



Missouri Department of Health and Senior Services
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
 LODGING ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NUMBER

ESTABLISHMENT NAME Comfort Inn		NAME OF OWNER/CONTACT PERSON Nick Parekh	
MAILING ADDRESS 1417 S. Perryville Blvd.		CITY Perryville	LP CODE 63775
PHYSICAL ADDRESS Same		CITY Same	LP CODE Same

COUNTY 157	THIS INSPECTION IS A(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE 573-547-1727	NO. OF STORES 2	NO. OF ROOMS 49	ROOMS INSPECTED 203, 204, 206, 224, 226, 122, 119, 117, 110, 108
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Please check Yes or No next to each item.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005			<input checked="" type="checkbox"/>	Is the water supply private		<input checked="" type="checkbox"/>
				Is the water supply public	<input checked="" type="checkbox"/>	
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.			<input checked="" type="checkbox"/>	Water sample taken		<input checked="" type="checkbox"/>
Do the following local ordinances apply?				SEWAGE/WASTEWATER		
Fire safety			<input checked="" type="checkbox"/>	Is the Sewage/Wastewater private		<input checked="" type="checkbox"/>
Electrical wiring			<input checked="" type="checkbox"/>	Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	
Fuelburning appliances			<input checked="" type="checkbox"/>	SWIMMING POOLS/SPAS		
Plumbing			<input checked="" type="checkbox"/>	Indoor pool		<input checked="" type="checkbox"/>
Swimming pools/spas			<input checked="" type="checkbox"/>	Outdoor pool	<input checked="" type="checkbox"/>	
Food			<input checked="" type="checkbox"/>	Spa	<input checked="" type="checkbox"/>	
			<input checked="" type="checkbox"/>	Pool larger than 2000 square feet		<input checked="" type="checkbox"/>

Based on an inspection this day, the items marked "No" 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 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. (RSA No 315.005-065, 10 CSR 20-3.050)

Yes = In Compliance No = Not in Compliance, explain on additional page(s) NB = Not Observed NA = Not Applicable

SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
1. Approved source, construction & operation	<input checked="" type="checkbox"/>				2. Doors and locks permitted	<input checked="" type="checkbox"/>			
2. Complies with chemical, bad & rad standards				<input checked="" type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input checked="" type="checkbox"/>			
3. Chlorinator maintained & operating properly				<input checked="" type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input checked="" type="checkbox"/>			
SECTION B: SEWAGE & WASTEWATER					5. Vertical openings protected	<input checked="" type="checkbox"/>			
1. Operating satisfactorily	<input checked="" type="checkbox"/>				6. Doors, self closing & fire rated	<input checked="" type="checkbox"/>			
SECTION C: SANITATION/HOUSEKEEPING					7. Smoke detectors installed, good repair	<input checked="" type="checkbox"/>			
1. Walls, floors & ceilings in good repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Proper housekeeping practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>			
3. Towels & bed linens clean	<input checked="" type="checkbox"/>				10. Stairs and ramps maintained, good repair	<input checked="" type="checkbox"/>			
4. Mattresses & box springs clean	<input checked="" type="checkbox"/>				11. Means of egress, number, maintained	<input checked="" type="checkbox"/>			
5. No evidence of rodents & insects	<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 & refuse properly maintained	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>			
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>				3. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>			
9. Food sources, sound condition, approved	<input checked="" type="checkbox"/>				4. Pool clarity, pH, disinfectant, temp maintained	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Food protected from contamination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Steps, ladders, deck installed, good repair	<input checked="" type="checkbox"/>			
11. Proper facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>				6. Adequate ventilation	<input checked="" type="checkbox"/>			
12. Proper hygienic practices	<input checked="" type="checkbox"/>				7. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>			
SECTION D: LIFE SAFETY					8. Records maintained & signs posted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1. Combustible/toxic items properly used and stored	<input checked="" type="checkbox"/>				SECTION G: PLUMBING/MECHANICAL				
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>				1. Equipment adequate, good repair	<input checked="" type="checkbox"/>			
3. CO detectors installed, good repair		<input checked="" type="checkbox"/>			2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>			
4. GFCI and proper wiring installed, good repair		<input checked="" type="checkbox"/>			3. Boilers/pressure vessels MDPS certified	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>			
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Proper air gaps, no cross connections	<input checked="" type="checkbox"/>			
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)					SECTION H: HEATING & COOLING				
1. Smoke detectors hardwired & maintained	<input checked="" type="checkbox"/>				1. Unvented fuel-burn appliance/space heater approved	<input checked="" type="checkbox"/>			
2. Fire alarm system installed & maintained	<input checked="" type="checkbox"/>				2. Fire resistant room or sprinkler head/detector	<input checked="" type="checkbox"/>			
3. Sprinkler system installed & maintained	<input checked="" type="checkbox"/>				3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>			
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)					4. Ventilation of appliances & utility rooms	<input checked="" type="checkbox"/>			
1. Complies with local building codes, fire codes & ordinances	<input checked="" type="checkbox"/>				5. Operation & condition adequate	<input checked="" type="checkbox"/>			
					6. Proper safety valve, thermo control, elect, switch	<input checked="" type="checkbox"/>			

INSPECTED BY <i>Bruce D. Dutton</i>	EPHS NUMBER 16631126	AGENCY Perry Co Health Dept	TELEPHONE 573-547-6564
LICENSING YEAR 2019	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 7/22/2019	SCHEDULED FOLLOW UP DATE 8/22/2019
		RECEIVED BY <i>[Signature]</i>	DATE 7/22/2019

