

**Kansas Department of Agriculture**  
**Division of Food Safety and Lodging**  
 1320 Research Park Drive, Manhattan, KS 66502  
 (office) 785-564-6767 (fax) 785-564-6779

**LODGING ESTABLISHMENT COMPLIANCE SURVEY**

COMPLIANCE KEY: Y=in compliance; N=not in compliance; O=not observed; A=not applicable; C=corrected on-site during inspection; R=repeat violation.

NOTE: Inspector will check items of non-compliance and indicate deficiency.

**Insp Date:** 3/1/2011      **Business ID:** 105042LD      **Inspection:** 75001150  
**Business:** SUPER 8 MOTEL      **Store ID:**  
 SUNNY PATEL      **Phone:** 9133677666  
 509 S 9TH ST      **Inspector:** KDA75  
 ATCHISON, KS 66002      **Reason:** 12 Expired License

**Time In / Time Out**

Date	In	Out	Insp	Travel	Total	Mileage	Notes
03/01/11	03:00 PM	04:15 PM	1:15	0:00	1:15	0	
Total:			1:15	0:00	1:15	0	

**Reference:**

**Time In:**  
**Travel Time:**  
**Guest Rooms Inspected:** 4  
**Indoor Pool:** No Indoor Pool  
**Pool Disinfectant:**  
**Pool pH Level:**  
**Pool Comply Local Insp.:**  
**Outdoor Hot Tub:** No Outdoor Hot Tub  
**Hot Tub Residual Level:**  
**Hot Tub Temp <=104 F:**  
**HT Clarity Deepest Point:**  
**Indoor RWF:** No Indoor RWF  
**RWF Disinfectant:**  
**RWF pH Level:**  
**RWF Comply Local:**  
**Handout #s:**  
**CAP:**  
**License Approved?:**

**Time Out:**  
**Total No. of Rooms:** 45  
**Room numbers inspected:** SEE NOTES  
**Outdoor Pool:** No Outdoor Pool  
**Pool Residual Level:**  
**Pool Clarity Deepest Pt:**  
**Indoor Hot Tub:** No Indoor Hot Tub  
**Hot Tub Disinfectant:**  
**Hot Tub pH Level:**  
**Hot Tub Temperature:**  
**HT Comply Local Insp.:**  
**Outdoor RWF:** No Outdoor RWF  
**RWF Residual Level:**  
**RWF Clarity Deepest Pt:**  
**Food Service Provided:** Complementary  
**Educational/Training:** Yes  
**Left Application?:**  
**Number of Violations:**

Licensure	Y	N	O	A	C	R	Notes
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 Inspector

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 Acknowledged Receipt

## LODGING ESTABLISHMENT COMPLIANCE SURVEY

1. Application and fees submitted.		X			X		28-36-71(a)(1) Application and fees submitted
2. Complete plans submitted.				X			
3. Variance request requirements met.				X			

<b>Food Service &amp; Food Safety</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
4. Food service for the general public licensed.				X			
5. Commercially prepared and prepackaged food meets requirements.				X			
6. Food service for overnight guests in compliance.	X						

<b>Imminent Health Hazard</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
7. Operations discontinued and regulatory authority notified.	X						

<b>General Requirements</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
8. License posted and regulations in compliance.	X						
9. Hot water capacity sufficient to meet demand.	X						
10. Adequate hand washing facilities supplied and accessible.	X						
11. Toilet facilities: properly constructed, supplied and clean.	X						

<b>Personnel</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
12. Employees excluded for health problems.	X						
13. Employee hands clean and properly washed.	X						
14. Employee clothing clean and in good repair.	X						

<b>Guest &amp; Public Safety</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
15. Facility structurally sound with repairs and maintenance to ensure safety.	X						
16. Evacuation, fire, and carbon monoxide safety measures maintained.	X						

<b>Guest Rooms</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
17. Guest rooms maintained clean and in good repair							
toilet room and hand sink requirements met.		X					28-36-77(a) Rooms properly constructed and in good repair 28-36-77(a)(2) Floor cleaned as needed
18. Guest rooms properly serviced and cleaned, cribs clean.	X						

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## LODGING ESTABLISHMENT COMPLIANCE SURVEY

19. Coffeemakers and appliances approved, located, maintained clean and in good repair.		X					28-36-77(m) Refrigerators cleaned before each new guest
20. Guestroom free of insects, rodents, and pests.		X					28-36-77(p)(3) Bed bug evidence is an infestation
21. Pet requirements met.	X						
22. Door lock requirements met.	X						

<b>Dishware &amp; Utensils</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
23. Dishware and utensils cleaned, sanitized, handled and stored.				X			
24. Cleaning and sanitizing requirements met.	X						

<b>Housekeeping &amp; Laundry Facilities</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
25. Carts properly designed, maintained and operated to prevent contamination.	X						
26. Laundry facilities provided, maintained clean and in good repair.	X						
27. Single use gloves available storage areas maintained.	X						

<b>Poisonous or Toxic Materials</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
28. Toxic substances allowed, stored, located, labeled and used.	X						

<b>Public Indoor Areas</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
29. Public indoor areas equipment and furnishings maintained, clean and in good repair.	X						
30. Fitness rooms bathhouse and spa maintained clean and in good repair.				X			

<b>Ice &amp; Ice Dispensing</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
31. Ice from approved source dispensed by sanitary methods.	X						
32. Ice machines/buckets properly cleaned, sanitized, maintained and used.	X						

<b>Exterior Premises</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
33. Exterior areas including playgrounds and storage areas clean and good repair.	X						
34. Refuse containers maintained vector control measures implemented, pets.	X						

<b>Swimming Pools, RWF's &amp; Hot Tubs</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
35. Facility properly designed, maintained sanitary and safe.				X			

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## LODGING ESTABLISHMENT COMPLIANCE SURVEY

36. Water quality, clarity requirements met.				X			
37. Fecal, vomit, and body fluid response requirements met.				X			
38. Operation & maintenance procedures met.				X			

<b>Water Supply System</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
39. Potable water supply used.	X						
40. Boil water advisories properly addressed.			X				

<b>Sewage Systems</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
41. Sewage and waste water properly disposed.	X						

<b>Electrical Systems</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
42. Electrical properly installed and maintained.	X						

<b>Plumbing Systems</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
43. Plumbing properly installed, supplied and maintained.	X						
44. Proper use of backflow devices and testing requirements.	X						

<b>HVAC Systems</b>	<b>Y</b>	<b>N</b>	<b>O</b>	<b>A</b>	<b>C</b>	<b>R</b>	<b>Notes</b>
45. Approved equipment installed and maintained in good repair.	X						
46. Safety issues for gas, electric and ventilation met.	X						

**Result:**No Follow-up

**Notes:**

ROOMS INSPECTED  
102.202.214.301

**1) 28-36-71(a)(1) Application and fees submitted**

Did not submit 2011 Kansas Lodging License Renewal by Renewal Date  
(COS-Lodging Application Including 2011 License Fee & Application Fee Submitted to KDA by Owner)

**17) 28-36-77(a) Rooms properly constructed and in good repair**

ROOM 202: Evidence of repair of previous moisture damage seen on ceiling plus cracking of ceiling material also present.

**17) 28-36-77(a)(2) Floor cleaned as needed**

ROOM 301: Loose debris including tortilla chip fragments found on the carpet along the bed base-carpet junction of both beds.

**19) 28-36-77(m) Refrigerators cleaned before each new guest**

ROOM 301: Loose debris found in base of in-room refrigerator

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**20) 28-36-77(p)(3) Bed bug evidence is an infestation**

ROOM 202: Bed Bug fecal blood trail markings on along the joints of the wall side of the headboard

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