



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name **REGENCY TRAVEL INN** Name  Owner  General Manager **MUKESH MATEL**

Physical Address **1608 Hwy. 84** City **HAYTI** Zip **63851**

Mailing Address **1608 Hwy. 84** City **HAYTI** Zip **63851**

County **155** This inspection is a(n)  Initial  Annual  Follow-up Telephone **309-573-0233** No. of Stories **2** No. of Rooms **51** Is the current lodging license displayed?  Yes  No  N/A - new

**Rooms Inspected:** **102, 104, 106, 108, 109, 115, 116, 117, 119, 126 and 127.**  
**Water Supply**  Private  Public Water sample taken  Yes  No  
**Wastewater**  Private  Public Regulated by:  DHSS  DNR  
**Swimming Pools/Spas (check all that apply)** **NOT APPLICABLE**  
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 Swimming Pool Certified  Yes  No  N/A  
Fire alarm system installed  Yes  No  N/A Building Certified to National Standards or Occupancy Permit  Yes  No  
Sprinkler system installed  Yes  No  N/A 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
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>	<b>In</b> <b>Out</b> <b>NO</b> <b>N/A</b>	<b>Section E: Fire Safety</b>	<b>In</b> <b>Out</b> <b>NO</b> <b>N/A</b>
1. Approved source, construction and operation	<input checked="" type="checkbox"/>	1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>
2. Complies with water quality standards	<input checked="" type="checkbox"/>	2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>
<b>Section C: Sanitation/Housekeeping</b>		5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>	6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/>	7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>
3. Towels and bed linens clean	<input checked="" type="checkbox"/>	8. Means of egress, number, maintained	<input checked="" type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>
5. Pest control procedures	<input checked="" type="checkbox"/>	<b>Section F: Swimming Pools/Spas</b>	
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	3. Deck is clean and in good repair	<input checked="" type="checkbox"/>
<b>Food Inspection conducted according to 19CSR20-1.025</b>		4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/>
10. Food protected from contamination	<input checked="" type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>	7. Adequate ventilation	<input checked="" type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>
<b>Section D: Life Safety</b>		9. Records maintained and signs posted	<input checked="" type="checkbox"/>
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	10. First aid kit available	<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<b>Section G: Plumbing/Mechanical</b>	
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" type="checkbox"/>
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>
<b>Required Annual Third Party Inspections</b>		5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>
1. Fire Alarm System	<input checked="" type="checkbox"/>	<b>Section H: Heating &amp; Cooling</b>	
2. Sprinkler System	<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>
5. Backflow Device(s) Test	<input checked="" type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input checked="" type="checkbox"/>
6. Liquid Propane Leak Test	<input checked="" type="checkbox"/>	5. Operation and condition adequate	<input checked="" type="checkbox"/>

INSPECTED BY (PRINT NAME and SIGN) **Jon Wofford** EPHS NUMBER **1124** AGENCY **EMISCOOT Co. HEALTH CENTER** TELEPHONE **573-359-1456**

LICENSING YEAR **20 22 / 20 23** **APPROVED**  YES  NO DATE INSPECTED **08-22-23** FOLLOW UP DATE **-**

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

