxide detector in the kitchen area.

E1) A smoke detector was not observed in this area. Smoke detectors shall be installed in all sleeping rooms, cooking areas/kitchens, hallways, laundry rooms, mechanical rooms and hazardous areas. Install a hardwired smoke detector in the kitchen area.

E3) A sprinkler head was not installed above the gas fueled furness in this area. Rooms containing gas water heaters and/or furnaces shall have an automatic sprinkler head installed off the domestic water system and be installed so that the water spray will encompass the gas water heater and/or furnace. Install an automatic sprinkler head above the furness.

E6) The door to this area was not self-closing. Doors accessing mechanical areas shall be self-closing. Please install a self-closing device.

E9) An employee evacuation plan was not available at the time of the inspection. A copy of an emergency evacuation plan and employee instructions guide shall be kept on file that is accessible by all staff. All staff shall be able to demonstrate knowledge of the emergency evacuation plan. Please prepare and maintain an employee emergency evacuation plan.

Certifications provided:

Backflow inspection 4-14-16

Fire Extinguisher inspection 6-15-16

Certifications still needed:

Fire alarm and safety inspection

Inspected by:

John Wiseman

Date:

August 25, 2016

Received by:

Kelly Kendle

Date:

August 25, 2016