



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

Establishment Name Super 8 Motel Arrive: 1:20pm, Depart: 2:05pm	Name of Owner/Contact Person JB Contracting dba Super 8, Contact: Casey Miller
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Mailing Address Same as physical	City	Zip Code
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Physical Address 8 Northwood Drive	City Bonne Terre	Zip Code 63628
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County 187	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Complaint	Telephone 573-358-5888	No. of Stories 2	No. of Rooms 40	Rooms Inspected 201,211,114
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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Doors and locks permitted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
2. Complies with chemical, bacT & rad standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>			
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1. Walls, floors & ceilings in good repair	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>			
2. Proper housekeeping practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Evacuation route and plan, installed, available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3. Towels & bed linens clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Stairs and ramps maintained, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
4. Mattresses & box springs clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Means of egress, number, maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
5. No evidence of rodents & insects	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair	<input checked="" 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"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	6. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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"/>	<input type="checkbox"/>	1. Equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3. CO detectors installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. T & P relief valves adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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"/>			
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
SECTION E: FIRE SAFETY (All Establishments)						4. Ventilation of appliances & utility rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
INSPECTED BY John Wiseman		EPHS NUMBER 1507		AGENCY ST. FRANCOIS COUNTY HEALTH CENTER		TELEPHONE (573) 431 - 1947							

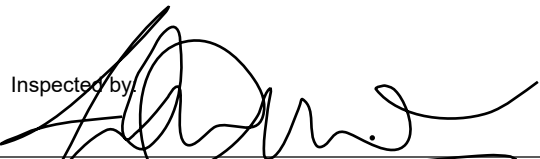
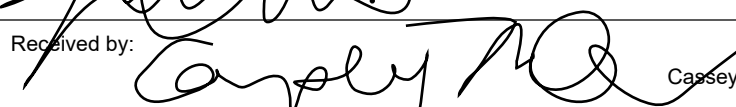
LICENSING YEAR 2017-2018	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED 9-21-17	SCHEDULED FOLLOW UP	REVIEWED BY 	DATE 9-21-17
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Establishment Name: Super 8 Motel Arrive: 1:20pm, Depart: 2:05pm	Physical Address: 8 Northwood Drive	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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All violations cited during the annual inspection have been corrected.

Inspected by: 	John Wiseman	Date: 9-21-17
Received by: 	Cassey Miller	Date: 9-21-17