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MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NUMBER
203-05796

ESTABLISHMENT NAME <i>Arrowhead Campground</i>		NAME OF OWNER/CONTACT PERSON <i>Robert & Tracy McQuesty</i>	
MAILING ADDRESS <i>HCE 2 Box 277</i>		CITY <i>Eminence, MO</i>	ZIP CODE <i>64746</i>
PHYSICAL ADDRESS		CITY	ZIP CODE

COUNTY <i>Shannon</i>	THIS INSPECTION IS A(N) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE <i>313-251-9776</i>	NO. OF STORIES <i>2</i>	NO. OF ROOMS <i>12</i>	ROOMS INSPECTED
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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"/>
			<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"/>	
Fuel burning 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"/>

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BUREAU OF ENVIRONMENTAL HEALTH

Based on an inspection this day, the items marked "No" below identify non-compliance 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, bacT & 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"/>		8. Fire alarm & sprinkler systems tested & approved	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
2. Proper housekeeping practices		<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"/>		<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"/>		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"/>		<input checked="" type="checkbox"/>		SECTION G: PLUMBING/MECHANICAL				
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		1. Equipment adequate, good repair				<input checked="" type="checkbox"/>
3. CO detectors installed, good repair	<input checked="" type="checkbox"/>		<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"/>		<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"/>		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"/>		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"/>		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>Ann Winkler</i>	EPHS NUMBER <i>906</i>	AGENCY <i>AHSS</i>	TELEPHONE <i>573-290-5945</i>
LICENSING YEAR <i>2014-2015</i>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <i>5/14/2015</i>	SCHEDULED FOLLOW UP DATE <i>6/14/2015</i>
RECEIVED BY <i>[Signature]</i>		DATE <i>5-14-15</i>	

call if need more time.