



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name  
**Super 8 Hotel**

Name ☐ Owner ☒ General Manager  
**Jay Banjara**

Physical Address  
**8 Northwood Drive**

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) 358-5888** No. of Stories **2** No. of Rooms **40** Is the current lodging license displayed? ☒ Yes ☐ No ☐ N/A- new

**Rooms Inspected:**

**108, 110, 224, 218, 212, 208, 206, 204, 202, 203**

**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	In	Out	NO	N/A	Section E: Fire Safety	In	Out	NO	N/A
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section C: Sanitation/Housekeeping</b>					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 type="checkbox"/>	<input checked="" 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 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"/>	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"/>	<b>Section F: Swimming Pools/Spas</b>				
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises maintained, plant growth controlled	<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"/>
<b>Food Inspection conducted according to 19CSR20-1.025</b>					4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. 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"/>	6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Adequate ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Handwashing facilities/hygienic practices	<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"/>
<b>Section D: Life Safety</b>					9. Records maintained and signs posted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. First aid kit available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Section G: Plumbing/Mechanical</b>				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exit signs installed, good repair	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>
<b>Required Annual Third Party Inspections</b>					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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Section H: Heating &amp; Cooling</b>				
2. Sprinkler System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" 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"/>
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"/>

INSPECTED BY (PRINT NAME and SIGN)

**Donovan Kleinberg**

EPHS NUMBER  
**1686**

AGENCY

**St. Francois County Health Center**

TELEPHONE

**(573)431-1947**

LICENSING YEAR  
**2023 / 2024**

**APPROVED** ☐ YES ☒ NO

DATE INSPECTED

**May 4, 2023**

FOLLOW UP DATE

**TBD**

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

**PAGE 1 OF 3**

Violations were emailed to Mr. Banjara, a follow-up date will be selected at a later date.

MO 580-0883 (6-16)

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

E9.02

Time In: 10:15 AM

Time Out: 12:45 PM



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

Page

2 of 3

Establishment Name: <b>Super 8 Hotel</b>	Physical Address: <b>8 Northwood Drive</b>	City: <b>Bonne Terre</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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**GENERAL FACILITY**

C3 - The vast majority of rooms inspected were found to have burned and/or stained sheets and linens. Sheets and linens shall be in good condition.

**OUTSIDE**

C8 - There were several pieces of furniture and equipment left on the outside of the building on the north patio and out behind the building. Premises shall be maintained.

**LOBBY**

D5 - The exit sign in the hall by the pool did not function when tested. Exit signs shall function.

C6 - Mold was found on the deflector of the ice machine. Ice machines shall be kept clean.

D6 - The emergency light at the dining area did not function when tested. Emergency lights shall function.

E5 - The mount for the smoke detector was missing inside the common area restroom. Smoke detectors shall be fully functional.

**LAUNDRY ROOM**

E4 - The fire proof doors for the laundry room were left propped open. Fire doors shall be kept shut when not in immediate use.

D2 - The sprinkler head above the dryer unit was found to be heavily covered in lint. Safe conditions shall be maintained.

G1 - The vacuum breaker for the mop sink activated instantly when tested indicating a possible fault. Plumbing systems shall be in good repair.

D1 - An unlabeled spray bottle was found on a cart in the room. Working containers of potentially toxic materials shall be labeled.

E7 - The row of electrical panels on the back wall was blocked with equipment and debris. Electrical boxes shall be accessible.

C1 - There was a hole in the ceiling near the back door in the laundry room. Ceilings shall be in good condition.

**KITCHEN**

Note: A food inspection of the breakfast bar was conducted concurrent with the lodging inspection. Food violations will be noted on that report.

D2 - A plugged in surge protector was found laying in a puddle of water on the floor. Safe conditions shall be maintained.

**POOL**

F1 - The outdoor door to the pool area does not securely latch shut. Gates and entrances shall latch shut to prevent accidental entry.

D4 - A small white box on the wall near the door in the chlorination equipment room was found with wires exposed. Wires and junctions shall be covered.

F9 - The pool log did not record chlorine concentration only stating the pool was "shocked". pH and chlorine concentration shall be logged.

Pool pH - 7.4, Chlorine concentration > 15ppm

**ROOM 108 - CLEAN**

C2 - Crumbs were found inside the dresser drawer and the table was broken at the base Proper housekeeping procedures shall be used and furnishings shall be maintained.

**ROOM 110 - CLEAN**

C2 - Crumbs were found in the dresser drawers. Proper housekeeping procedures shall be maintained.

**SECOND FLOOR EAST SIDE STORAGE ROOM**

D1 - An unlabeled spray bottle was found inside the room. Working containers of toxic materials shall be labeled.

**ROOM 224 - CLEAN**

C2 - The baseboard of the dresser was found to be broken off and mold was growing on the junction between the wall and ceiling. Furnishings shall be in good condition and proper housekeeping procedures employed.

D4 - The closed outlet cover near the jacuzzi was found to be loose from the wall. Outlets shall be in good condition.

C1 - Holes in the wall were found near the television mountings. Walls shall be in good repair.

**ROOM 218 - CLEAN**

C2 - Stains from food were found in the dresser drawers. Proper housekeeping procedures shall be employed.

**SECOND FLOOR HALLWAY**

D6 - The emergency light between rooms 214 & 216 did not function when tested. Emergency lighting shall work correctly.

**ROOM 212 - CLEAN**

C2 - Stains were found on the wall at the corner near the window. Correct housekeeping procedures shall be employed.

E6 - The evacuation plan was missing from the room. All sleeping rooms which do not open to the outside at ground level shall have evacuation routes posted.

Inspected by:

Donovan Kleinberg

Date:

May 4, 2023

Received by:

Violations were emailed to Mr.

Date:

May 9, 2023



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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ROOM 208 - CLEAN

- C1 - Chipped paint was observed on the walls. Walls shall be in good condition.  
C2 - The lampshade near the chair was found to be broken. Furnishings shall be in good repair.  
C5 - Spider webs were found on the junction between the walls and ceilings. Proper pest control procedures shall be employed.

ROOM 206 - CLEAN

- C2 - The was debris found in the track for the window. Proper housekeeping procedures shall be employed.

ROOM 204 - CLEAN

- C2 - The base board for the dresser was broken. Furnishings shall be in good repair.

ROOM 202 - CLEAN

- C2 - The mount for the hair dryer was torn off the wall and the toilet mechanism was loose. Furnishings shall be in good repair.

ROOM 203 - CLEAN

- C1 - Water damage was found on the wall between the window sill and air conditioner. Walls shall be in good condition.

WEST SIDE SECOND FLOOR LANDING

- D2 - Broken glass was found inside the container for the fire extinguisher. Safe conditions shall be maintained.  
D5 - The exit sign did not function when tested. Exit signs shall work correctly.

THIRD PARTY INSPECTIONS

- Fire Extinguisher: Current - Expires June 2023  
Fire Alarm System: EXPIRED  
BACKFLOW: EXPIRED  
SPRINKLERS: EXPIRED

Inspected by:

Donovan Kleinberg

Date:

May 4, 2023

Received by:

Date:

May 9, 2023