



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

Establishment Name Quality Inn	Arrive: 11:45 am Depart: 3:36 pm	Name of Owner/Contact Person Mike Patel
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Mailing Address 1400 West Liberty Street	City Farmington	Zip Code 63640
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Physical Address 1400 West Liberty Street	City Farmington	Zip Code 63640
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County <b>187</b>	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	Telephone (573)664-1210	No. of Stories 2	No. of Rooms 48	Rooms Inspected 108, 120, 123, 126, 203, 209, 214, 220, 226, 227
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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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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"/>
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"/>	<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	8. Fire alarm & sprinkler systems tested & approved		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mattresses & box springs clean		<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"/>
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"/>	<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"/>	<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 checked="" type="checkbox"/>	<input 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"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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"/>	<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 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"/>	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<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 type="checkbox"/>	<input checked="" 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"/>	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"/>
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"/>	<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"/>	<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"/>
1. Complies with local building codes, fire codes & ordinances		<input type="checkbox"/>	<input checked="" 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"/>	<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"/>

INSPECTED BY <i>Rose Mier, Jon Peacock</i>	EPHS NUMBER 1390, 880	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947
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LICENSING YEAR 2018-2019	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED August 22, 2018	FOLLOW UP DATE Sept. 10, 2018	REVIEWED BY <i>[Signature]</i>	DATE August 22, 2018
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Establishment Name: Quality Inn	Physical Address: 1400 West Liberty Street	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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The following third-party certifications for approved inspections are required:

- G6 Backflow (last completed 12/12/16)  
Fire Alarm (last completed 1/24/18: this inspection was approved and is good for the upcoming licensing year)
- E1 Farmington Fire and Safety (last completed 8/15/18, but not approved at this time)
- G3 Boiler inspection by MDPS for the indoor pool boiler.

**Laundry/Mechanical Room**

- D3 - The CO/smoke detector was not functioning. It was found to not be plugged in. Once plugged in, the detector chirped, indicating the need to replace the battery. CORRECTED ON SITE by replacing battery and plugging in unit
  - G3 - The boiler for the pool was 333,000 BTU/hour input; this boiler was not inspected by the MDPS. Boilers that are over 200,000 BTU/hour input shall be inspected by the Missouri Department of Safety. Please have the boiler inspected.
  - G6 - The air gap provided in the back of the clothes washing machine was blocked with plastic, reducing the effectiveness of an air gap for backflow prevention. Water shall be protected from contamination from backflow. Please either connect one incoming water line into the valve at the air gap device and remove the plastic, or install American Society of Sanitary Engineering (ASSE) rated backflow prevention devices on the incoming water lines into the chemical dispensers. The backflow device must be appropriate for continuous pressure.
  - D7 - All three electrical panels were not fully labeled, and their wiring diagrams were not accurate. Please correct and add all circuits on the wiring diagram to match the actual circuits.
- NOTE: the following GFCI protected circuit breakers in the electrical boxes were tested and found to be functioning correctly: 14, 16, 17, 18, 19, 21

**Indoor Pool**

- F4 - The pH was 6.8, the free chlorine was 10 ppm. pH shall be maintained between 7.2 and 7.8, and free chlorine a minimum of 1 ppm. Please adjust pool chemistry to maintain a pH between 7.2 and 7.8 and reduce the free chlorine to prevent eye burns.
- F8 - Pool pH, free chlorine, and date are recorded daily in a pool log. The following information shall be logged daily: free chlorine, pH, water temperature, date, and time the data was collected. Please include the water temperature and time in the log.
- F5 - Peeling paint was observed inside the pool. Pools shall be free of peeling paint
- C2 - The toilet was dirty and there were no paper towels available in the dispenser. Please clean toilet at least daily, and ensure paper towels are provided in the dispenser at all times.
- G1 - There was very little water that came out of the faucet of the handwashing sink. Plumbing shall be in good repair. Please repair so adequate amounts of both hot and cold water are available.
- D5 and D6 - There were no exit signs or emergency lighting installed in the pool room. Please install both an exit sign and emergency lighting.
- F2 - There were no float keepers on the safety rope, allowing the floats to be moved. Please install float keepers to prevent floats from being moved.
- F5 - The ladder in the deep end was loose, and the handrail in the shallow end was loose. Ladders and handrails shall be in good repair. Please tighten ladder and handrail so they stay in place during use.

**First Floor Hall**

- C2- Mold observed on the ice chute of the ice machine. Please wash, rinse and sanitize daily.
- C2 - Debris observed on floor behind ice maker. Please clean as often as needed to keep clean.
- C10 - Single use cups were stored on the floor in the store room. Single use items shall be stored a minimum of six inches off the floor.
- C5 - A live spider was observed inside the closet holding electrical boxes. Please have pest control company treat for spiders.
- D7 - The middle circuit panel in closet lacked an updated wiring directory. Please correct directory.

Room 120  
No violations noted

Room 123  
No violations noted

Room 126  
No violations noted

Inspected by: 	Rose Mier, Jon Peacock	Date: August 22, 2018
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Maintenance Room (by room 122)  
 E7 - The smoke/CO detector is not functioning. Please repair or replace detector.

**SECOND FLOOR**

D2 - Wiring was exposed by the emergency light at the top of the stairwell. Wiring shall be contained in a junction box. Please cover wiring.

Maintenance Room  
 C5 - The window was open, but there was no screen installed. Facility shall be maintained to reduce pest entry points. Please keep window closed or install a screen that is sealed.

Housekeeping Room  
 C2 - A container holding pre-packaged single-use coffee items, located on the housekeeping cart, was dirty. Please clean container to protect the single-use items from contamination.  
 D1 - A spray bottle containing a liquid was stored on the housekeeping cart. The bottle was not labeled. Working containers of chemicals shall be labeled with the common name of the contents.

Access Closet  
 G1 - A shut-off valve in the closet was observed leaking. Plumbing shall be maintained in good repair. Please repair valve.

Room 226  
 No violations noted

Room 227  
 D4 - The grounding prong was missing on the refrigerator plug. Electrical wiring shall be in good condition. Please repair.  
 C3 - A small stain was observed on the mattress pad. Linens shall be clean. Please remove stain or replace pad.

Room 220  
 C3 - A small stain was observed on the sheet. Linens shall be clean. Please clean stain or discard sheet.

Room 209  
 C3 - Stain observed on the sheet and on the mattress pad. Linens shall be clean. Please clean stain.

Room 214  
 No violations were noted


D5 and D6 - The emergency light and the exit sign were not working, located in the hall by room 212. Please repair or replace signs.

Room 203  
 No violations noted.

Room 108  
 No violations noted.

C5 - Gaps were observed between the garage door and the wall, and a hole around utility entry point was observed above the garage door. Please seal to prevent entry of pests into storage area.

Outdoor Pool  
 G1 - Water observed pooling from under the chlorinator pump in the chemical room; Plumbing shall be maintained in good repair. Please determine source of leak and repair.  
 F2 - Float keepers were not on the boundary rope. Please install float keepers to keep bouys in the correct place on rope.  
 F3 - The life saving ring and rope showed signs of deterioration. Living saving equipment shall be in good repair. Please replace life saving ring. Also, the ring and shepherds hook were stored on the same hook; it is suggested they be stored separately to allow easy and quick access if needed.  
 Pool pH was 7.2 and the free chlorine was 3 ppm.

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