



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: **PINE CREST CABINS + STORAGE**
 Name: Owner General Manager
JEREMY & JENNIFER BAHAM

Physical Address: **17922 ST Hwy 19**
 City: **EM. NENCE, MO** Zip: **65466**

Mailing Address: **16185 GRASSY Hollow RD**
 City: " " Zip: "

County: **203 SHANNON** This inspection is a(n) Initial Annual Follow-up Telephone: **573-226-3535**
 No. of Stories: **1** No. of Rooms: **7** Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: # **3, 5, 6**
Water Supply: Private Public
Wastewater: Private Public
 Water sample taken Yes No 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 **New Lodging Establishments** N/A

<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <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
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Swimming Pools/Spas	Fire alarm system installed <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
<input type="checkbox"/> Fuel Burning Appliances		Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	Section E: Fire Safety	In	Out	NO	N/A
1. Approved source, construction and operation	XX				1. Textiles, hangings and mirrors			XX	
2. Complies with water quality standards	XX				2. Fire extinguisher type, inspected, and location	XX			
3. Chlorinator maintained and operated properly	XX				3. Vertical openings fire-rated, self-closing				XX
4. Wastewater operation and maintenance	XX				4. Doors, self-closing and fire-rated				XX
Section C: Sanitation/Housekeeping					5. Smoke detectors hardwired, installed, good repair				XX
1. Walls, floors and ceilings in good repair			XX		6. Evacuation route and plan, installed, available				XX
2. Housekeeping practices and furnishings			XX		7. Stairs and ramps, maintained, storage				XX
3. Towels and bed linens clean			XX		8. Means of egress, number, maintained				XX
4. Mattresses and box springs clean			XX		9. Handrails and balconies maintained and appropriate				XX
5. Pest control procedures			XX		Section F: Swimming Pools/Spas				
6. Ice machines, scoops, liners clean & protected			XX		1. Fence, gate adequate, proper closure mechanism				XX
7. Garbage storage and disposal			XX		2. Boundary line, pool depth properly marked				XX
8. Premises maintained, plant growth controlled			XX		3. Deck is clean and in good repair				XX
Food Inspection conducted according to 19CSR20-1.025					4. Lifesaving equipment adequate, good repair				XX
9. Food, equipment and single service/use			XX		5. Pool clarity, pH, disinfectant, & temp. maintained				XX
10. Food protected from contamination			XX		6. Steps, ladders, and handrails installed, good repair				XX
11. Facilities to wash, rinse and sanitize			XX		7. Adequate ventilation				XX
12. Handwashing facilities/hygienic practices			XX		8. Electrical outlets, proper protection & distance				XX
Section D: Life Safety					9. Records maintained and signs posted				XX
1. Combustible/toxic items usage and storage			XX		10. First aid kit available				XX
2. Building maintained to assure safe conditions			XX		Section G: Plumbing/Mechanical				
3. CO detectors hardwired, installed, good repair			XX		1. Equipment adequate, good repair				XX
4. GFCI, outlets & switches installed, good repair			XX		2. Ventilation adequate, plumbing, restrooms				XX
5. Exit signs installed, good repair			XX		3. T & P relief valves adequate, good repair				XX
6. Emergency lighting installed, good repair			XX		4. Relief valve discharge pipes installed, adequate	XX			
7. Electric panel protected, labeled, good repair			XX		5. Backflow, air gaps, no cross connections				XX
Required Annual Third Party Inspections					Section H: Heating & Cooling				
1. Fire Alarm System			XX		1. Unvented fuel-burning appliance/space heater				XX
2. Sprinkler System			XX		2. Fire resistant room or sprinkler head				XX
3. Local Fire and Building Codes/Ordinances			XX		3. Location of heating/cooling units				XX
4. Current Boiler/Pressure Vessels MDPS Certification			XX		4. Ventilation of appliances and utility rooms				XX
5. Backflow Device(s) Test			XX		5. Operation and condition adequate				XX
6. Liquid Propane Leak Test			XX						

INSPECTED BY (PRINT NAME and SIGN): **RON GASTON Ron Gaston** EPHS NUMBER: **920** AGENCY: **SHANNON CO HD** TELEPHONE: **573-226-3914**

LICENSING YEAR: **2018 / 2019** APPROVED YES NO DATE INSPECTED: **8/10/18** FOLLOW UP DATE: **—**

RECEIVED BY (PRINT NAME AND TITLE and SIGN): **Just Bud** PAGE 1 OF **1**