



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name EMINENCE COTTAGES & CAMP		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager SHANNON KAUFMAN	
Physical Address 18922 EMINENCE Cottage LN.		City EMINENCE, MO	Zip 65466
Mailing Address "		City "	Zip "
County 203 SHANNON	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone 513-226-3500	No. of Stories 2
		No. of Rooms 15	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new
Rooms Inspected: (SEE PAGE #2)		Water Supply <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input checked="" type="checkbox"/> DNR	
		Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input checked="" type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>	
Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances		New Lodging Establishments <input checked="" type="checkbox"/> N/A Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler system installed <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 Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No 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		Section E: Fire Safety	
1. Approved source, construction and operation	In Out NO N/A	1. Textiles, hangings and mirrors	In Out NO N/A
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	11. Lighting adequate and in good repair	XX
3. CO detectors hardwired, installed, good repair	XX	Section G: Plumbing/Mechanical	
4. GFCI, outlets & switches installed, good repair	XX	1. Equipment adequate, good repair	XX
5. Exit signs installed, good repair	XX	2. Ventilation adequate, plumbing, restrooms	XX
6. Emergency lighting installed, good repair	XX	3. T & P relief valves adequate, good repair	XX
7. Electric panel protected, labeled, good repair	XX	4. Relief valve discharge pipes installed, adequate	XX
Required Annual Third Party Inspections		5. Backflow, air gaps, no cross connections	XX
1. Fire Alarm System	XX	Section H: Heating & Cooling	
2. Sprinkler System	XX	1. Unvented fuel-burning appliance/space heater	XX
3. Local Fire and Building Codes/Ordinances	XX	2. Fire resistant room or sprinkler head	XX
4. Current Boiler/Pressure Vessels MDPS Certification	XX	3. Location of heating/cooling units	XX
5. Backflow Device(s) Test	XX	4. Ventilation of appliances and utility rooms	XX
6. Liquid Propane Leak Test	XX	5. Operation and condition adequate	XX
INSPECTED BY (PRINT NAME and SIGN) RON GASTON (Ron Kaufman)		EPHS NUMBER 920	AGENCY SHANNON CO. HA
LICENSING YEAR 20 21 / 20 22		DATE INSPECTED 5/12/21	TELEPHONE 573-226-3914
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOLLOW UP DATE	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) Shannon Kaufman		PAGE 1 OF 2	

