



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

|   |   |  |                            |  |   |
|---|---|--|----------------------------|--|---|
| Establishment Name<br><b>DRURY INN AND SUITES</b>   |   | Name<br><b>CHUCK DRURY</b>   |                            | <input type="checkbox"/> Owner <input type="checkbox"/> General Manager  |   |
| Physical Address<br><b>1517 EAST HWY. 84</b>  |   | City<br><b>HAYTI</b>   |                            | Zip<br><b>63851</b>  |   |
| Mailing Address<br><b>1517 EAST HWY. 84</b>   |   | City<br><b>HAYTI</b>   |                            | Zip<br><b>63851</b>  |   |
| County<br><b>155</b>  | This inspection is a(n)<br><input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up | Telephone<br><b>573-359-3203</b>   | No. of Stories<br><b>3</b> | No. of Rooms<br><b>97</b>  | Is the current lodging license displayed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new |
| Rooms Inspected:<br><b>100, 131, 136, 151, 249, 244, 257, 232, 239, 315, 204 and 301</b>  |   | Water Supply<br><input type="checkbox"/> Private <input type="checkbox"/> Public<br>Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No  |                            | Wastewater<br><input type="checkbox"/> Private <input type="checkbox"/> Public<br>Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR |   |
| Swimming Pools/Spas (check all that apply)<br>Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>  |   |  |                            |  |   |
| Please check if the following local ordinances apply<br><input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring<br><input type="checkbox"/> Plumbing<br><input type="checkbox"/> Swimming Pools/Spas<br><input type="checkbox"/> Fuel Burning Appliances  |   | New Lodging Establishments <input type="checkbox"/> N/A<br>Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>Swimming Pool Certified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Historical Building <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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   |
| 1. Approved source, construction and operation  |   | ✓  |                            |  |   |
| 2. Complies with water quality standards  |   | ✓  |                            |  |   |
| 3. Chlorinator maintained and operated properly   |   | ✓  |                            |  |   |
| 4. Wastewater operation and maintenance   |   | ✓  |                            |  |   |
| Section C: Sanitation/Housekeeping  |   |  |                            |  |   |
| 1. Walls, floors and ceilings in good repair  |   | ✓  |                            |  |   |
| 2. Housekeeping practices and furnishings   |   | ✓  |                            |  |   |
| 3. Towels and bed linens clean  |   | ✓  |                            |  |   |
| 4. Mattresses and box springs clean   |   | ✓  |                            |  |   |
| 5. Pest control procedures  |   | ✓  |                            |  |   |
| 6. Ice machines, scoops, liners clean & protected   |   | ✓  |                            |  |   |
| 7. Garbage storage and disposal   |   | ✓  |                            |  |   |
| 8. Premises maintained, plant growth controlled   |   | ✓  |                            |  |   |
| Food Inspection conducted according to 19CSR20-1.025  |   |  |                            |  |   |
| 9. Food, equipment and single service/use   |   | ✓  |                            |  |   |
| 10. Food protected from contamination   |   | ✓  |                            |  |   |
| 11. Facilities to wash, rinse and sanitize  |   | ✓  |                            |  |   |
| 12. Handwashing facilities/hygienic practices   |   | ✓  |                            |  |   |
| Section D: Life Safety  |   |  |                            |  |   |
| 1. Combustible/toxic items usage and storage  |   | ✓  |                            |  |   |
| 2. Building maintained to assure safe conditions  |   | ✓  |                            |  |   |
| 3. CO detectors hardwired, installed, good repair   |   | ✓  |                            |  |   |
| 4. GFCI, outlets & switches installed, good repair  |   | ✓  |                            |  |   |
| 5. Exit signs installed, good repair  |   | ✓  |                            |  |   |
| 6. Emergency lighting installed, good repair  |   | ✓  |                            |  |   |
| 7. Electric panel protected, labeled, good repair   |   | ✓  |                            |  |   |
| Required Annual Third Party Inspections   |   |  |                            |  |   |
| 1. Fire Alarm System  |   | ✓  |                            |  |   |
| 2. Sprinkler System   |   | ✓  |                            |  |   |
| 3. Local Fire and Building Codes/Ordinances   |   | ✓  |                            |  |   |
| 4. Current Boiler/Pressure Vessels MDPS Certification   |   | ✓  |                            |  |   |
| 5. Backflow Device(s) Test  |   | ✓  |                            |  |   |
| 6. Liquid Propane Leak Test   |   | ✓  |                            |  |   |
| Section E: Fire Safety  |   |  |                            |  |   |
| 1. Textiles, hangings and mirrors   |   | ✓  |                            |  |   |
| 2. Fire extinguisher type, inspected, and location  |   | ✓  |                            |  |   |
| 3. Vertical openings fire-rated, self-closing   |   | ✓  |                            |  |   |
| 4. Doors, self-closing and fire-rated   |   | ✓  |                            |  |   |
| 5. Smoke detectors hardwired, installed, good repair  |   | ✓  |                            |  |   |
| 6. Evacuation route and plan, installed, available  |   | ✓  |                            |  |   |
| 7. Stairs and ramps, maintained, storage  |   | ✓  |                            |  |   |
| 8. Means of egress, number, maintained  |   | ✓  |                            |  |   |
| 9. Handrails and balconies maintained and appropriate   |   | ✓  |                            |  |   |
| Section F: Swimming Pools/Spas  |   |  |                            |  |   |
| 1. Fence, gate adequate, proper closure mechanism   |   | ✓  |                            |  |   |
| 2. Boundary line, pool depth properly marked  |   | ✓  |                            |  |   |
| 3. Deck is clean and in good repair   |   | ✓  |                            |  |   |
| 4. Lifesaving equipment adequate, good repair   |   | ✓  |                            |  |   |
| 5. Pool clarity, pH, disinfectant, & temp. maintained   |   | ✓  |                            |  |   |
| 6. Steps, ladders, and handrails installed, good repair   |   | ✓  |                            |  |   |
| 7. Adequate ventilation   |   | ✓  |                            |  |   |
| 8. Electrical outlets, proper protection & distance   |   | ✓  |                            |  |   |
| 9. Records maintained and signs posted  |   | ✓  |                            |  |   |
| 10. First aid kit available   |   | ✓  |                            |  |   |
| 11. Lighting adequate and in good repair  |   | ✓  |                            |  |   |
| Section G: Plumbing/Mechanical  |   |  |                            |  |   |
| 1. Equipment adequate, good repair  |   | ✓  |                            |  |   |
| 2. Ventilation adequate, plumbing, restrooms  |   | ✓  |                            |  |   |
| 3. T & P relief valves adequate, good repair  |   | ✓  |                            |  |   |
| 4. Relief valve discharge pipes installed, adequate   |   | ✓  |                            |  |   |
| 5. Backflow, air gaps, no cross connections   |   | ✓  |                            |  |   |
| Section H: Heating & Cooling  |   |  |                            |  |   |
| 1. Unvented fuel-burning appliance/space heater   |   | ✓  |                            |  |   |
| 2. Fire resistant room or sprinkler head  |   | ✓  |                            |  |   |
| 3. Location of heating/cooling units  |   | ✓  |                            |  |   |
| 4. Ventilation of appliances and utility rooms  |   | ✓  |                            |  |   |
| 5. Operation and condition adequate   |   | ✓  |                            |  |   |
| INSPECTED BY (PRINT NAME and SIGN)  |   | EPHS NUMBER  |                            | AGENCY   |   |
| <b>Jon W. Lofford</b>   |   | <b>11371</b>   |                            | <b>EMISCOOT Co. HEALTH CENTER</b>  |   |
| LICENSING YEAR<br><b>20 22 / 20 23</b>  |   | DATE INSPECTED<br><b>08-17-22</b>  |                            | FOLLOW UP DATE<br><b>08-31-22</b>  |   |
| RECEIVED BY (PRINT NAME AND TITLE and SIGN)   |   | APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |                            | PAGE 1 OF <b>3</b>   |   |
| <b>Alfred Rosenthal GM</b>  |   |  |                            |  |   |



| Establishment Name   | Physical Address   | City     |
|----------------------|--|----------|
| DRURY INN AND SUITES | 1317 EAST HIGHWAY 84   | HAYTI    |
| Section Reference    | Observations, comments, and corrective measures  |          |
| D.6.                 | 4 emergency lights would not come on when tested:  |          |
| 1.                   | First floor to left of lobby before the exit sign.   |          |
| 2.                   | Second floor on east side where the hallway turns.   |          |
| 3 and 4              | Both emergency lights in the pool room.  |          |
| D.7.                 | In the small electric panel room on the first floor the fluorescent bulbs above the panels do not light up when switched on. Replace bulbs or repair so that they come on. |          |
| D.9. AND C.10        | At milk dispenser remove milk splash debris from machine behind the nozzle. Note-cut milk dispense tube on a diagonal.   |          |
| D.9. AND C.10        | Water drips from the soda fountain station ice dispenser chute at a constant rate resulting in water under the machine. Repair machine to prevent water drip.              |          |
| INSPECTED BY         | RECEIVED BY  | DATE     |
| Jon Wofford          | GM   | 08-17-22 |



1317 EAST

HWY. 84

CITY HAYTI

Establishment Name

Physical Address

City

Section Reference

Observations, comments, and corrective measures

g.g. At the ice machine drain cover on  
the second floor remove debris from  
drain.

C.C. Remove debris from the walk-in  
cooler fan cover.

INSPECTED BY

RECEIVED BY

DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
FOOD ESTABLISHMENT INSPECTION REPORT

|                   |                     |
|-------------------|---------------------|
| TIME IN<br>9:10AM | TIME OUT<br>11:00AM |
| PAGE 1 of 2       |                     |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED 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 CESSATION OF YOUR FOOD OPERATIONS.

|   |   |   |
|---|---|---|
| ESTABLISHMENT NAME: <u>DRURY INN AND SUITES</u>   | OWNER: <u>CHUCK DRURY</u>   | PERSON IN CHARGE:   |
| ADDRESS: <u>1317 EAST HWY. 84</u>   |   | COUNTY: <u>HEMISCOT</u>   |
| CITY/ZIP: <u>HAYTI 63851</u>  | PHONE: <u>573-359-2702</u>  | FAX: <u>---</u>   |
| P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L  |   |   |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS <u>HOTEL</u> |   |   |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other  |   |   |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____  | SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC<br><input type="checkbox"/> PRIVATE | WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____ |

RISK FACTORS AND INTERVENTIONS

Risk factors are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance   | Demonstration of Knowledge  | COS | R | Compliance   | Potentially Hazardous Foods                                 | COS | R |
|--|---|-----|---|--|---|-----|---|
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper cooking, time and temperature                        |     |   |
|  | Employee Health   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper reheating procedures for hot holding                 |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Management awareness; policy present  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper cooling time and temperatures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Proper use of reporting, restriction and exclusion  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper hot holding temperatures                             |     |   |
|  | Good Hygienic Practices   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper cold holding temperatures                            |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper eating, tasting, drinking or tobacco use   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Proper date marking and disposition                         |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | No discharge from eyes, nose and mouth  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Time as a public health control (procedures / records)      |     |   |
|  | Preventing Contamination by Hands   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Consumer Advisory   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Hands clean and properly washed   |     |   |  | Consumer advisory provided for raw or undercooked food      |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | Highly Susceptible Populations                              |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Adequate handwashing facilities supplied & accessible                                       |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Pasteurized foods used, prohibited foods not offered        |     |   |
|  | Approved Source   |     |   |  | Chemical  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Food obtained from approved source  |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Food additives: approved and properly used                  |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Food received at proper temperature   |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT  | Toxic substances properly identified, stored and used       |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT                              | Food in good condition, safe and unadulterated  |     |   |  | Conformance with Approved Procedures                        |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Required records available: shellstock tags, parasite destruction                           |     |   | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A   | Compliance with approved Specialized Process and HACCP plan |     |   |
|  | Protection from Contamination   |     |   | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance<br>OUT = not in compliance<br>N/A = not applicable<br>COS = Corrected On Site<br>R = Repeat Item |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Food separated and protected  |     |   |  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Food-contact surfaces cleaned & sanitized   |     |   |  |   |     |   |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |  |   |     |   |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water   | COS | R | IN                                  | OUT                      | Proper Use of Utensils  | COS | R |
|----|-----|---|-----|---|-------------------------------------|--------------------------|---|-----|---|
|    |     | Pasteurized eggs used where required  |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | In-use utensils: properly stored  |     |   |
|    |     | Water and ice from approved source  |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|    |     | Food Temperature Control  |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Single-use/single-service articles: properly stored, used                             |     |   |
|    |     | Adequate equipment for temperature control  |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gloves used properly  |     |   |
|    |     | Approved thawing methods used   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utensils, Equipment and Vending   |     |   |
|    |     | Thermometers provided and accurate  |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|    |     | Food Identification   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
|    |     | Food properly labeled; original container   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Nonfood-contact surfaces clean  |     |   |
|    |     | Prevention of Food Contamination  |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical Facilities   |     |   |
|    |     | Insects, rodents, and animals not present   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hot and cold water available; adequate pressure                                       |     |   |
|    |     | Contamination prevented during food preparation, storage and display                |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plumbing installed; proper backflow devices   |     |   |
|    |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sewage and wastewater properly disposed   |     |   |
|    |     | Wiping cloths: properly used and stored   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|    |     | Fruits and vegetables washed before use   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|    |     |   |     |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical facilities installed, maintained, and clean                                  |     |   |

|                                   |  |
|-----------------------------------|--|
| Person in Charge/Title: <u>GM</u> | Date: <u>08-17-22</u>  |
| Inspector: <u>Jon. W. Offord</u>  | Telephone No. <u>573-359-1056</u>  |
| EPHS No. <u>1124</u>              | Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                                   | Follow-up Date: <u>08-31-22</u>  |





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
FOOD ESTABLISHMENT INSPECTION REPORT

TIME IN 7:40AM TIME OUT 11:00AM  
PAGE 2 of 2

|   |                              |  |                |
|---|------------------------------|--|----------------|
| ESTABLISHMENT NAME<br>DRURY INN<br>AND SUITES | ADDRESS<br>1317 EAST HWY. 84 | CITY<br>HAYTI                                | ZIP<br>63851   |
| FOOD PRODUCT/LOCATION<br>CHERRIES TRUE FRIDGE | TEMP.<br>40°F                | FOOD PRODUCT/LOCATION<br>SAUSAGE HOT HOLDING | TEMP.<br>135°F |
| MILK TRUE FRIDGE (CONCESSION)                 | 37°F                         |  |                |
| MILK MILK DISPENSER                           | 24°F                         | GRAVY HOT HOLDING                            | 144°F          |
| HOT DOGS WALK-IN COOLER                       | 35°F                         | BEER BEVERAGE AIR BEER COOLER                | 38°F           |

| Code Reference | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated. | Correct by (date) | Initial |
|----------------|---|-------------------|---------|
|                | No priority items   |                   |         |

| Code Reference | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. | Correct by (date) | Initial |
|----------------|--|-------------------|---------|
| 08-31-23       | Remove milk splash debris from milk dispenser behind the nozzle.   | 08-31-23          |         |
| 08-31          | Water drips from soda fountain ice dispenser chute at a constant rate with some water under the machine. Repair machine to prevent water drip.   | 08-31-23          |         |
| 08-31          | Remove debris from the walk-in cooler fan cover.   | 08-31-23          |         |

|   |   |                               |                  |
|---|---|-------------------------------|------------------|
| EDUCATION PROVIDED OR COMMENTS<br>Quaternary ammonia sanitizer concentration from dispensers - 100ppm - this is fine. |   |                               |                  |
| Person in Charge / Title:<br>GM   | Inspector:<br>Jan Wofford   | Telephone No.<br>573-359-1056 | EPHS No.<br>1124 |
| Date:<br>08-18-23   | Follow-up:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Follow-up Date:<br>08-31-23   |                  |



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

| FOR CENTRAL OFFICE USE ONLY   |   |  |  |                            | ESTABLISHMENT NUMBER   |   |
|---|---|--|--|----------------------------|--|---|
| Establishment Name<br><b>DRURY INN AND SUITES</b>   |   |  |  |                            | Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager<br><b>CHUCK DRURY</b>                               |   |
| Physical Address<br><b>317 EAST HWY. 84</b>   |   |  | City<br><b>HAYTI</b>   |                            | Zip<br><b>63951</b>  |   |
| Mailing Address<br><b>317 EAST HWY. 84</b>  |   |  | City<br><b>HAYTI</b>   |                            | Zip<br><b>63951</b>  |   |
| County<br><b>BO</b>   | This inspection is a(n)<br><input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up |  | Telephone<br><b>351-5883</b>   | No. of Stories<br><b>3</b> | No. of Rooms<br><b>71</b>  | Is the current lodging license displayed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new |
| <b>Rooms Inspected:</b>   |   |  | <b>Water Supply</b>  |                            | <b>Wastewater</b>  |   |
| <b>10 rooms needed.</b>   |   |  | <input type="checkbox"/> Private <input type="checkbox"/> Public   |                            | <input type="checkbox"/> Private <input type="checkbox"/> Public   |   |
| <b>2 rooms inspected.</b>   |   |  | Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No  |                            | Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR   |   |
|   |   |  | <b>Swimming Pools/Spas (check all that apply)</b>  |                            |  |   |
|   |   |  | Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/> |                            |  |   |
| <b>Please check if the following local ordinances apply</b>   |   |  | <b>New Lodging Establishments</b> <input type="checkbox"/> N/A   |                            |  |   |
| <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring   |   |  | Smoke detectors hardwired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A   |                            | Swimming Pool Certified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A         |   |
| <input type="checkbox"/> Plumbing   |   |  | Fire alarm system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                       |                            | Building Certified to National Standards or Occupancy Permit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| <input type="checkbox"/> Swimming Pools/Spas  |   |  | Sprinkler system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  |                            | Historical Building <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A             |   |
| <input type="checkbox"/> Fuel Burning Appliances  |   |  |  |                            |  |   |
| 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  |   |  |  |                            |  |   |
| <b>Section A &amp; B: Water Supply &amp; Wastewater</b>   |   |  | In   | Out                        | NO   | N/A   |
| 1. Approved source, construction and operation  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 2. Complies with water quality standards  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 3. Chlorinator maintained and operated properly   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 4. Wastewater operation and maintenance   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| <b>Section C: Sanitation/Housekeeping</b>   |   |  |  |                            |  |   |
| 1. Walls, floors and ceilings in good repair  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 2. Housekeeping practices and furnishings   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 3. Towels and bed linens clean  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 4. Mattresses and box springs clean   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 5. Pest control procedures  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 6. Ice machines, scoops, liners clean & protected   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 7. Garbage storage and disposal   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 8. Premises maintained, plant growth controlled   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| <b>Food Inspection conducted according to 19CSR20-1.025</b>   |   |  |  |                            |  |   |
| 9. Food, equipment and single service/use   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 10. Food protected from contamination   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 11. Facilities to wash, rinse and sanitize  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 12. Handwashing facilities/hygienic practices   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| <b>Section D: Life Safety</b>   |   |  |  |                            |  |   |
| 1. Combustible/toxic items usage and storage  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 2. Building maintained to assure safe conditions  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 3. CO detectors hardwired, installed, good repair   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 4. GFCI, outlets & switches installed, good repair  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 5. Exit signs installed, good repair  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 6. Emergency lighting installed, good repair  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 7. Electric panel protected, labeled, good repair   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| <b>Required Annual Third Party Inspections</b>  |   |  |  |                            |  |   |
| 1. Fire Alarm System  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 2. Sprinkler System   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 3. Local Fire and Building Codes/Ordinances   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 4. Current Boiler/Pressure Vessels MDPS Certification   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 5. Backflow Device(s) Test  |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| 6. Liquid Propane Leak Test   |   |  | <input checked="" type="checkbox"/>  |                            |  |   |
| INSPECTED BY (PRINT NAME and SIGN)<br><b>JON W. EFFORD / jon.w. efford</b>  |   |  | EPHS NUMBER<br><b>1134</b>   |                            | AGENCY<br><b>HEALTH CENTER</b>   |   |
| LICENSING YEAR<br><b>20 / 20</b>  |   |  | DATE INSPECTED<br><b>08-31-22</b>  |                            | TELEPHONE<br><b>573-389-1654</b>   |   |
| RECEIVED BY (PRINT NAME AND TITLE and SIGN)<br><b>Patricia Engel ASM</b>  |   |  | FOLLOW UP DATE<br><b>8-31-22</b>   |                            | PAGE 1 OF <b>2</b>   |   |



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

Page 2 of 2

Establishment Name **DRURY INN AND SUITES** Physical Address **1317 EAST HWY. 84** City **HAYTI**

Section Reference Observations, comments, and corrective measures

As per the reinspection on 08-31-22 Drury Inn and Suites is approved for the 2022-2023 Lodging Licensing year.

INSPECTED BY

RECEIVED BY

DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
FOOD ESTABLISHMENT INSPECTION REPORT

|                  |                   |
|------------------|-------------------|
| TIME IN: 1:10 PM | TIME OUT: 2:15 PM |
| PAGE 1 of 2      |                   |

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED 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 CESSATION OF YOUR FOOD OPERATIONS.

|  |                       |  |
|--|-----------------------|--|
| ESTABLISHMENT NAME: DRURY LOW AND SUITES   | OWNER: CHUCK DRURY    | PERSON IN CHARGE: PATRICIA FIEGEL  |
| ADDRESS: 1317 EAST HWY. 84   | CITY/ZIP: HAYTI 63851 | COUNTY: PEMISCOT   |
| PHONE: 573-359-2702  | FAX: -                | P.H. PRIORITY: <input type="checkbox"/> H <input checked="" type="checkbox"/> M <input type="checkbox"/> L |
| ESTABLISHMENT TYPE<br><input type="checkbox"/> BAKERY <input type="checkbox"/> C. STORE <input type="checkbox"/> CATERER <input type="checkbox"/> DELI <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> INSTITUTION<br><input type="checkbox"/> RESTAURANT <input type="checkbox"/> SCHOOL <input type="checkbox"/> SENIOR CENTER <input type="checkbox"/> TEMP. FOOD <input type="checkbox"/> TAVERN <input type="checkbox"/> MOBILE VENDORS |                       |  |
| PURPOSE<br><input type="checkbox"/> Pre-opening <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other   |                       |  |
| FROZEN DESSERT<br><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Not Applicable<br>License No. _____   |                       |  |
| SEWAGE DISPOSAL<br><input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE   |                       |  |
| WATER SUPPLY<br><input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY <input type="checkbox"/> PRIVATE<br>Date Sampled _____ Results _____  |                       |  |

RISK FACTORS AND INTERVENTIONS

**Risk factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. **Public health interventions** are control measures to prevent foodborne illness or injury.

| Compliance     | Demonstration of Knowledge  | COS | R | Compliance   | Potentially Hazardous Foods                                 | COS | R |
|----------------|---|-----|---|--|---|-----|---|
| IN OUT         | Person in charge present, demonstrates knowledge, and performs duties                       |     |   | IN OUT N/O N/A   | Proper cooking, time and temperature                        |     |   |
|                | Employee Health   |     |   | IN OUT N/O N/A   | Proper reheating procedures for hot holding                 |     |   |
| IN OUT         | Management awareness; policy present  |     |   | IN OUT N/O N/A   | Proper cooling time and temperatures                        |     |   |
| IN OUT         | Proper use of reporting, restriction and exclusion  |     |   | IN OUT N/O N/A   | Proper hot holding temperatures                             |     |   |
|                | Good Hygienic Practices   |     |   | IN OUT N/A   | Proper cold holding temperatures                            |     |   |
| IN OUT N/O     | Proper eating, tasting, drinking or tobacco use   |     |   | IN OUT N/O N/A   | Proper date marking and disposition                         |     |   |
| IN OUT N/O     | No discharge from eyes, nose and mouth  |     |   | IN OUT N/O N/A   | Time as a public health control (procedures / records)      |     |   |
|                | Preventing Contamination by Hands   |     |   | IN OUT N/A   | Consumer Advisory   |     |   |
| IN OUT N/O     | Hands clean and properly washed   |     |   |  | Consumer advisory provided for raw or undercooked food      |     |   |
| IN OUT N/O     | No bare hand contact with ready-to-eat foods or approved alternate method properly followed |     |   |  | Highly Susceptible Populations                              |     |   |
| IN OUT         | Adequate handwashing facilities supplied & accessible                                       |     |   | IN OUT N/O N/A   | Pasteurized foods used, prohibited foods not offered        |     |   |
|                | Approved Source   |     |   |  | Chemical  |     |   |
| IN OUT         | Food obtained from approved source  |     |   | IN OUT N/A   | Food additives: approved and properly used                  |     |   |
| IN OUT N/O N/A | Food received at proper temperature   |     |   | IN OUT   | Toxic substances properly identified, stored and used       |     |   |
| IN OUT         | Food in good condition, safe and unadulterated  |     |   |  | Conformance with Approved Procedures                        |     |   |
| IN OUT N/O N/A | Required records available: shellstock tags, parasite destruction                           |     |   | IN OUT N/A   | Compliance with approved Specialized Process and HACCP plan |     |   |
|                | Protection from Contamination   |     |   | The letter to the left of each item indicates that item's status at the time of the inspection.<br>IN = in compliance      OUT = not in compliance<br>N/A = not applicable      N/O = not observed<br>COS = Corrected On Site      R = Repeat Item |   |     |   |
| IN OUT N/A     | Food separated and protected  |     |   |  |   |     |   |
| IN OUT N/A     | Food-contact surfaces cleaned & sanitized   |     |   |  |   |     |   |
| IN OUT N/O     | Proper disposition of returned, previously served, reconditioned, and unsafe food           |     |   |  |   |     |   |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

| IN | OUT | Safe Food and Water   | COS | R | IN | OUT | Proper Use of Utensils  | COS | R |
|----|-----|---|-----|---|----|-----|---|-----|---|
|    |     | Pasteurized eggs used where required  |     |   |    |     | In-use utensils: properly stored  |     |   |
|    |     | Water and ice from approved source  |     |   |    |     | Utensils, equipment and linens: properly stored, dried, handled                       |     |   |
|    |     | Food Temperature Control  |     |   |    |     | Single-use/single-service articles: properly stored, used                             |     |   |
|    |     | Adequate equipment for temperature control  |     |   |    |     | Gloves used properly  |     |   |
|    |     | Approved thawing methods used   |     |   |    |     | Utensils, Equipment and Vending   |     |   |
|    |     | Thermometers provided and accurate  |     |   |    |     | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used |     |   |
|    |     | Food Identification   |     |   |    |     | Warewashing facilities: installed, maintained, used; test strips used                 |     |   |
|    |     | Food properly labeled; original container   |     |   |    |     | Nonfood-contact surfaces clean  |     |   |
|    |     | Prevention of Food Contamination  |     |   |    |     | Physical Facilities   |     |   |
|    |     | Insects, rodents, and animals not present   |     |   |    |     | Hot and cold water available; adequate pressure                                       |     |   |
|    |     | Contamination prevented during food preparation, storage and display                |     |   |    |     | Plumbing installed; proper backflow devices   |     |   |
|    |     | Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry |     |   |    |     | Sewage and wastewater properly disposed   |     |   |
|    |     | Wiping cloths: properly used and stored   |     |   |    |     | Toilet facilities: properly constructed, supplied, cleaned                            |     |   |
|    |     | Fruits and vegetables washed before use   |     |   |    |     | Garbage/refuse properly disposed; facilities maintained                               |     |   |
|    |     |   |     |   |    |     | Physical facilities installed, maintained, and clean                                  |     |   |

|   |  |
|---|--|
| Person in Charge/Title: <i>John Sigel AGM</i> | Date: 08-31-22   |
| Inspector: <i>Jan L. Joffe</i>                | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Telephone No. 573-359-1165                    | Follow-up Date: _____  |
| EPHS No. 1124                                 |  |





|                    |                     |
|--------------------|---------------------|
| TIME IN<br>1:10 PM | TIME OUT<br>2:15 PM |
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DRURY INN

|  |  |                                     |  |                      |                       |
|--|--|-------------------------------------|--|----------------------|-----------------------|
| ESTABLISHMENT NAME<br><b>AND SUITES</b>                |  | ADDRESS<br><b>1317 EAST Hwy. 84</b> |  | CITY<br><b>HAYTI</b> | ZIP<br><b>63851</b>   |
| FOOD PRODUCT/LOCATION                                  |  | TEMP.                               | FOOD PRODUCT/LOCATION  |                      | TEMP.                 |
| <b>No food product temperatures taken on 08-31-22.</b> |  |                                     |  |                      |                       |
| Code Reference   | PRIORITY ITEMS<br>Priority items contribute directly to the elimination, prevention or reduction to an acceptable level, hazards associated with foodborne illness or injury. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.                          |                                     |  |                      | Correct by (date)     |
|  | <b>No priority items on 08-17-22 inspection</b>  |                                     |  |                      |                       |
| Code Reference   | CORE ITEMS<br>Core items relate to general sanitation, operational controls, facilities or structures, equipment design, general maintenance or sanitation standard operating procedures (SSOPs). These items are to be corrected by the next regular inspection or as stated. |                                     |  |                      | Correct by (date)     |
|  | <b>All 3 core items from the 08-17-22 inspection have been corrected.</b>  |                                     |  |                      |                       |
| EDUCATION PROVIDED OR COMMENTS                         |  |                                     |  |                      |                       |
| Person in Charge / Title: <b>Anthony AGM</b>           |  |                                     |  |                      | Date: <b>08-31-22</b> |
| Inspector: <b>on 18 2022</b>                           | Telephone No. <b>573-354-1105</b>  | EPHS No. <b>1124</b>                | Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Follow-up Date: <b>—</b> |                      |                       |