



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

Establishment Name Super 8 Motel	Time In: 10:40 am Out: 11:00 am	Name of Owner/Contact Person Dev Lodging, Inc. / Nirav Patel, manager
--	---------------------------------	---

Mailing Address	City	Zip Code
-----------------	------	----------

Physical Address 930 Valley Creek Drive	City Farmington	Zip Code 63640
---	---------------------------	--------------------------

County 187	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Complaint	Telephone 573/756-0344	No. of Stories 2	No. of Rooms 62	Rooms Inspected 137
----------------------	---	-----------	----------------------------------	----------------------------	---------------------------	-------------------------------

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			
1. Approved source, construction & operation	<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 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"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1. Operating satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>	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"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	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"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8. Premises, plant growth controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SECTION G: PLUMBING/MECHANICAL							
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
4. GFCI and proper wiring installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	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"/>	2. Fire resistant room or sprinkler head/detector	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Operation & condition adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
					6. Proper safety valve, thermo control, elect. switch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

INSPECTED BY <i>Rose Mier</i>	EPHS NUMBER 1390	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947	TELEPHONE
LICENSING YEAR 2017-2018	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED 11/1/2017	SCHEDULED FOLLOW UP <i>None</i>
		REVIEWED BY <i>Nirav Patel</i>	DATE 11/1/2017



Establishment Name: Super 8 Motel	Physical Address: 930 Valley Creek Drive	City: Farmington
--------------------------------------	---	---------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

All violations noted on the June 21, 2017 Initial inspection have been corrected. Copies of all required third party inspections were provided during this visit.	
---	--

Inspected by: <i>Rose Mier</i>	Rose Mier	Date: 11/1/2017
--------------------------------	-----------	--------------------

Received by: <i>Nirav Patel</i>	Nirav Patel, Manager	Date: 11/1/2017
---------------------------------	----------------------	--------------------