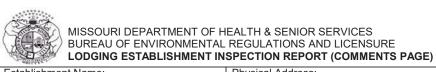


MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE

Page

ESTABLISHMENT NUMBER

LODGING ESTABLISHMENT INSI	l o	f 2							
Establishment Name Bonneville Inn Motel • In 10:48 am, Out 11:33 pm						Name of Owner/Contact Person Owners Hardik Patel, Pravin Patel, Shree Ganesh			
Mailing Address Ci Same as physical address					City Zip Code				
Physical Address 1017 Highway K							Zip Code 636287		
County This inspection is a(n) Telephone Telephone (573)358-3328				No. of Stories	No. of Rooms	Rooms Inspected 1,4,6,17,19,2	0.22.24.28	<u> </u>	
Please check Yes or No next to each item.	(010)000	Yes	No	Water Supply		-, -, -,,,,	-,,,	Yes	No
Was this lodging facility built after October 31, 2005			X	Is the water supply private Is the water supply public			×	×	
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.			$\overline{\boxtimes}$	Water sample taken Sewage/Wastewater					×
Do the following local ordinances apply?				Is the Sewage/Wastewater private				X	
Fire safety			×	Is the Sewage	e/Wastewater p			×	
Electrical wiring			×	Swimming P	ools/Spas				
Fuel burning appliances			×	Indoor pool				$\perp \sqsubseteq$	×
Plumbing			×	Outdoor pool				- -	×
Swimming pools/spas Food			 	Spa Pool larger tha	an 2000 square	e feet		- - -	×
Based on an inspection this day, the items mark inspection, or such shorter period of time as mark			fy nonco	mpliance in ope	erations or facil	ities which must b			ıtine
specified in this notice may result in revocation upon filing a written request within ten days after	of your lod	ging licens	se and/or	prosecution. O	wners may req	uest a hearing be			
Yes=In Compliance No=Not in (Compliand	e, explair	on add	litional page(s)	NB:	=Not Observed		Applicable	
SECTION A: WATER SUPPLY	YES N	O NB	11/4			Establishments con	t.) YES N		NA
Approved source, construction & operation Complies with chemical, bacT & rad standards	┾╡┼┾	×		2. Doors and loo 3. Textiles, hang		ire nroner	- - - 	×	\vdash
3. Chlorinator maintained & operated properly.		╡╎╞╧┥		4. Fire extinguis				×	\vdash
SECTION B: SEWAGE & WASTEWATER				5. Vertical open					×
Operating satisfactorily	×			6. Doors, self cl	osing & fire rate				×
SECTION C: SANITATION/HOUSEKEEPING				7. Smoke detec			×		
1. Walls, floors & ceilings in good repair	×	╡┼╞═┥				ns tested & appro nstalled, available		- 	×
Proper housekeeping practices Towels & bed linens clean	×	╡╎╞═┥		10. Stairs and ra				×	H
4. Mattresses & box springs clean	×	╡┼╞═┥		11. Means of eg			──┼╞═ ┼┼ ╞	×	
5. No evidence of rodents & insects	×	 		SECTION F: S'					
6. Ice machines, scoops, liners, clean & protected						er closure mechar	nism		×
7. Garbage & refuse properly maintained			× 2	2. Boundary line	e, pool depth pr	operly marked			×
8. Premises, plant growth controlled		×				ate, good repair			×
9. Food sources, sound condition, approved						, temp maintained			×
10. Food protected from contamination			×	5. Steps, ladder	s, deck installe	d, good repair	─┤╞╡ ╎╞		×
11. Proper facilities to wash, rinse & sanitize				6. Adequate ver		tection & distance		 	
12. Proper hygienic practices SECTION D: LIFE SAFETY				8. Records mair				- - 	×
Combustible/toxic items properly used & stored		T X		SECTION G: P					
Building maintained to assure safe conditions	×			1. Equipment a				×	
CO detectors installed, good repair		- -		2. Ventilation ac			×	 	
GFCI and proper wiring installed, good repair		×		3. Boilers/press				×	
5. Exit signs installed, good repair		×		4. T & P relief va				×	
6. Emergency lighting installed, good repair		×		5. Relief valve d	lischarge pipes	installed, adequa	te 🔲	×	
7. Electric panel protected, labeled, good repair		×		6. Proper air ga	ps, no cross co	nnections		×	
SECTION E: FIRE SAFETY (New Establishment	Only)			SECTION H: H					
1. Smoke detectors hardwired & maintained						ace heater approved			×
2. Fire alarm system installed & maintained						ler head/detector		×	
3. Sprinkler system installed & maintained				3. Proper location of				×	
SECTION E: FIRE SAFETY (All Establishments) 1. Complies with local building codes, fire codes				 Ventilation of 5. Operation & c 			┈┈╎╞═┥ ┼╞═	×	
& ordinances						control, elect. swi	tch	×	
INSPECTED BY		EPHS NU		AGENCY		TELEP			
LICENSING YEAR APPROVED DATE INSPECTED SCHEDULED FOLLOW UP REVIEWED BY									
LICENSING YEAR APPROVED	F 04	E INSPEC -2017	IED S	CHEDULED FC ay 31, 2017	DLLOW UP RE	VIEWEDBY	a .10/15	ATE 31-2017	
	NO 5-31	2017	101	, 01, 2011		VINO	g it 2/5		
MO 580-0883 (11-08) PART A						V ,	V	E9.02	2 (11-08)



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Rose Mier, EPHS 5-31-2017	Bonneville Inn Motel	1017 Highway k	<	Bonne Terre
All violations noted in all other rooms were corrected.	SECTION REFERENCE		OBSERVATIONS AND ADDITIONAL CO	MMENTS
	ROOM 25 - This room was occupied an	d access was not granted.	According to owner, the noted violations we	ere corrected.
Inspected by: Rose Mier, EPHS Foote Mier, EPHS Date: 5-31-2017 Date: 5-31-2017 Date: 5-31-2017	ROOM 25 - This room was occupied an		According to owner, the noted violations we	ere corrected.
Inspected by: Rose Mier, EPHS Date: 5-31-2017 Date: 5-31-2017				
Received by: Vina Patel, Manager 5-31-2017 5-31-2017	Inspected by:			Date:
	Received by:	7 ier Mut M	Rose Mier, EPHS Vina Patel, Manager	5-31-2017 Date: