



Establishment Name <i>QUALITY INN</i>		Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager	
Physical Address <i>1500 Hwy. 94 EAST</i>		City <i>HAYTI</i>	Zip <i>63351</i>
Mailing Address <i>1500 Hwy. 94 EAST</i>		City <i>HAYTI</i>	Zip <i>63351</i>
County <i>155</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>336</i>	No. of Stories <i>2</i>
		No. of Rooms	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: <i>101, 106, 111, 116, 118, 122, 129 AND 136</i>	Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply)		
Indoor pool <input type="checkbox"/> Outdoor pool <input checked="" type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <input checked="" 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
<input type="checkbox"/> Plumbing	Fire alarm system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	Swimming Pool Certified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	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	Section E: Fire Safety		In	Out	NO	N/A
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"/>				
Section C: Sanitation/Housekeeping						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"/>					Section F: Swimming Pools/Spas					
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"/>				
Food Inspection conducted according to 19CSR20-1.025						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"/>				
Section D: Life Safety						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"/>					Section G: Plumbing/Mechanical					
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"/>				
Required Annual Third Party Inspections						5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>				
1. Fire Alarm System	<input checked="" type="checkbox"/>					Section H: Heating & Cooling					
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) <i>JOE W. OFFORD</i>	EPHS NUMBER <i>1134</i>	AGENCY <i>EMISCOY Co. HEALTH CENTER</i>	TELEPHONE <i>975-339-1156</i>
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LICENSING YEAR 20 <i>22</i> / 20 <i>33</i>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <i>11-09-22</i>	FOLLOW UP DATE
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RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>del. pastor</i>	PAGE 1 OF <i>2</i>
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