* OFFICE APPROVAL

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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER

Establishment Name: ECHO Bluff STATE PARK Lodge
Name: ☐ Owner ☒ General Manager — REG MARVIN

Physical Address: 34489 ECHO Bluff Dr.
City: EMINENCE, MO.
Zip: 65466

Mailing Address: "
City: "
Zip: "

County: 203 SHANNON
This inspection is a(n): ☐ Initial ☒ Annual ☐ Follow-up
Telephone: 573-531-7001
No. of Stories: 2
No. of Rooms: 33
Is the current lodging license displayed? ☒ Yes ☐ No ☐ N/A- new

Rooms Inspected:
* NA/ OFFICE APPROVAL / WATER RESULTS SATISFACTORY

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	Swimming Pool Certified	☐ Yes ☐ No ☒ N/A
Fire alarm system installed	☒ Yes ☐ No ☐ N/A	Building Certified to National Standards or Occupancy Permit	☒ Yes ☐ No
Sprinkler system installed	☒ Yes ☐ No ☐ N/A	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
1. Approved source, construction and operation	X			
2. Complies with water quality standards	X			
3. Chlorinator maintained and operated properly	X			
4. Wastewater operation and maintenance	X			
Section C: Sanitation/Housekeeping				
1. Walls, floors and ceilings in good repair			X	
2. Housekeeping practices and furnishings			X	
3. Towels and bed linens clean			X	
4. Mattresses and box springs clean			X	
5. Pest control procedures			X	
6. Ice machines, scoops, liners clean & protected			X	
7. Garbage storage and disposal			X	
8. Premises maintained, plant growth controlled			X	
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use				X
10. Food protected from contamination				X
11. Facilities to wash, rinse and sanitize				X
12. Handwashing facilities/hygienic practices				X
Section D: Life Safety				
1. Combustible/toxic items usage and storage			X	
2. Building maintained to assure safe conditions			X	
3. CO detectors hardwired, installed, good repair			X	
4. GFCI, outlets & switches installed, good repair			X	
5. Exit signs installed, good repair			X	
6. Emergency lighting installed, good repair			X	
7. Electric panel protected, labeled, good repair			X	
Required Annual Third Party Inspections				
1. Fire Alarm System			X	
2. Sprinkler System			X	
3. Local Fire and Building Codes/Ordinances			X	
4. Current Boiler/Pressure Vessels MDPS Certification			X	
5. Backflow Device(s) Test			X	
6. Liquid Propane Leak Test			X	

Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors			X	
2. Fire extinguisher type, inspected, and location			X	
3. Vertical openings fire-rated, self-closing			X	
4. Doors, self-closing and fire-rated			X	
5. Smoke detectors hardwired, installed, good repair			X	
6. Evacuation route and plan, installed, available			X	
7. Stairs and ramps, maintained, storage			X	
8. Means of egress, number, maintained			X	
9. Handrails and balconies maintained and appropriate			X	
Section F: Swimming Pools/Spas				
1. Fence, gate adequate, proper closure mechanism				X
2. Boundary line, pool depth properly marked				X
3. Deck is clean and in good repair				X
4. Lifesaving equipment adequate, good repair				X
5. Pool clarity, pH, disinfectant, & temp. maintained				X
6. Steps, ladders, and handrails installed, good repair				X
7. Adequate ventilation				X
8. Electrical outlets, proper protection & distance				X
9. Records maintained and signs posted				X
10. First aid kit available				X
11. Lighting adequate and in good repair				X
Section G: Plumbing/Mechanical				
1. Equipment adequate, good repair			X	
2. Ventilation adequate, plumbing, restrooms			X	
3. T & P relief valves adequate, good repair			X	
4. Relief valve discharge pipes installed, adequate			X	
5. Backflow, air gaps, no cross connections			X	
Section H: Heating & Cooling				
1. Unvented fuel-burning appliance/space heater			X	
2. Fire resistant room or sprinkler head			X	
3. Location of heating/cooling units			X	
4. Ventilation of appliances and utility rooms			X	
5. Operation and condition adequate			X	

INSPECTED BY (PRINT NAME and SIGN): RON GIPSTON Ron Gipston
EPHS NUMBER: 920
AGENCY: SHANNON CO H.D
TELEPHONE: 573- 226-3914

LICENSING YEAR: 20 17 / 20 18
APPROVED ☒ **YES** ☐ **NO**
DATE INSPECTED: 11/20/17
FOLLOW UP DATE: —

RECEIVED BY (PRINT NAME AND TITLE and SIGN): —

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