



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: **EAGLE'S LANDING RIVER RESORT + CABINS** Name: Owner General Manager: **RICHARD SLATER**

Physical Address: **16273 SALTER LN.** City: **EMINENCE, MO** Zip: **65466**

Mailing Address: " " " " City: " " " " Zip: " " " "

County: **203 SHANNON** This inspection is a(n): Initial Annual Follow-up **2ND** Telephone: **573-226-5665** No. of Stories: **2** No. of Rooms: **23** Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: **CABINS # 1,4,9**

Water Supply: Private Public
Water sample taken Yes No

Wastewater: Private Public
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:
 Fire Safety Electrical Wiring
 Plumbing
 Swimming Pools/Spas
 Fuel Burning Appliances

New Lodging Establishments: N/A

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

INSPECTED BY (PRINT NAME and SIGN): **RON EASTON** EPHS NUMBER: **920** AGENCY: **SHANNON CO. H.A.** TELEPHONE: **573-226-3914**

LICENSING YEAR: **2018 / 2019** APPROVED YES NO DATE INSPECTED: **9/12/18** FOLLOW UP DATE: **NA**

RECEIVED BY (PRINT NAME AND TITLE and SIGN): _____ PAGE 1 OF 1