



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

Establishment Name Bonneville Inn Motel	In 10:00 am, Out 1:08 pm	Name of Owner/Contact Person Owners Hardik Patel, Pravin Patel, Shree Ganesh
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Mailing Address Same as physical address	City	Zip Code
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Physical Address 1017 Highway K	City Bonne Terre	Zip Code 636287
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County 187	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone (573)358-3328	No. of Stories 2	No. of Rooms 29	Rooms Inspected 1,4,6,17,19,20,22,24,25,28
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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 type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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"/>	<input type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Operating satisfactorily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Proper housekeeping practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Towels & bed linens clean	<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<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 type="checkbox"/>	<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"/>	<input type="checkbox"/>	6. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	7. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECTION D: LIFE SAFETY						8. Records maintained & signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
2. Fire alarm system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
						6. Proper safety valve, thermo control, elect. switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTED BY <i>Rose Mier</i> Rose Mier	EPHS NUMBER 1390	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947
LICENSING YEAR 2017-2018	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 4-27-2017	SCHEDULED FOLLOW UP May 31, 2017
REVIEWED BY <i>Vinay Patel</i>		DATE 4-27-2017	



Establishment Name: Bonneville Inn Motel	Physical Address: 1017 Highway K	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
ROOM 1	<p>C3 - Stains observed on the top sheet of the bed linens. Linens shall be clean.</p> <p>C1 - Ceiling tile in the bathroom were stained, damaged, or broken. Ceiling shall be in good repair. Please replace broken tile and paint or replace tiles that are stained or damaged.</p> <p>G2 - A leak was observed below the handwashing sink. Please repair to keep plumbing in good repair.</p>
ROOM 4	<p>C1 - Wall tiles were broken around the bathtub. Walls shall be in good repair.</p> <p>C3 - Stains observed on the sheet on the bed closest to the bathroom. Linens shall be clean.</p> <p>C2 - Debris observed on the floor below the headboards of the beds. Rooms shall be clean. Please clean entire floor between guests.</p> <p>C1 - The drawers on the chest were non-functional. Furniture shall be in good repair. Please repair or replace.</p> <p>C2 - Debris observed in one drawer of the chest. Please clean drawers between guests.</p> <p>C5 - Dead bugs observed on the windowsill. Please clean windowsills between guests.</p> <p>C5 - Daylight observed at the base of the door. Please seal to reduce pest entry points.</p>
ROOM 6	<p>C1 - Some of the drawers in the chest were in disrepair with the bottoms broken out or not closing correctly. Please repair drawers or replace chest.</p> <p>D2 - There was a bulb missing in the bathroom fixture. There shall be no empty light fixtures. Please replace bulb.</p> <p>C1 - Debris observed on the light fixture and wall above the mirror. Please clean between guests.</p> <p>C3 - Stains observed on a pillow slip on the bed closest to the bathroom. Linens shall be clean and free of stains.</p> <p>C3 - Stains observed on both pillows on the bed closest to the window. Please clean or replace.</p> <p>C3 - Stains observed on the box spring cover on the bed closest to the window. Linens shall be clean.</p> <p>C2 - Stains were observed on the wall above the headboard of the bed closest to the window. Please clean wall.</p> <p>C2 - Dust observed on the AC filter. Please clean between guests.</p> <p>C1 - Cigarette burns observed in the upholstery of the chair by the window. Furniture shall be in good condition. Please repair or replace.</p>
WATER HEATER ROOM, LOWER LEVEL	<p>C5 - Holes observed in screen in lower opening in the door of the mechanical room. Please repair or replace screen in door.</p>
ROOM 17	<p>C2 - Debris observed on the floor of the bathroom, left after a repair. Please clean floor.</p> <p>C2 - The toilet bowl was dirty. Please clean.</p> <p>C1 - Ceiling tile were stained in the dressing area and bathroom. Please ensure there are no leaks, then either paint or replace the stained tiles.</p>
ROOM 19	<p>C5 - Dead roach observed in bathtub and dead insects below sink. Please remove all evidence of pests.</p> <p>E7 - The smoke detector had a low battery. Please replace battery.</p> <p>C4 - Staining on the side of the mattress on the bed closest to the window. Please clean.</p> <p>C5 - Dead insects observed on the floor around the beds. Please remove all evidence of pests.</p>
ROOM 20	<p>C5 - Dead insects observed on the floor in the dressing area and bathroom. Please clean.</p> <p>C2 - Soap, packaging, and hair observed in the bathtub. Please clean between guests.</p> <p>C2 - Dust observed on the ceiling fan cover in the bathroom. Please clean.</p> <p>C4 - Both mattresses were stained. Please clean or replace mattress.</p> <p>C2 - Accumulation of dust observed on the AC unit. Please clean.</p> <p>C1 - Stains observed on the carpeting under chair and next to bed. Please clean stains.</p> <p>D2 - A bulb was missing in the light fixture over the dressing table. There shall be no empty light sockets. Please replace bulb.</p>
ROOM 22	<p>C1 - Water was dripping from the ceiling above the round table, indicating a roof leak. Please repair leak.</p> <p>C2 - Used soap was left on the tub surround. Please remove personal items between guests.</p> <p>C1 - Holes observed in the shelf on the tub surround. Please repair to prevent moisture from accumulating behind tub surround and promoting mold growth.</p> <p>D2 - A bulb was missing in the light fixture over the dressing table. Please replace bulb.</p> <p>C4 - The box springs was torn on the bed closest to the bathroom. Boxsprings shall be in good condition. Please repair or replace.</p> <p>C1 - One ceiling tile was missing. Ceilings shall be in good repair. Please replace ceiling tile.</p> <p>C5 - Daylight observed around the door. Please seal to prevent pest entry.</p>

Inspected by: <i>Rose Mier</i> Rose Mier, EPHS	Date: 4-27-2017
Received by: <i>V. Patel</i> Vina Patel, Manager	Date: 4-27-2017



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

Establishment Name: Bonneville Inn Motel	Physical Address: 1017 Highway K	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
ROOM 24	<ul style="list-style-type: none"> C5 - Dead ants observed on the dressing table. Please remove all dead insects. C1 - Stains observed on the ceiling tile in the dressing room. Please ensure there are no leaks, then either paint or replace the stained tiles. C2 - The vent over the mechanical fan in the bathroom was dirty. Please clean. C1 - The wall above the toilet was dirty. Walls shall be clean. C1 - The caulking around the tub was in poor condition. Please clean and replace deteriorated caulk. C1 - A yellow spray observed on the wall around the mirror. Please clean. C1 - The smoke detector was detached from the wall. Please repair. C2 - Trash behind the chest of drawers, and debris/dead insect in one of the drawers. Please clean. C3 - Stains observed on one of the pillowcases on the bed closest to the window. Please clean or replace. C1 - Stains observed on the carpet. Flooring shall be clean. Please clean or replace carpet.
ROOM 25	<ul style="list-style-type: none"> G2 - Water observed at the floor-wall juncture beneath the sink. Please determine source of water and repair leak. G1 - Bathtub coating was chipped in one spot. Please repair. E7 - There was no battery and the wires were removed in the smoke detector. Please replace smoke detector. C2 - Debris, cell phone, observed behind and below the headboard. Please clean behind headboards and the floor under the headboards when cleaning. C1 - Stains observed on the carpeting. Please clean. D5 - Daylight observed near the bottom of the entry door. Please seal. C1 - The dryboard was damaged between the AC unit and the entry door. Please repair wall.
ROOM 28	<ul style="list-style-type: none"> C1 - Stains observed on the carpeting. Please clean. C1 - Damage observed on wall around faucet fixtures and handles in the bathtub. Please repair and seal around fixtures. C2 - Debris observed in corner on floor beneath dressing table. Please clean floor. C3 - One of the pillows on the bed closest to the bathroom was stained. Please clean or replace pillow. C3 - One of the pillows on the bed closest to the window was stained. Please clean or replace pillow. C4 - The box springs on the bed closest to the bathroom was torn and the foam appeared to be dry-rotting. Please replace box springs. C5 - Insecticide powder was sprinkled behind the chest of drawers. Powders shall be inaccessible. Please remove all powder before renting room. C1 - Damage observed on the wall below the window. Please repair. C2 - Dust observed on the AC filter. Please clean.
	<p>A copy of the annual fire inspection and fire extinguishers inspection was provided. The inspection was conducted on April 13, 2017</p> <p>A copy of the latest pest control service was provided on 3/9/17; Orkin is contracted to treat the facility monthly.</p>

Inspected by: 	Rose Mier, EPHS	Date: 4-27-2017
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Received by: 	Vina Patel, Manager	Date: 4-27-2017
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