



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name GRASSY CREEK CABINS + STORAGE		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager JEREMY + JENNIFER BASHAM	
Physical Address 17922 MAIN ST.		City EMINENCE, MO.	Zip 65466
Mailing Address 16185 GRASSY HOLLOW RD.		City "	Zip "
County 203 SHANNON	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone 513-226-3535	No. of Stories 1 No. of Rooms 7 Is the current lodging license displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: NA / OFFICE APPROVAL	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input checked="" type="checkbox"/> N/A Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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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"/>			<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"/>
Section C: Sanitation/Housekeeping					Section F: Swimming Pools/Spas				
1. Walls, floors and ceilings in good repair			<input checked="" type="checkbox"/>		1. Fence, gate adequate, proper closure mechanism				<input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings			<input checked="" type="checkbox"/>		2. Boundary line, pool depth properly marked				<input checked="" type="checkbox"/>
3. Towels and bed linens clean			<input checked="" type="checkbox"/>		3. Deck is clean and in good repair				<input checked="" type="checkbox"/>
4. Mattresses and box springs clean			<input checked="" type="checkbox"/>		4. Lifesaving equipment adequate, good repair				<input checked="" type="checkbox"/>
5. Pest control procedures			<input checked="" type="checkbox"/>		5. Pool clarity, pH, disinfectant, & temp. maintained				<input checked="" type="checkbox"/>
6. Ice machines, scoops, liners clean & protected			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair				<input checked="" type="checkbox"/>
7. Garbage storage and disposal			<input checked="" type="checkbox"/>		7. Adequate ventilation				<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled			<input checked="" type="checkbox"/>		8. Electrical outlets, proper protection & distance				<input checked="" type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025					Section G: Plumbing/Mechanical				
9. Food, equipment and single service/use				<input checked="" type="checkbox"/>	9. Records maintained and signs posted				<input checked="" type="checkbox"/>
10. Food protected from contamination				<input checked="" type="checkbox"/>	10. First aid kit available				<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize				<input checked="" type="checkbox"/>	Section H: Heating & Cooling				
12. Handwashing facilities/hygienic practices				<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater			<input checked="" type="checkbox"/>	
Section D: Life Safety					2. Fire resistant room or sprinkler head				<input checked="" type="checkbox"/>
1. Combustible/toxic items usage and storage			<input checked="" type="checkbox"/>		3. Location of heating/cooling units			<input checked="" type="checkbox"/>	
2. Building maintained to assure safe conditions			<input checked="" type="checkbox"/>		4. Ventilation of appliances and utility rooms			<input checked="" type="checkbox"/>	
3. CO detectors hardwired, installed, good repair			<input checked="" type="checkbox"/>		5. Operation and condition adequate			<input checked="" type="checkbox"/>	
4. GFCI, outlets & switches installed, good repair			<input checked="" type="checkbox"/>		Required Annual Third Party Inspections				
5. Exit signs installed, good repair			<input checked="" type="checkbox"/>		1. Fire Alarm System			<input checked="" type="checkbox"/>	
6. Emergency lighting installed, good repair			<input checked="" type="checkbox"/>		2. Sprinkler System			<input checked="" type="checkbox"/>	
7. Electric panel protected, labeled, good repair			<input checked="" type="checkbox"/>		3. Local Fire and Building Codes/Ordinances			<input checked="" type="checkbox"/>	

INSPECTED BY (PRINT NAME and SIGN) KON GASTON (Kon Gaston)	EPHS NUMBER 920	AGENCY SHANNON	TELEPHONE 513-226-3914
LICENSING YEAR 20 18 / 20 19	DATE INSPECTED 8/14/18		FOLLOW UP DATE NA
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Jennifer Basham			PAGE 1 OF 1