<table>
<thead>
<tr>
<th>Establishment Name: ARROWHEAD Campground</th>
<th>Owner/Contact Person: ROBERT J TINA MC QUEARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address: 16200 ARROWHEAD LOOP</td>
<td>City: EMNEMO, MO</td>
</tr>
<tr>
<td></td>
<td>ZIP: 65406</td>
</tr>
</tbody>
</table>

**WATER SUPPLY**

- **Yes** No
- Is the water supply private: No
- Is the water supply public: Yes
- Water sample taken: No

**SEWAGE/WASTEWATER**

- **Yes** No
- Is the Sewage/Wastewater private: Yes
- Is the Sewage/Wastewater public: No

**SWIMMING POOLS/SPAS**

- No water for swimming

**Fire Safety**

- **Yes** No
- Fire alarm system installed & maintained: Yes

**Electrical Wiring**

- Yes No
- Equipment adequate, good repair: Yes

**Plumbing**

- **Yes** No
- Ventilation adequate, plumbing, restrooms: Yes

**Swimming pools/spas**

- Yes No
- Pool larger than 2000 square feet: No

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 315.055-055, 19 CSR 25-3.050)

**SECTION A: WATER SUPPLY**

- Yes No NB NA
  1. Approved source, construction & operation: No
  2. Complies with chemical, bacteriological & rad standards: No
  3. Chlorination maintained & operating properly: No

**SECTION B: SEWAGE & WASTEWATER**

- Yes No NB NA
  1. Operating satisfactorily: No

**SECTION C: SANITATION/HOUSEKEEPING**

- Yes No NB NA
  1. Walls, floors & ceilings in good repair: No
  2. Proper housekeeping practices: No
  3. Towels & bed linens clean: No
  4. Mattresses & box springs clean: No
  5. No evidence of rodents & insects: No
  6. Ice machines, scoops, linens, clean & protected: No
  7. Garbage & refuse properly maintained: No
  8. Premises, plant growth controlled: No
  9. Food sources, sound condition, approved: No
  10. Food protected from contamination: No
  11. Proper facilities to wash, rinse & sanitize: No
  12. Proper hygiene practices: No

**SECTION D: LIFE SAFETY**

- Yes No NB NA
  1. Combustible/toxic items properly used & stored: No
  2. Building maintained to assure safe conditions: No
  3. CO detectors installed, good repair: No
  4. GFCI and proper wiring installed, good repair: No
  5. Exit signs installed, good repair: No
  6. Emergency lighting installed, good repair: No
  7. Electric panel protected, labeled, good repair: No

**SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)**

- Yes No NB NA
  1. Smoke detectors hardwired & maintained: No
  2. Fire alarm system installed & maintained: No
  3. Sprinkler system installed & maintained: No

**SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)**

- Yes No NB NA
  1. Complies with local building codes, fire codes & ordinances: No

**INSPECTED BY**

- Ron Easton, Chair

**PHONE**

- 573-226-3914
<table>
<thead>
<tr>
<th>SECTION REFERENCE</th>
<th>OBSERVATIONS AND ADDITIONAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms Imp. #1, 2, 3, 4, 5, Motel Casion #10, 9, Sunset</td>
<td>Apartment</td>
</tr>
<tr>
<td>E7. - No smoke alarms in Sunset Trail 6/2 bedrooms</td>
<td></td>
</tr>
</tbody>
</table>