



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name **Quality Inn** Name Owner General Manager **Mike Patel, GM**

Physical Address **1400 West Liberty Street** City **Farmington** Zip **63640**

Mailing Address **1400 West Liberty Street** City **Farmington** Zip **63640**

County **187** This inspection is a(n) Initial Annual Follow-up Telephone **(573)664-1210** No. of Stories **2** No. of Rooms **48** Is the current lodging license displayed? Yes No N/A- new

Rooms Inspected: 104, 122, 126, 127, 208, 211, 214, 215, 227
All maintenance, mechanical, housekeeping, storage closets; all pools and pool rooms; laundry; garage; all common areas

Water Supply Private Public
Water sample taken Yes No

Wastewater Private Public
Regulated by: DHSS DNR

Swimming Pools/Spas (check all that apply)
Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

Please check if the following local ordinances apply

Fire Safety Electrical Wiring
 Plumbing
 Swimming Pools/Spas
 Fuel Burning Appliances

New Lodging Establishments N/A

Smoke detectors hardwired Yes No N/A
Fire alarm system installed Yes No N/A
Sprinkler system installed Yes No N/A

Swimming Pool Certified Yes No N/A
Building Certified to National Standards or Occupancy Permit Yes No
Historical Building Yes No N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. 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)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable		In	Out	NO	N/A
Section A & B: Water Supply & Wastewater					Section E: Fire Safety				
1. Approved source, construction and operation	<input checked="" type="checkbox"/>				1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complies with water quality standards	<input type="checkbox"/>		<input checked="" type="checkbox"/>		2. Fire extinguisher type, inspected, and location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained and operated properly	<input type="checkbox"/>		<input type="checkbox"/>		3. Vertical openings fire-rated, self-closing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>		<input type="checkbox"/>		4. Doors, self-closing and fire-rated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C: Sanitation/Housekeeping					Section F: Swimming Pools/Spas				
1. Walls, floors and ceilings in good repair	<input type="checkbox"/>	<input checked="" 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"/>
2. Housekeeping practices and furnishings	<input type="checkbox"/>	<input checked="" 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"/>
3. Towels and bed linens clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Deck is clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pest control procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage storage and disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Adequate ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025					Section G: Plumbing/Mechanical				
9. Food, equipment and single service/use	<input type="checkbox"/>	<input checked="" 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"/>
10. Food protected from contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section D: Life Safety					Section H: Heating & Cooling				
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Operation and condition adequate	<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"/>	Required Annual Third Party Inspections				
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Annual Third Party Inspections					2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSPECTED BY (PRINT NAME and SIGN)				
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rose Mier <i>Rose Mier</i>				

EPHS NUMBER **AGENCY** **St. Francois County Health Center** TELEPHONE **(573)431-1947**

LICENSING YEAR **2019 / 2020** APPROVED YES NO DATE INSPECTED **June 13, 2019** FOLLOW UP DATE **July 18, 2019**

RECEIVED BY (PRINT NAME AND TITLE and SIGN) **PAGE 1 OF 3**

Time In: 9:06 am Time Out: 1:20pm Daniel Huff, EPHS #1645



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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INDOOR POOL

Chemistry: pH 7.4, free chlorine 8 to 9 ppm

F2 - Paint was chipping off the inside of the pool, and debris was observed on the bottom of the pool. Pool shall be maintained in good repair and clean.

F5 - The pool was chlorinated by use of chlorine "pucks" placed in baskets in the deck. Swimming pools and spas shall be designed and maintained to provide for a continuous disinfection of the water with a chemical or process which is an effective disinfectant and which imparts an easily measurable active residual. Disinfection methods and materials shall not be dangerous to public health, create objectionable physiological effects, or impart toxic properties to the water. An easily adjustable, automatic disinfection feeder shall be provided for the continuous application of disinfectant to the pool and/or spa water. Chlorine and chlorine equipment shall be stored in a separate room; chlorine feeding devices shall be designed to automatically terminate feed when the water supply flow is interrupted. The release of chlorine gas shall be terminated when the recirculation pump is shut off.

D5, D6 - There was no exit sign over the door or emergency lighting in the sitting area outside the pool. Exit signs and emergency lighting shall be provided in common areas. Please install an emergency light and an exit sign in this common sitting area area.

1ST FLOOR WING A

C10 - Boxes of single-use cups were stored on the floor in the store room. Food equipment shall be protected from contamination. Please store all chemicals below food and food-related items, and store all food and food-related items a minimum of six inches off the floor. COS by putting on shelf

C10 - Cleaners and opened packages of food were stored on top of and adjacent to facility single-use cups and food on the housekeeping cart. Food and single-use items shall be protected from contamination. Please do not store opened containers of food on the housekeeping carts, and store chemicals separately from food and food-related items.

ROOM 123

C3 - Stains were observed on the mattress protector and on one pillow. Linens shall be clean. COS by removing pillow and protector to laundry room for cleaning.

ROOM 127 - No violations noted

ROOM 126 - No violations noted

ROOM 104

G2 - The vent fan was not working in the bathroom. Bathrooms shall have mechanical ventilation. Please repair or replace ceiling vent fan.

C5 - Daylight was observed around the outside entry door. Facility shall be sealed to protect against entry of pests. Please seal door.

2nd FLOOR WING A

ROOM 208 (not yet cleaned) - No violations noted

ROOM 210 (not yet cleaned) - No violations noted

C10 - Box of coffee was stored on the floor in the housekeeping closet on the second above the lobby. Food shall be stored a minimum of six inches off the floor. COS by placing boxes of coffee on shelf.

D2 - The supports for the handrails on the balcony were loose at their top attachments near rooms 204 and 202. Building shall be maintained to assure safe conditions; balcony railings shall be securely attached and maintained in good repair. Please securely attach rail supports.

D6 - The emergency light on the balcony by room 202 did not work correctly. Emergency lighting shall be in good repair. Please repair or replace.

C5 - The window in the maintenance closet was open for ventilation. Windows shall be screened if opened for ventilation. NOTE: window was closed during this visit.

ROOM 227 (not yet cleaned) - No violations noted

ROOM 211 (not yet cleaned) - No violations noted

ROOM 214 (not yet cleaned)

C2 - A ring stain was observed in the toilet at the top of the water level. Please clean stain from toilet.

ROOM 215 (not yet cleaned)

C2 - A ring stain at the top of the water level in the toilet was observed. Please clean stain.

C1 - Couch cushion covers were showing wear and stains were observed. Please replace covers or cushions.

Inspected by:  Rose Mier	Date: June 13, 2019
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Received by: 	Date: June 13, 2019
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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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OUTSIDE
 E2 - There were no fire extinguishers on the outside of the building for the rooms that opened to the outside on the second floor. Portable fire extinguishers (5 pound, 2A-10BC) shall be provided for all guests; the maximum travel distance from a guest room door that opens to the outside but not directly at grade level shall be no greater than 75 feet and accessible to the guest. Please install fire extinguishers for rooms that open to the outside on the second floor.

C5 - Large gap observed on between the frame and the side of the garage door. Facility shall be sealed against the entry of pests. Please seal door.

C7 - There was no plug in the drain in the outside trash dumpster. Please ask trash company to install a plug in the drain of the dumpster.

NOTE: Vertical slats in the metal rails of fencing throughout the facility were spaced 5 inches apart. Rails shall be spaced so that no more than a 4" sphere can go through them. Should remodeling or replacement occur, replace with rails that prevent a 4" diameter sphere from passing through them.

OUTSIDE POOL
 Chemistry: pH 7.6; free chlorine - between 3 and 5 ppm

F2 - There were no water depth markings on the inside of pool. Depth of water shall be plainly marked with 4" high numbers, of a contrasting color to the pool background color, at or above the water surface on the vertical pool wall and on the edge of the deck, at maximum and minimum points of break between the deep and shallow portions, and at intermediate increments of depth, spaced at no more than 25' intervals measured peripherally. Markings shall be on both sides and ends of the swimming pool.

C2 - Debris and mold observed inside the toilet bowl. Areas used in common shall be kept clean.

D7 - Some of the breakers were labeled as "dead" but were in the "on" position, and some were mislabeled. Electrical panels shall be correctly labeled.

F4 - A screw was sticking out on one side right below the loop of the shepherd's hook. The screw was used to secure the shepherd's hook to the bracket that held it on the fence. A possible injury could result if the hook was used in a rescue. Please remove the screw or cut it flush and sand/seal to prevent injury.

E4 - The doors lacked a fire rating label. Doors to guest rooms that open into a hallway shall have a 20 minute fire rating. Please provide evidence that the doors are fire-rated, are get the doors approved by the Farmington Fire Department.

NOTE: The portable fire extinguisher located in the room holding the outside chlorinator was an ABC type fire extinguisher. If this extinguisher is replaced, please install a water fire extinguisher because the ABC type may cause an explosion when used in an area containing chlorine.

NOTE: The approved inspection by third party inspection for fire safety was provided during this inspection. This report showed the inspection of fire extinguishers, fire alarm system; the inspection was conducted in January 25, 2019; the fire extinguishers were inspected in June 2019.

NOTE: Please provide the following approved 3rd party inspection reports to this office before September 1, 2019:
 #5 Backflow
 #3 Farmington Fire Department

Inspected by: 	Rose Mier	Date: June 13, 2019
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Received by: 	Daniel Huff	Date: June 13, 2019
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