



Establishment Name Super 8 Motel	Time In: 9:20 am Out: 2:00 pm	Name of Owner/Contact Person Dev Lodging, Inc. / Nirav Patel, manager
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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 187	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 135,137,138,142,208,209,218,221,240,242
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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"/>
Fuel burning appliances	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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	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 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 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 checked="" 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 checked="" 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"/>	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 type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	6. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
12. Proper hygienic practices	<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 checked="" type="checkbox"/>	<input type="checkbox"/>				
SECTION D: LIFE SAFETY					8. Records maintained & signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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"/>				
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 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 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"/>				
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 checked="" type="checkbox"/>	<input 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"/>				

INSPECTED BY <i>Rose Mier</i> Rose Mier	EPHS NUMBER 1390	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947	TELEPHONE
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LICENSING YEAR 2017-2018	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 6/21/2017	SCHEDULED FOLLOW UP July 13, 2017	REVIEWED BY <i>Nirav Patel</i>	DATE 6/21/2017
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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
LOBBY	D5 - The exit sign at the entry door did not blink when tested. Exit signs shall be in good repair. Please replace battery or replace sign. C2 - Debris observed on the floor behind the chair/lamp/couch area. Floors shall be clean. Please clean floor behind furniture.
MECHANICAL ROOM	E7 - The smoke detector did not work when tested. Smoke detectors shall be functional. Please replace battery or smoke detector. D3 - There was no carbon monoxide detector in this room with fuel burning water heaters. Carbon monoxide detectors shall be hardwired and functioning with gas burning appliances. NOTE: there was a device on the wall behind the boilers labeled "gas alarm," but there was not a test button on this unit. CO detectors shall have battery backup and be placed five feet from the gas burning appliances. H4 - The combustion make-up air vents on the outside entry door were covered. Make up air shall be of adequate quantity for the total number of BTUs the equipment uses. Please remove covers over the air vents in the door. D7 - Boards were stored in front of an electrical panel. Please keep access to electrical panels unobstructed. COS by moving boards.
LAUNDRY ROOM	E7 - The smoke detector did not work when tested. Please replace battery or smoke detector. D3 - The carbon monoxide detector did not work when tested. Please replace battery or smoke detector. D2 - The dryer lint screens were full of lint. Lint screens shall be kept clean. According to manager, the screens are cleaned daily. Please clean more often to prevent lint accumulation. H4 - The vents in the outside doors were covered, preventing make up air from entering room. Please remove covers off door.
1ST FLOOR HALLWAY	D5 - The exit sign by the laundry room did not blink when tested. Please replace battery or sign. E6 - The door was propped open at the middle stairwell. Vertical openings shall be protected with self-closing, fire rated doors. Please keep the stairwell doors closed. D5 - The exit sign by the guest laundry did not blink when tested. Please replace battery or sign.
CLEANING CART	D1 - A spray bottle of pink cleaner was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label bottle.
ROOM 135	G1 - A leak was observed in the faucet in the bathtub. Plumbing shall be in good repair. Please repair leak. G2 - Mechanical ventilation in the bathroom was not working. Bathrooms shall have mechanical ventilation. Please repair or replace fan vent. C2 - The AC filter was dirty. Please clean filter as often as needed to keep clean. E7 - The smoke alarm was not working correctly. Please repair or replace smoke alarm.
ROOM 137 (this room is adjacent to Room 138 and was inspected for bed bugs)	G1 - A leak was observed in the faucet in the bathtub. Please repair leak. C2 - The AC filter was dirty. Please clean.
ROOM 138	C2 - The AC filter was dirty. Please clean. C5 - A live bed bug was found under the mattress. Please do not rent this room until approval is obtained from this office after the room has been treated and found free of bed bugs by the pest management company. Please provide documentation of treatment by a professional pest control company. Management shall thoroughly clean the room after treatment to remove all dead bugs. If dead bugs are found during the follow-up inspection, the room will have to be treated again.
ROOM 139 - This room is adjacent to room 138 but could not be inspected for bedbugs. It was occupied with a "do not disturb" sign on the door.	
GUEST LAUNDRY	C2 - Dead insects and debris observed on the floor. Please clean floor as often as needed to keep clean. E7 - There was no smoke alarm in this room. A heat detector, labeled as "not a life safety device" was installed on the ceiling. Smoke detectors are required in guest laundry rooms. Please install a smoke alarm in this room. E4 - A portable fire extinguisher was not found in this room. 5 pound, 2A-10BC fire extinguishers are required in guest laundry rooms. C2 - A pile of 2 x 4" wood was stored in front of the baseboard electrical heater. Please remove wood from the laundry room for fire safety. D4 - The electrical outlet behind the washing machine was not GFCI protected. Please install a GFCI electrical outlet for override protection.

Inspected by: 	Rose Mier	Date: 6/21/2017
Received by: 	Nirav Patel, Manager	Date: 6/21/2017



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

Establishment Name: Super 8 Motel	Physical Address: 930 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
1st FLOOR, continued ROOM 142	G2 - The mechanical vent in the bathroom was not working. Please repair or replace. G1 - A leak was observed in the bathtub faucet. Please repair.
STORAGE ROOM	D1 - Spray bottles containing cleaners, stored on the cleaning cart, were not labeled. Please label all bottles containing chemicals with the name of the contents. E7 - The smoke alarm did not work when tested. Please replace battery or alarm.
2nd FLOOR HALLWAY	D5 - The exit sign by the storage room was not lit. Please repair or replace sign. D5 - The exit sign by Room 236 was not lit. Please repair or replace sign.
CLEANING CART	D1 - Spray bottles of cleaners were not correctly labeled. Please remove old labels on bottles and label with the common name of the contents.
ROOM 221 (room directly above the room where a bed bug was found)	C2 - The microwave had dried food splatters on the top surface inside the microwave. Please wash, rinse, and sanitize microwave between guests. COS by cleaning C2 - The filter for the AC unit was missing; the inside coils were observed dirty. Please clean unit and install filter.
ROOM 218	C2 - The microwave had dried food splatters on the top surface inside the microwave. Please clean and sanitize between guests. C3, C4 - Stains observed on the top throw and on the mattress. Linens and mattresses shall be clean. G2 - The mechanical fan vent did not work in the bathroom. Please repair or replace to have adequate bathroom ventilation. C1 - Food stains observed on the ceiling. Ceilings shall be clean and in good condition. Please clean or paint ceiling. G1 - The bathtub faucet was leaking. Please repair to keep plumbing in good condition.
ROOM 209	C1 - The air conditioning filter was dirty. Please clean. E7 - The smoke alarm was covered with masking tape when the room was painted. Please ensure smoke alarms are not covered. COS by removing tape.
ROOM 208	G2 - The mechanical vent in the bathroom did not work. Please repair or replace.
ROOM 240	C2 - Mold observed inside the toilet basin. Please clean. G2 - The mechanical vent in the bathroom did not work. Please repair or replace.
ROOM 242	C3 - A tear observed in the pillow slip on a pillow on the bed nearest the bathroom. Please repair or replace the pillow.
POOL	NOTE: the pool was not in operation at the time of this visit. Repair was being done to the concrete on the bottom of the pool. It was observed that the gate correctly self-closed and positive latched, and the depth was correctly marked. The pool water chemistry, logs, lifesaving equipment, ladders, stairs, cleaning equipment, and mechanical systems will be observed during the follow-up inspection. Please see Lodging Rule 19CSR 20-3.050, section F, for rules regarding pools. NOTE: Several violations noted on this inspection may be superceded by the City of Farmington's Fire and Electrical Ordinances. Please complete Form E9.03 "Compliance with Local Ordinances" for the violations if it is preferred to not correct the violation. These violations are: D3 and H4 in the mechanical room, H4 in the laundry room, and E7 and E4 in the guest laundry. NOTE: The following third-party inspections are due in September 2017. Please provide this office with a copy of the inspections after they are satisfactorily completed: E1 - City of Farmington Fire Inspection E4 - Portable Fire Extinguisher Inspections E8 - Fire alarm system and front panel inspection G8 - Backflow prevention inspection G3 - Certification of inspection by the Missouri Division of Fire Safety for the water heater that has a heat input greater than 200,000 BTU per hour.

Inspected by: 	Rose Mier	Date: 6/21/2017
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Received by: 	Nirav Patel, Manager	Date: 6/21/2017
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