



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

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| Establishment Name Super 8 Motel 10-10-18: Arrive 11:30am, Depart 11:46am | 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 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 |
|----------------------|---|-----------|---------------------------|---------------------|--------------------|-----------------|

| 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 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"/> | <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 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Chlorinator maintained & operated properly. | <input type="checkbox"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Operating satisfactorily | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION C: SANITATION/HOUSEKEEPING | | | | | | 7. Smoke detectors installed, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Proper housekeeping practices | <input checked="" type="checkbox"/> | <input 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"/> | <input 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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Mattresses & box springs clean | <input checked="" type="checkbox"/> | <input 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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Garbage & refuse properly maintained | <input checked="" type="checkbox"/> | <input 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"/> | <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"/> | <input type="checkbox"/> | 3. Lifesaving equipment adequate, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | 4. Pool clarity, pH, disinfectant, temp maintained | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | 5. Steps, ladders, deck installed, good repair | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Proper hygienic practices | <input checked="" type="checkbox"/> | <input 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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION D: LIFE SAFETY | | | | | | 8. Records maintained & signs posted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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"/> | <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"/> | <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"/> | <input type="checkbox"/> | 3. Boilers/pressure vessels MDPS certified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Exit signs installed, good repair | <input checked="" type="checkbox"/> | <input 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"/> | <input 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"/> | <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"/> | <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"/> | <input type="checkbox"/> | 6. Proper air gaps, no cross connections | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 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 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 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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sprinkler system installed & maintained | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SECTION F: 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"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| EPHS NUMBER 1507 | AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947 | TELEPHONE |
| LICENSING YEAR 2018-2019 | APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE INSPECTED 10-10-18 |
| SCHEDULED FOLLOW UP | REVIEWED BY | DATE 10-10-18 |

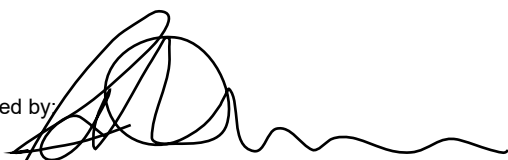



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

| | | |
|---|---|---------------------|
| Establishment Name: Super 8 Motel 10-10-18: Arrive 11:30am, Depa | Physical Address: 930 Valley Creek Drive | City: Farmington |
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| SECTION REFERENCE | OBSERVATIONS AND ADDITIONAL COMMENTS |
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All violations cited during the initial inspection have been corrected.

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| Inspected by:  | John Wiseman | Date: 10-10-18 |
| Received by:  | Nirav Patel | Date: 10-10-18 |