

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER 157-01967

Establishment Name Holiday Inn & Express					Name Sowner Deneral Manager Alex Patel			
Physical Address 2020 Jefferson Street				City Perryville, MO				
Mailing Address Same				City Same				
County This inspection is a(n) Telephone Perry Initial Annual Follow-up (573) 605-1385			No. of Stories 4	No. of Rooms	Is the current	lodging license displayed? o N/A- new		
Rooms Inspected:		Water Supply	· · · · · · · · · · · · · · · · · · ·		Wastewater			
Private Public Private Public						Public		
No rooms needed to be inspected	Water sample		s ⊟No ii	Regulated by:				
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	New Lodging Estab	<u> </u>	■ N/A			, , , , , , , , , , , , , , , , , , , ,		
Fire Safety Electrical Wiring	Smoke detectors hardy	ired Tye	s DNo DI	N/A Swimming	Pool Certified	Yes No NA		
Plumbing	Fire alarm system insta				ertified to Nationa	Standards or Occupancy		
, , , , , , , , , , , , , , , , , , ,	The diam cyclem male		. <u></u>	Permit		Tyes □ No		
Swimming Pools/Spas	Sprinkler system install	ed 🔲 Ye	s No I			Yes No N/A		
Fuel Burning Appliances  Based on an inspection this day, the iter	•			i		merted prior to issuance or		
Based on an inspection this day, the itel renewal of your lodging license. Failure	to comply with any time	identity noncompl Limits for correcti	ons specified i	in this notice may	result in revocati	ion of your lodging license		
and/or prosecution. Owners may reque	st a hearing before the [	Department Direct	tor upon filing i	a written request	within ten days a	fter receipt of this notice.		
(RSMo 315.005-065, 19 CSR 20-3.050)	1							
In=In Compliance Ou	t=Not in Compliance, e	xplain on addition	onal page(s)	NO=Not C	bserved N/	A≂Not Applicable		
Section A & B: Water Supply & Wast		NO NA S	lection E: Fir			In Cut NO N/A		
1. Approved source, construction and o		×	. Textiles, han	gings and mirrors	5	<b>├─┤</b> - <b>├─┤-├─┤-</b> ├		
2. Complies with water quality standard			. Fire extinguis	sher type, inspec	ted, and location			
3. Chlorinator maintained and operated				lings fire-rated, s				
4. Wastewater operation and maintenar				losing and fire-ra	nstalled, good rep			
Section C: Sanitation/Housekeeping					stalled, available			
Walls, floors and ceilings in good rep     Housekeeping practices and furnishing		+ <del></del>	Stairs and ra	mps, maintained	l. storage			
3. Towels and bed linens clean	193	+ × + + + + + + + + + + + + + + + + + +	Means of eq	ress, number, ma	aintained			
4. Mattresses and box springs clean		×	. Handrails an	d balconies main	tained and appro	priate ×		
5. Pest control procedures		×	Section F: Sw	imming Pools/S	Spas			
6. Ice machines, scoops, liners clean &	protected	X   1	. Fence, gate	adequate, proper	r closure mechani:	sm X X		
7. Garbage storage and disposal		× 2	2. Boundary lin	e, pool depth pro	perly marked	┈┈┈ <del>╎</del> ╒═┩┼╏══╣╏ <del>┈</del> ╤┥╎┠══┫╌		
18. Premises maintained, plant growth controlled 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Food Inspection conducted according to 19CSR20-1,025 4. Lifesaving equipment adequate, good tepan								
9. Food, equipment and single service/		<del>                                    </del>	S Slope ladde	pri, distillectant,	installed, good re	apair		
10. Food protected from contamination 11. Facilities to wash, rinse and sanitize			. Adequate ve	ntilation	, motorica, good to			
			3. Electrical ou	Electrical outlets, proper protection & distance				
12. Handwashing lacilities/hygienic plactices 9. Records maintained and signs posted 9. Records maintained and signs posted								
1. Combustible/toxic items usage and s	torage		10. First aid kit					
2. Building maintained to assure safe of	onditions	×	11. Lighting ad	equate and in go	od repair			
3. CO detectors hardwired, installed, go	ood repair		Section G: Pi	umbing/Mechan	icai			
4. GFCI, outlets & switches Installed, g	ocd repair	×	Ventilation a	adequate, good re idequate, plumbii	no restrooms	<del>────────────────────────────────────</del>		
Exit signs installed, good repair     Emergency lighting installed, good re				valves adequate,				
7. Electric panel protected, labeled, good re	nd renair				installed, adequat			
Required Annual Third Party Inspect	lions		5. Backflow, at	r gaps, no cross	connections	ب الناليا		
1. Fire Alarm System		×	Section H: He	eating & Cooling	9			
2. Sprinkler System			1. Unvented fu	el-burning applia	nce/space heater	<del>────<b>├</b>──┤</del> <del>┠╼┥╏</del> ┯┩╌╏┷┩╌		
3. Local Fire and Building Codes/Ordin			2. Fire resistan	nt room or sprinkl	er nead			
4. Current Boiler/Pressure Vessels MD			3. Location of I	heating/cooling u	nits			
Certification 5. Backflow Device(s) Test	∤ <b> =</b>  - -		4. Ventilation	of appliances and	l utility rooms			
6. Liquid Propane Leak Test	<del>  - </del> -   <del>- </del>		5. Operation a	nd condition ade	quate	×		
INSPECTED BY (PRINT NAME ar	nd SIGN)	EPHS	NUMBER A	AGENCY	1	TELEPHONE		
Melanie Zernicke 1682 Perry Co. Health Dept. 573-547-6564								
LICENSING YEAR			<u> </u>	DATE INSPECT	TED	FOLLOW UP DATE		
20 20 / 20 21	APPROVED 🗵	YES 🗆 NO	n (	08/20/2020		08/21/2020		
RECEIVED BY (PRINT NAME AN	D TITLE and SIGN)	الاليسا لاسا		***************************************		PAGE 1 OF 2		
Alex Patel, Owner Report	No Water							
MO 580-0883 (6-16)	Distribution: White	e/Owner Canary	/Central Office	Pink/Local Offic	e	E9.02		

Time In: 4:00 pm

Time Out: 4:30 pm



## MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

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Establishment Name:	Physical Address:	City:	N
Holiday Inn & Express	2020 Jefferson Street	Perryville, MO	

SECTION REFERENCE Swimming pool: OBSERVATIONS AND ADDITIONAL COMMENTS

F. 4: Temperature of the pool is 86.0, the pH is at 4.0, and the chlorine residual is at 10 parts per million (ppm).

The purpose of this inspection is to verify that the pool has at least a pH of 7.2 and a chlorine residual of 1.0 ppm. Owner has voluntarily close swimming pool at this time to try to raise the pH in order to re-open pool. Inspector will conduct a follow-up inspection on 08/21/2020 at 8:00 am. A copy of the inspection report will be emailed to owner at alexpatel1480@gmail.com.

Melanie Zernicke

Date:
08/20/2020

Received by:
Alex Patel, Owner

Date:
08/20/2020

MO 580-0883 (1-09