



LODGING ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NUMBER

ESTABLISHMENT NAME SHADY LANE MOTEL + CABINS		NAME OF OWNER/CONTACT PERSON Jimmy + Eugenia Anderson			
MAILING ADDRESS P.O. Box 94		CITY EMINENCE, MO		ZIP CODE 65466	
PHYSICAL ADDRESS 501 N. Hwy 19		CITY "		ZIP CODE "	
COUNTY SHANNON CO	THIS INSPECTION IS A(N) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE 573-226-3893	NO. OF STORIES 2	NO. OF ROOMS 26	ROOMS INSPECTED M102/M103 Laundry Area

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
Do the following local ordinances apply?				SEWAGE/WASTEWATER			
Fire safety			X	Is the Sewage/Wastewater private			X
Electrical wiring			X	Is the Sewage/Wastewater public	X		X
Fuel burning appliances			X	SWIMMING POOLS/SPAS			
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
SECTION A: WATER SUPPLY		SECTION E: FIRE SAFETY (All Establishments cont.)	
1. Approved source, construction & operation	X		
2. Complies with chemical, bacT & rad standards	X		
3. Chlorinator maintained & operating properly			X
SECTION B: SEWAGE & WASTEWATER		5. Vertical openings protected	
1. Operating satisfactorily	X		
SECTION C: SANITATION/HOUSEKEEPING		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
SECTION D: LIFE SAFETY		SECTION F: SWIMMING POOLS/SPAS	
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
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)		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
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)		SECTION G: PLUMBING/MECHANICAL	
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	
		SECTION H: HEATING & COOLING	
		1. Unvented fuel-burn appliance/space heater approved	
		2. Fire resistant room or sprinkler head/detector	
		3. Proper location of heating/cooling units	
		4. Ventilation of appliances & utility rooms	
		5. Operation & condition adequate	
		6. Proper safety valve, thermo control, elect. switch	

INSPECTED BY KON GUSTON	EPHS NUMBER 920	AGENCY SHANNON CO	TELEPHONE 573-226-3914
LICENSING YEAR 2015-16	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED 9/30/15	SCHEDULED FOLLOW UP DATE NA
RECEIVED BY		DATE	