



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name

Motel 6

Name ☒ Owner ☐ General Manager
Dinesh Jhaveri

Physical Address

1017 Highway K

City

Bonne Terre

Zip

63628

Mailing Address

Same as Physical Address

City

Zip

County **187** This inspection is a(n) ☐ Initial ☒ Annual ☐ Follow-up Telephone (573) 358-3328 No. of Stories **2** No. of Rooms **29** Is the current lodging license displayed? ☒ Yes ☐ No ☐ N/A- new

Rooms Inspected:

102, 105, 207, 206, 205, 204, 203, 202, 109, 101

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		
Section A & B: Water Supply & Wastewater					
1. Approved source, construction and operation	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	Section E: Fire Safety			
2. Complies with water quality standards	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Textiles, hangings and mirrors <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Fire extinguisher type, inspected, and location <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Vertical openings fire-rated, self-closing <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Section C: Sanitation/Housekeeping					
1. Walls, floors and ceilings in good repair	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	4. Doors, self-closing and fire-rated <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
2. Housekeeping practices and furnishings	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	5. Smoke detectors hardwired, installed, good repair <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
3. Towels and bed linens clean	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	6. Evacuation route and plan, installed, available <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
4. Mattresses and box springs clean	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	7. Stairs and ramps, maintained, storage <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
5. Pest control procedures	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	8. Means of egress, number, maintained <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	9. Handrails and balconies maintained and appropriate <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
7. Garbage storage and disposal	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	Section F: Swimming Pools/Spas			
8. Premises maintained, plant growth controlled	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Fence, gate adequate, proper closure mechanism		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
Food Inspection conducted according to 19CSR20-1.025				2. Boundary line, pool depth properly marked	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
9. Food, equipment and single service/use	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	3. Deck is clean and in good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
10. Food protected from contamination	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	4. Lifesaving equipment adequate, good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	5. Pool clarity, pH, disinfectant, & temp. maintained		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
12. Handwashing facilities/hygienic practices	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	6. Steps, ladders, and handrails installed, good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
Section D: Life Safety				7. Adequate ventilation	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	8. Electrical outlets, proper protection & distance		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	9. Records maintained and signs posted		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	10. First aid kit available		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	11. Lighting adequate and in good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
5. Exit signs installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	Section G: Plumbing/Mechanical			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Equipment adequate, good repair		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
7. Electric panel protected, labeled, good repair	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Ventilation adequate, plumbing, restrooms		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Required Annual Third Party Inspections				3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A
1. Fire Alarm System	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	4. Relief valve discharge pipes installed, adequate		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
2. Sprinkler System	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	5. Backflow, air gaps, no cross connections		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	Section H: Heating & Cooling			
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	1. Unvented fuel-burning appliance/space heater		<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
5. Backflow Device(s) Test	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	2. Fire resistant room or sprinkler head		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
6. Liquid Propane Leak Test	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	3. Location of heating/cooling units		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
INSPECTED BY (PRINT NAME and SIGN) Donovan Kleinberg		EPHS NUMBER 1686	AGENCY St. Francois County Health Center	TELEPHONE (573) 431-1947	

LICENSING YEAR
20 23 / 2024

APPROVED ☐ YES ☒ NO

DATE INSPECTED
May 3 2023

FOLLOW UP DATE
TBD

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

PAGE 1 OF 2

Report emailed to owner, Dinesh Jhaveri, a follow-up date will be scheduled later.



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

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Establishment Name: Motel 6	Physical Address: 1017 Highway K	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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OUTSIDE PREMISES

C1 - The siding near the office was found to be missing in places and the metal beams supporting the walkway were rusting heavily. Walls shall be in good repair.

G4 - The man hole cover for what appeared to be a waste-water main was found ajar exposing the interior of the pipe. Plumbing shall be in good repair.

C8 - There was a variety of garbage and left over construction waste and materials around the sides and back of the building and property. Physical premises shall be maintained in good condition.

LAUNDRY ROOM

E1 - The lint trap for the dryer was found with a heavy accumulation of lint. Housekeeping practices that ensure fire safety shall be maintained.

D7 - The electrical panels in this room were found to be blocked by a rolling cart of linens. Electrical panels shall be kept accessible at all times.

CORRECTED ON SITE by moving the cart.

ROOM 102 - CLEAN

C2 - Debris and dirt were found on the floor behind the front door. Proper housekeeping practices shall be used.

ROOM 105 - DIRTY

No violations.

ROOM 207 - CLEAN

No violations.

ROOM 206 - CLEAN

C3 - Stained linens were found on the bedsheets. Linens and sheets shall be clean.

C2 - A red stain was found on the door frame leading to the vanity/sink room. Proper housekeeping procedures shall be used.

ROOM 205 - CLEAN

C3 - Cigarette burns and stains were found on the linens for the beds. Linens and sheets shall be clean.

C2 - Residue was found inside the bathtub. Proper housekeeping procedures shall be used.

ROOM 204 - CLEAN

C2 - A yellow stain was found on the walls of the shower. Proper housekeeping procedures shall be used.

ROOM 203 - CLEAN

No violations.

ROOM 202 - CLEAN

C3 - Cigarette burns were found on bed linens. Linens and sheets shall be clean.

ROOM 109 - DIRTY

No violations.

ROOM 101 - DIRTY

No violations.

SECOND FLOOR MAINTENANCE ROOM

E5 - The smoke detector was found to be missing from the room. Smoke detectors shall be present in all maintenance areas.

THIRD PARTY INSPECTIONS

Fire Extinguisher: Current - Expires July 2023.

Inspected by:

Donovan Kleinberg

Date:

May 3 2023

Received by:

Report emailed to owner, Dine

Date:

May 3 2023