**Establishment Name**: Rivers Edge

**Physical Address**: 10390 Tom Aker Rd.

**City**: Eminence

**Mailing Address**: EMINENCE, MO

**County**: 893-206-3233

**Telephone**: 65466

**No. of Stories**: 2

**No. of Rooms**: 32

**Is the current lodging license displayed?**: Yes

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**Water Supply**

- Private
- Public

**Wastewater**

- Private
- Public

**Smoke detectors hardwired**: Yes

**Fire alarm system installed**: Yes

**Sprinkler system installed**: Yes

**Swimming Pool Certified**: No

**Building Certified to National Standards or Occupancy Permit**: Yes

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**Section C: Sanitation/Housekeeping**

1. **Walls, floors and ceilings in good repair**
2. **Housekeeping practices and furnishings**
3. **Towels and bed linens clean**
4. **Mattresses and box springs clean**
5. **Ice machines, scoops, liners clean & protected**
6. **Garbage storage and disposal**
7. **Premises maintained, plant growth controlled**

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**Section E: Fire Safety**

1. **Textiles, hangings and mirrors**
2. **Fire extinguisher type, inspected, and location**
3. **Vertical openings fire-rated, self-closing**
4. **Doors, self-closing and fire-rated**
5. **Smoke detectors hardwired, installed, good repair**
6. **Evacuation route and plan, installed, available**
7. **Stair rails, ramps, maintained, storage**
8. **Means of egress, number, maintained**
9. **Handrails and balconies maintained and appropriate**

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**Section F: Swimming Pools/Spas**

1. **Fence, gate adequate, proper closure mechanism**
2. **Boundary line, pool depth properly marked**
3. **Deck is clean and in good repair**
4. **Lifesaving equipment adequate, good repair**
5. **Pool clarity, pH, disinfectant, & temp. maintained**
6. **Steps, ladders, and handrails installed, good repair**
7. **Adequate ventilation**
8. **Electrical outlets, proper protection & distance**
9. **Records maintained and signs posted**
10. **First aid kit available**

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**Section G: Plumbing/Mechanical**

1. **Equipment adequate, good repair**
2. **Ventilation adequate, plumbing, restrooms**
3. **T & P relief valves adequate, good repair**
4. **Relief valve discharge pipes installed, adequate**

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**Section H: Heating & Cooling**

1. **Unvented fuel-burning appliance/space heater**
2. **Fire resistant room or sprinkler head**

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**INSPECTED BY**: (PRINT NAME AND SIGN) Ron Gaston

**RECEIVED BY**: (PRINT NAME AND TITLE AND SIGN) Ron Gaston

**APPROVED**: Yes

**DATE INSPECTED**: 5/23/18

**TELEPHONE**: 573-573-3313

**FOLLOW UP DATE**: NA

**LICENSED YEAR**: 2019

**E9.02**
<table>
<thead>
<tr>
<th>Section Reference</th>
<th>Observations, comments, and corrective measures</th>
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<tbody>
<tr>
<td>RRMS</td>
<td>BB QABIN 9, 7, 5, 3, 1</td>
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<td>MOTEL 9, 10, 11, SUITE</td>
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<td>RIVER CABIN X</td>
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<td>BB QABIN = BEACH BARGIN</td>
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<td>NO VIOLATIONS</td>
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