



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <b>GRASSY CREEK CABINS + STORAGE</b>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <b>JEREMY + JENNIFER BASHAM</b>									
Physical Address <b>17922 MAIN ST</b>		City <b>EMERSON, MO</b>	Zip <b>65466</b>								
Mailing Address <b>16185 GRASSY HOLLOW RD</b>		City <b>"</b>	Zip <b>"</b>								
County <b>SHANNON</b>	This inspection is a(h) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <b>573-226-3535</b>	No. of Stories <b>1</b>								
		No. of Rooms <b>7</b>	Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new								
Rooms Inspected: <b>(1, 2, 3, 4, 5, &amp; 7)</b>		Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No									
		Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR									
		Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input 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		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			XX	3. Vertical openings fire-rated, self-closing		XX			XX
4. Wastewater operation and maintenance		XX				4. Doors, self-closing and fire-rated		XX			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			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			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			XX	2. Ventilation adequate, plumbing, restrooms		XX			
6. Emergency lighting installed, good repair		XX			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) <b>RON GASTON Ron Gaston</b>		EPHS NUMBER <b>920</b>		AGENCY <b>SHANNON CO. H/D</b>		TELEPHONE <b>573-226-3914</b>					
LICENSING YEAR <b>20 19 / 20 20</b>		APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE INSPECTED <b>5/6/19</b>		FOLLOW UP DATE <b>NA</b>					
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <b>Margaret</b>						PAGE 1 OF 2					



