



Establishment Name: Apple Jacks 21 Campground Name:  Owner  General Manager Erma Johnson

Physical Address: 15970 Eagle Falls Way City: Emmence Zip: 65466

Mailing Address: S.A. City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: Shannon This inspection is a(n)  Initial  Annual  Follow-up Telephone: 660 998 5140 No. of Stories: 1 No. of Rooms: 11 Is the current lodging license displayed?  Yes  No  N/A - new

Rooms Inspected: 1 **Water Supply**  Private  Public Water sample taken  Yes  No **Wastewater**  Private  Public Regulated by:  DHSS  DNR

Cabin 1, 2, 3, 4  
RV 1, 3

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

INSPECTED BY (PRINT NAME and SIGN) John Campbell / Kevin Burden EPHS NUMBER 1572/1773 AGENCY MO DHSS TELEPHONE 573 751 6095

LICENSING YEAR 20 22 / 20 23 APPROVED  YES  NO DATE INSPECTED 6/8/22 FOLLOW UP DATE 6/15/22

RECEIVED BY (PRINT NAME AND TITLE and SIGN) \_\_\_\_\_ PAGE 1 OF 2





| Establishment Name | Physical Address   | City     |
|--------------------|--|----------|
| Apple Tracks       | 21 Campground 15770 Eads Fall Way  | Eminence |
| Section Reference  | Observations, comments, and corrective measures  |          |
|                    | Pending water sample taken 6/8/22  |          |
| C1                 | O: Pencil mold growth from water damage inside cabinets of Cabin #3.   |          |
|                    | R: Remove loose paper, treat walls, to ensure mold is killed, and paint inside of cabinets   |          |
| D3                 | O: No carbon monoxide detector in Cabin 3, <del>one of the</del> the RVs. CO detectors need to be checked to ensure working order. CO detector in RV #1 not working. |          |
|                    | R: Install or replace carbon monoxide detectors where needed or not functioning.   |          |
| E2                 | O: No fire extinguisher in the kitchen of cabins #2, 3, 4. No inspection tags on any fire extinguishers in all RVs.  |          |
|                    | R: Place appropriate fire extinguishers in the kitchen of cabins 2-4 and have inspector come back out to label all fire extinguishers.                               |          |
| G2                 | O: Mechanical ventilation not working in bathroom of Cabin #3.   |          |
|                    | R: Repair/Replace mechanical vent.   |          |
| G4                 | O: Flex line used as discharge pipe on water heater in Cabin #4.   |          |
|                    | R: Rigid pipe with 210°F temp rating must be installed with no more than 1 90° elbow and terminating above the roof.   |          |
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|--|-----------------|----------------|
| INSPECTED BY<br>John Campbell / Kevin Truden | RECEIVED BY<br> | DATE<br>6/8/22 |
|--|-----------------|----------------|