



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

Establishment Name Super 8 Motel	Arrival 10:13 am; Depart 2:35 pm	Name of Owner/Contact Person JB Contracting DBA Super 8 / Contact Cassey Miller
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Mailing Address	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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	Telephone	No. of Stories 2	No. of Rooms 40	Rooms Inspected 106,108,109,116,202,205,215,218,221,224
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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"/>
		<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"/>
		<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 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 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"/>	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism				<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 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"/>	4. Pool clarity, pH, disinfectant, temp maintained				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, good repair				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION D: LIFE SAFETY								8. Records maintained & signs posted				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms				<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Operation & condition adequate				<input checked="" 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"/>

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 2018-2019	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 4-30-2018	FOLLOW UP DATE May 31, 2018	REVIEWED BY <i>Miller</i>	DATE 4-30-2018
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Establishment Name: Super 8 Motel	Physical Address: 8 Northwood Drive	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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LOBBY AREA

C6 - Mold growth observed on the ice chute of the ice maker. Food contact surfaces shall be cleaned and sanitized. Please wash, rinse, and sanitize the ice chute at least daily.

GUEST LAUNDRY

E6 - The door was propped open and would not fully close. Laundry doors shall be self-closing and kept closed to prevent the spread of fire. Please repair door to allow it to fully close (NOTE: door prop was removed during visit).

FACILITY LAUNDRY

- E6 - The door was propped open. Please keep all doors to laundry closed at all times. CORRECTED ON SITE by closing door.
- D7 - One set of electrical panels was blocked with tubs and lost-and-found items. Electrical panels shall be accessible at all times.
- C1 - Several holes were cut in the ceiling to repair plumbing. Ceilings shall be in good repair. Please seal holes.
- D4 - Two electrical power strips were attached to water pipes. A pump inside a 5-gallon container of cleaner was plugged into one; this strip was plugged into a second power strip which was plugged into an extension cord. Permanent equipment may not be plugged into temporary wiring, and extension cords and power outlets may not be plugged in series into each other. Please install permanent wiring for all permanent equipment. Also, these power outlets are attached to water pipes which can be a problem should there be a leak.
CORRECTED ON SITE by removing power strips and extension cord and the pump. Chemical will be poured using a funnel.
- G1 - The hot water faucet at the chemical dispenser sink leaked. Plumbing shall be maintained in good repair.
- D1 - A spray bottle containing a green liquid, stored in the brown metal cabinet, was not labeled. Working containers of chemicals shall be labeled with the common name of the contents. CORRECTED ON SITE by discarding the liquid.
- H4 - Accumulation of dust/debris observed on the make-up air vents. These vents must remain clean and unobstructed to allow adequate flow of make-up air into the room. Please clean both inside and outside screens as often as needed to keep clean.
- C1 - The floor covering was deteriorating and missing in a few areas. Floors shall be maintained in good condition.
- C2 - The room was cluttered with many items stored on the floor. Please organize the room and place items on shelves to allow effective cleaning.

POOL ROOM AND POOL CHEMICAL ROOM

- F4 - The free chlorine was less than 0.5, and the pH was 8.4. Free chlorine shall be at least 1 ppm, and pH shall be 7.2 to 7.8. Please adjust chemicals.
- F1 - The door opening to the outside does not fully self-close and was unlocked. The door opened to an outside patio surrounded by a wood fence and gate, both of which were less than 4' high and had openings greater than 4", plus holes in the fence that allows hand or foot holds. Doors leading to indoor pool areas shall be self closing and equipped with a positive self-latching closure mechanism. If the patio is an extension of the pool, then the area must be enclosed with a minimum 4' enclosure with no external handholds, footholds, or openings large enough to pass a 4" diameter sphere. Gates shall be equipped with a self-closing and positive self-latching closure mechanism that is installed no less than 4' from the ground. If the patio enclosure is built to meet the requirements, then the door into the pool from the patio does not have to be self-latching.
- F8 - "Warning -No Lifeguard on Duty" signs were not posted on entry doors. Warning signs shall be posted on all entrances into pool area.
- C1 - Paint was chipping from the window sill. Walls shall be in good condition.

MEEETING ROOM

E7 - The smoke detectors did not appear to be working, as the lights were not flashing. Please repair or replace detectors.

HOUSEKEEPING CARTS

- D1 - Spray bottle on the downstairs cart was not labeled. CORRECTED ON SITE by labeling bottle.
- C10- Foaming glass cleaner was stored next to single-use cups and lids in one downstairs cart. Food and food-related items shall be protected from contamination from chemicals. Please store all chemicals separately from food-related items.

ROOM 106 (Cleaned)
No Violations

Inspected by: 	Rose Mier	Date: 4-30-2018
Received by: 	Casey Miller	Date: 4-30-2018



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: 8 Northwood Drive	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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ROOM 108 (Cleaned)
 C2 - Yellow debris observed on the base of the toilet and floor behind the toilet. CORRECTED ON SITE by cleaning.
 E7 - The smoke alarm did not appear to be working. Please replace battery or detector.
 D4 - The outlet by the adjoining room door was "loose" and not getting a continuous connection. Wiring shall be in good condition.

ROOM 109 (not cleaned)
 C2 - Black debris, possibly mold, was observed on the wall near the ceiling in the bathroom. Facility shall be clean.

ROOM 116 (not cleaned)
 E7 - The smoke alarm did not appear to be working. Please replace battery or detector.
 C2 - The bathroom vent (fan cover) was dirty. Room shall be clean.
 C5 - A live spider was on the wall. Facility shall be free of pests.
 C4 - The mattress on the bed closest to the window was stained and dirty. Mattresses shall be clean.
 C2 - The lampshade on the lamp by the corner chair was stained. Room shall be clean.

ROOM 202 (cleaned)
 C4 - Stains observed on the mattress. Please clean mattress to remove stains.

ROOM 205 (cleaned)
 No violations noted

HOUSEKEEPING CART, FLOOR 2
 D1 - Several bottles of cleaners were not labeled. Please label all working containers of cleaners. CORRECTED ON SITE by labeling
 C10 - Foaming glass cleaner by single-use lids and cups. Please store chemicals where they cannot contaminate food-related items.
 CORRECTED ON SITE by moving away from lids/cups.

ROOM 215 (cleaned)
 No violations noted

D6 - The hallway emergency light between rooms 214-216 did not work when tested. Please replace batteries or device.

ROOM 218 (dirty)
 D4 - The GFCI electrical outlet in the bathroom did not interrupt when tested. Please replace receptacle.

ROOM 221 (cleaned)
 E7 - The smoke alarm did not appear to be working (not blinking). Please replace battery or device.

ROOM 224 (cleaned)
 C1 - There was a large gap between the carpet and the wall on the outside wall, and a stain was in the carpet. According to manager, this room is scheduled to have the flooring replaced.
 C1 - The wallboard was chipped where the chairs hit. Walls shall be in good condition. Please repair wall.
 C3 - The mattress pad was stained. Linens shall be clean.

E6 - The exit light near the upstairs storage room did not appear to function when tested. Please replace batteries or device.

SECOND FLOOR STOREROOM
 D1 - Several bottles of cleaners were not labeled. Please label all working bottles of cleaners.
 E7 - The smoke alarm did not appear to be working. Please replace battery or device.

The following 3rd party inspections are required for license approval for the 2018-2019 licensing year.
 Portable fire extinguishers - due June 1, 2018
 Backflow device - due August 15, 2018
 Fire alarm system - due August 22, 2018
 Sprinkler system - due before October 1, 2018

Inspected by: 	Rose Mier	Date: 4-30-2018
Received by: 	Casey Miller	Date: 4-30-2018