



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

Establishment Name Super 8 Motel 8-31-18: Arrive 9:36am, Depart 10:51am	Name of Owner/Contact Person Dev Lodging, Inc. / Nirav Patel
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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 <b>187</b>	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 123,110,121,244,235,236,219,136,145,138
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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"/>
<b>Do the following local ordinances apply?</b>				<b>Sewage/Wastewater</b>			
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"/>	<b>Swimming Pools/Spas</b>			
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 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"/>
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>								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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION C: SANITATION/HOUSEKEEPING</b>								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 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"/>
2. Proper housekeeping practices				<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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"/>
5. No evidence of rodents & insects				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECTION F: SWIMMING POOLS/SPAS</b>							
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 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Electrical outlets, proper protection & distance				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION D: LIFE SAFETY</b>								8. Records maintained & signs posted				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Combustible/toxic items properly used & stored				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECTION G: PLUMBING/MECHANICAL</b>							
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 checked="" type="checkbox"/>	<input 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 checked="" 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION E: FIRE SAFETY (New Establishment Only)</b>								<b>SECTION H: HEATING &amp; COOLING</b>							
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"/>
<b>SECTION E: FIRE SAFETY (All Establishments)</b>								4. Ventilation of appliances & utility rooms				<input checked="" type="checkbox"/>	<input 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								6. Proper safety valve, thermo control, elect. switch				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

John Wiseman	EPHS NUMBER 1507	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 8-31-18	SCHEDULED FOLLOW UP 9-28-18	REVIEWED BY <i>Nirav</i>	DATE 8-31-18
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Establishment Name: Super 8 Motel 8-31-18: Arrive 9:36am, Depart	Physical Address: 930 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 244 Clean  
 E7) The smoke detector did not sound when tested. Smoke detectors shall be installed and in good repair.

Guest Laundry Room  
 E7) The smoke detector in the guest laundry room is not hard-wired. Smoke detectors shall be hard wired with battery backup.

Third Party Inspections Required for 2018 - 2019 Licensing Year  
 E1) City of Farmington Fire Inspection  
 E4) Fire Extinguisher Inspection  
 G6) Backflow Inspection

Inspected by:	John Wiseman	Date: 8-31-18
Received by:	Nirav Patel	Date: 8-31-18