



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

Establishment Name Super 8 Motel	Name of Owner/Contact Person Nilkanth, Inc./Nick Patel
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Mailing Address	City	Zip Code
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Physical Address 930 Valley Creek Drive	City Farmington	Zip Code 63640
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County <b>187</b>	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone 573-756-0344	No. of Stories 2	No. of Rooms 62	Rooms Inspected 106,120,133,139,146,204,215,221,222,238
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater private		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical wiring		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater public		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Swimming Pools/Spas			
Fuel burning appliances		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indoor pool		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plumbing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swimming pools/spas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spa		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food		<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"/>	<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"/>	<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"/>	<input 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<input 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"/>	<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"/>	<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"/>	<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 checked="" type="checkbox"/>	<input 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"/>	<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 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"/>	3. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Food sources, sound condition, approved		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Proper facilities to wash, rinse & sanitize		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>	<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"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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"/>	<input 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 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"/>	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"/>	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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	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 8-11-16	SCHEDULED FOLLOW UP 9-16-16	REVIEWED BY 	DATE 8-11-16
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Establishment Name: Super 8 Motel	Physical Address: 930 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 106  
 E7) The smoke detector was missing it's battery. Smoke detectors shall be installed and in good repair. COS by replacing the battery.  
 C2) Food residue was observed inside the microwave. Proper housekeeping practices shall be used. COS by cleaning the microwave.

Room 120  
 C2) An accumulation of dust was observed on the AC filter. Proper housekeeping practices shall be used. COS by cleaning the filter.

First Floor Mechanical Room  
 E6) The door to this room was not locked. Doors to mechanical rooms shall be self closing, fire rated and locked. COS by closing and locking the door  
 C2) This room is excessively cluttered. Proper housekeeping practices shall be used. Please clean this room.

Room 133  
 C3) The top cover of the bed had holes in it. Towels and bed linens shall be clean and in good repair. COS by replacing the cover.  
 C1) Holes were observed in the upholstery of the chair in this room. Furniture shall be in good repair. COS by replacing the chair.

Room 139  
 C1) The carpet at the entry to this room was damaged. Walls, floors and ceilings shall be in good repair.  
 C3) A stain was observed on the top cover of the bed. Towels and bed linens shall be clean. COS by replacing the bed cover.

Room 146  
 C2) Soiling was observed on the carpet in this room. Proper housekeeping practices shall be used. COS by cleaning the carpet.

First floor hall near room 145  
 C1) The carpet in the hallway in this area was observed to be damaged. Walls, floors and ceilings shall be in good repair. Please repair the carpet in this area.



Room 221  
 C2) An accumulation of dust was observed on the AC filter. Proper housekeeping practices shall be used. COS by cleaning the filter.

Room 215  
 C2) An accumulation of dust was observed on the AC filter. Proper housekeeping practices shall be used. COS by cleaning the filter.

Room 238  
 D2) Evidence of burning was observed on the inside of the microwave in this room. The building shall be maintained to ensure safe conditions. COS by removing the microwave.

E9) An evacuation procedure for staff and patrons was not available in the front office. An evacuation route and plan shall be available. Please make a written procedure for evacuating employees and patrons in case of fire.

Third Party Inspections  
 All third party inspections are due for 2016-2017 year. Please provide copies of approved inspections for this facility.  
 E1) City of Farmington fire inspection  
 E4) Fire extinguisher inspection  
 E8) Fire alarm system inspection  
 G8) Backflow inspection

Inspected by: 	John Wiseman	Date: 8-11-16
Received by: 	Mary Patel	Date: 8-11-16