



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

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, 103, 104, 106, 213, 214, 206, 205, 204, 202

No Pool

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					Section E: Fire Safety				
1. Approved source, construction and operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C: Sanitation/Housekeeping					5. Smoke detectors hardwired, installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Walls, floors and ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Evacuation route and plan, installed, available	<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"/>	7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>	<input 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"/>	8. Means of egress, number, maintained	<input type="checkbox"/>	<input checked="" 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"/>	9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>	<input 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"/>	Section F: Swimming Pools/Spas				
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Deck is clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025					4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Food, equipment and single service/use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Section D: Life Safety					9. Records maintained and signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Lighting adequate and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section G: Plumbing/Mechanical				
4. GFCI, outlets & switches installed, good repair	<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"/>
5. Exit signs 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"/>
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Annual Third Party Inspections					5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Section H: Heating & Cooling				
2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>	<input 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"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Operation and condition adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time In: 11:06am

Time Out: 12:25pm



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

Page

2 of 3

Establishment Name: Motel 6	Physical Address: 1017 Highway K	City: Bonne Terre
---------------------------------------	--	-----------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

D4) In the electronics room adjacent to the front lobby; four "power strip" extension cords were observed mounted to the wall and plugged into each other. Temporary wiring and flexible cords shall not be used in place of fixed wiring. No more than two extension cords per room may be used.
D4) An uncovered wall outlet was observed behind the front desk. Electrical switches, outlets, and junction boxes must be covered and properly protected from physical damage at all times.

Room 102

D4) An open ground was detected on the wall outlet at the northeast corner of the room. Three prong receptacles must be properly grounded at all times.
C5) A visible gap was observed around the front entry door when closed. The premises shall be protected against pest entry.
C1) Black mold and apparent water damage was observed at the wall/ceiling junction in the restroom. Walls, floors, and ceiling shall be in good repair.
D4) An open ground was detected in the convenience outlet. Electrical switches, outlets, and junction boxes must be covered and properly protected from physical damage at all times.
C3) Holes were observed in the bed cover. Bed linens shall be clean and in good repair.

Room 103

E5) The smoke detector was not operable. Smoke detectors shall be installed, hardwired, and in good repair. Corrected on site.
D7) An open electrical panel was observed behind the entry door. Electrical switches, outlets, and junction boxes must be covered and properly protected from physical damage at all times.
E5) The smoke detector was not operable. Smoke detectors shall be installed, hardwired, and in good repair. Corrected on site.
C3) Holes were observed in the bed cover. Bed linens shall be clean and in good repair.

Room 106

No violations

E2) The wall mounted fire extinguisher in the stairwell at ground level was not adequately charged. All fire extinguishers shall be maintained in a fully charged and operable condition and inspected annually by a fire extinguisher company, fire department representative or other entity approved by the administrative authority. Note: The extinguisher was last inspected in July of 2021.

Boiler Room

D4) Electrical wires emerging from the ceiling were observed to terminate without an enclosed electrical terminal. Electrical switches, outlets, and junction boxes must be covered and properly protected from physical damage at all times.

Room 213

E8) The restroom door cannot be opened from inside the restroom due to a flaw in the latch/plate assembly. There shall be no impediment to egress.
C5) A live spider was observed on the window sill. Insects, rodents, and other pests shall be controlled to minimize their presence on the premises. The spider was disposed of.

Room 214

D4) Electricity was not detected in the convenience outlet. Electrical components shall be in good repair and properly grounded.

Room 206

C5) Dead insects were observed on the floor. Insects, rodents, and other pests shall be controlled to minimize their presence on the premises.
C3) A stain was observed on the bed sheet. Bed linens shall be clean and in good repair.

Second Floor Storage Room

C2) Cardboard boxes of clean bed linens were observed on the floor. Proper housekeeping practices shall be used.
D4) Electrical wires emerging from the ceiling were observed to terminate without an enclosed electrical terminal. Electrical switches, outlets, and junction boxes must be covered and properly protected from physical damage at all times.

Room 205

C3) Holes were observed in the bed cover. Bed linens shall be clean and in good repair.

Room 204

C1) The door stop behind the entry door has been pushed into the wall. Walls, floors, and ceilings shall be in good repair.
C3) Holes were observed in the bed cover. Bed linens shall be clean and in good repair.

Inspected by:

John Wiseman, 1507

Date:

5-3-22

Received by:

dinesh.jhaveri@sbcglobal.net

Date:



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

Page

3 of 3

Establishment Name: Motel 6	Physical Address: 1017 Highway K	City: Bonne Terre
---------------------------------------	--	-----------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

E2) The wall mounted fire extinguisher in the stairwell on the second floor was not adequately charged. All fire extinguishers shall be maintained in a fully charged and operable condition and inspected annually by a fire extinguisher company, fire department representative or other entity approved by the administrative authority. Note: The extinguisher was last inspected in July of 2021.

Room 202

- C5) Dead insects were observed on the floor. Insects, rodents, and other pests shall be controlled to minimize their presence on the premises.
D4) An open ground was detected in the outlet behind the entry door. Electrical switches, outlets, and junction boxes must be covered and properly protected from physical damage at all times.
C1) The towel rack on the restroom vanity is broken. Furnishings and appliances shall be in good repair.
C3) Holes were observed in the bed cover. Bed linens shall be clean and in good repair.

Laundry Room

- D4) Open slots were observed in the electrical panel breaker box. Electrical switches, outlets, and junction boxes must be covered and properly protected from physical damage at all times.

Inspected by:

John Wiseman, 1507

Date:
5-3-22

Received by:

dinesh.jhaveri@sbcglobe.com

Date: