



ESTABLISHMENT NAME <b>PINE CREST CABINS</b>		NAME OF OWNER/CONTACT PERSON <b>TAMMY THOMAS</b>	
MAILING ADDRESS <b>1106 S. MAIN</b>		CITY <b>EMINENCE, MO.</b>	ZIP CODE <b>65466</b>
PHYSICAL ADDRESS <b>" "</b>		CITY <b>" "</b>	ZIP CODE <b>" "</b>
COUNTY <b>SHANNON 203</b>	THIS INSPECTION IS A(N) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE <b>573-226-3530</b>	NO. OF STORIES <b>1</b>
		NO. OF ROOMS <b>(7)</b>	ROOMS INSPECTED <b># 1, 2, 3, 5, 6, 7</b>

Please check Yes or No next to each item.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005		X		Is the water supply private		X
				Is the water supply public	X	X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit			X	Water sample taken		X
<b>Do the following local ordinances apply?</b>				<b>SEWAGE/WASTEWATER</b>		
Fire safety			X	Is the Sewage/Wastewater private		X
Electrical wiring			X	Is the Sewage/Wastewater public	X	
Fuel burning appliances			X	<b>SWIMMING POOLS/SPAS</b>		
Plumbing			X	Indoor pool		X
Swimming pools/spas			X	Outdoor pool		X
Food			X	Spa		X
			X	Pool larger than 2000 square feet		X

Based on an inspection this day, the items marked "No" below identify noncompliance 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	
<b>SECTION A: WATER SUPPLY</b>		<b>SECTION E: FIRE SAFETY (All Establishments cont.)</b>		
1. Approved source, construction & operation	X			
2. Complies with chemical, bacT & rad standards	X			
3. Chlorinator maintained & operating properly			X	
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>		5. Vertical openings protected		
1. Operating satisfactorily	X			
<b>SECTION C: SANITATION/HOUSEKEEPING</b>		6. Doors, self closing & fire rated		
1. Walls, floors & ceilings in good repair	X			
2. Proper housekeeping practices	X			
3. Towels & bed linens clean	X			
4. Mattresses & box springs clean	X			
5. No evidence of rodents & insects	X			
6. Ice machines, scoops, liners, clean & protected	X			
7. Garbage & refuse properly maintained	X			
8. Premises, plant growth controlled	X			
9. Food sources, sound condition, approved			X	
10. Food protected from contamination			X	
11. Proper facilities to wash, rinse and sanitize			X	
12. Proper hygienic practices			X	
<b>SECTION D: LIFE SAFETY</b>		<b>SECTION F: SWIMMING POOLS/SPAS</b>		
1. Combustible/toxic items properly used and stored	X			
2. Building maintained to assure safe conditions	X			
3. CO detectors installed, good repair			X	
4. GFCI and proper wiring 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			
<b>SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)</b>		1. Fence, gate adequate, proper closure mechanism		
1. Smoke detectors hardwired & maintained			X	
2. Fire alarm system installed & maintained			X	
3. Sprinkler system installed & maintained			X	
<b>SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)</b>		<b>SECTION G: PLUMBING/MECHANICAL</b>		
1. Complies with local building codes, fire codes & ordinances	X			
			1. Equipment adequate, good repair	
			2. Ventilation adequate, plumbing, restrooms	
			3. Boilers/pressure vessels MDPS certified	
			4. T & P relief valves adequate, good repair	
			5. Relief valve discharge pipes installed, adequate	
			6. Proper air gaps, no cross connections	
			<b>SECTION H: HEATING &amp; COOLING</b>	
			1. Unvented fuel-burn appliance/space heater approved	X
			2. Fire resistant room or sprinkler head/detector	X
			3. Proper location of heating/cooling units	X
			4. Ventilation of appliances & utility rooms	X
			5. Operation & condition adequate	X
			6. Proper safety valve, thermo control, elect. switch	X

INSPECTED BY <b>RON CARTON</b>	EPHS NUMBER <b>920</b>	AGENCY <b>SHANNON CO. H.D.</b>	TELEPHONE <b>573-226-3914</b>
LICENSING YEAR <b>2016-17</b>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <b>8/10/16</b>	SCHEDULED FOLLOW UP DATE <b>NA</b>
		RECEIVED BY	DATE