



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER <b>157-01967</b>
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Establishment Name: **Holiday Inn & Express**  
 Name:  Owner  General Manager  
**Alex Patel**

Physical Address: **2020 Jefferson Street** City: **Perryville, MO** Zip: **63775**

Mailing Address: **Same** City: **Same** Zip: **Same**

County: **Perry** This inspection is a(n)  Initial  Annual  Follow-up Telephone: **(573) 605-1385** No. of Stories: **4** No. of Rooms: **75** Is the current lodging license displayed?  Yes  No  N/A - new

Rooms Inspected: **No rooms needed to be inspected at this time.**  
 Water Supply:  Private  Public Water sample taken  Yes  No  
 Wastewater:  Private  Public Regulated by:  DHSS  DNR

Swimming Pools/Spas (check all that apply)  
 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  
 Fire alarm system installed  Yes  No  N/A  
 Sprinkler system installed  Yes  No  N/A  
 Swimming Pool Certified  Yes  No  N/A  
 Building Certified to National Standards or Occupancy Permit  Yes  No  
 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			
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"/>			
<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): **Melanie Zernicke** *Melanie Zernicke* EPHS NUMBER: **1682** AGENCY: **Perry Co. Health Dept.** TELEPHONE: **573-547-6564**

LICENSING YEAR: **2020 / 2021** APPROVED  YES  NO DATE INSPECTED: **08/19/2020** FOLLOW UP DATE: **08/20/2020**

RECEIVED BY (PRINT NAME AND TITLE and SIGN): **Alex Patel, Owner** *Alex Patel* PAGE 1 OF 2





Establishment Name: <b>Holiday Inn &amp; Express</b>	Physical Address: <b>2020 Jefferson Street</b>	City: <b>Perryville, MO</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Swimming pool:  
 F. 4: Temperature of the pool is, the pH is at 4.0, and the Chlorine residual is at 0 parts per million (ppm). During inspection owner contacted a pool technician from American Pool Company out of Cape Girardeau, MO and was instructed to added pool shock to pool. Owner retested pool and he pH is still at 4.0, and the chlorine residual had raised to 7.6 ppm. Inspector will test for pH on the morning of 08/20/2020.

The purpose of this inspection is to verify the correction of items noted during annual inspection conducted on 07/27/2020. All items except for items noted for the swimming pool following items are observed as corrected at this time. Owner has voluntarily close swimming pool at this time. A copy of the inspection report will be emailed to owner at alexpatel1480@gmail.com.

Inspected by: 	Melanie Zernicke	Date: 08/19/2020
Received by: 	Alex Patel, Owner	Date: 08/19/2020