



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

ESTABLISHMENT NUMBER
157-01967

ESTABLISHMENT NAME Holiday Inn Express & Suites		NAME OF OWNER/CONTACT PERSON Alex Patel	
MAILING ADDRESS 2020 Jefferson Street		CITY Perryville	ZIP CODE 63755
PHYSICAL ADDRESS 2020 Jefferson Street		CITY Perryville	ZIP CODE 63775

COUNTY Perry 157	THIS INSPECTION IS A(N) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE 573-605-1385	NO. OF STORES 4	NO. OF ROOMS 75	ROOMS INSPECTED 103, 101, 215, 218, 206, 304, 305, 319, 415, 406, 419
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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"/>	<input 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"/>	<input checked="" type="checkbox"/>		Water sample taken		<input checked="" type="checkbox"/>
SEWAGE/WASTEWATER						
Do the following local ordinances apply?				Is the Sewage/Wastewater private		<input checked="" type="checkbox"/>
Fire safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	
Electrical wiring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		SWIMMING POOLS/SPAS		
Fuel burning appliances		<input checked="" type="checkbox"/>		Indoor pool	<input checked="" type="checkbox"/>	
Plumbing		<input checked="" type="checkbox"/>		Outdoor pool		<input checked="" type="checkbox"/>
Swimming pools/spas		<input checked="" type="checkbox"/>		Spa		<input checked="" type="checkbox"/>
Food		<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. (RSMo 315.005-065, 19 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"/>				8. Fire alarm & sprinkler systems tested & approved	<input checked="" type="checkbox"/>			
2. Proper housekeeping practices	<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"/>				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"/>			
10. Food protected from contamination	<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"/>			
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"/>				4. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair	<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"/>				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>Bonnie Deaton</i>	EPHS NUMBER 1663 1124	AGENCY PCHD	TELEPHONE 573 547-6574
LICENSING YEAR 2019	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED 07/22/2019	SCHEDULED FOLLOW UP DATE N/A
		RECEIVED BY <i>Pamela J...</i>	DATE 07/22/2019

