



Establishment Name <i>Arrowhead Campground</i>		Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Tim McQueen</i>	
Physical Address <i>18277 Arrowhead Loop</i>		City <i>Emery</i>	Zip <i>65466</i>
Mailing Address <i>-</i>		City	Zip
County <i>203</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573/226/5200</i>	No. of Stories <i>1</i>
		No. of Rooms <i>6</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>None</i>	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" 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	New Lodging Establishments <input type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	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
2. Complies with water quality standards	In		
3. Chlorinator maintained and operated properly	In		
4. Wastewater operation and maintenance	In		
Section C: Sanitation/Housekeeping		Section F: Swimming Pools/Spas	
1. Walls, floors and ceilings in good repair	In		
2. Housekeeping practices and furnishings	In		
3. Towels and bed linens clean	In		
4. Mattresses and box springs clean	In		
5. Pest control procedures	In		
6. Ice machines, scoops, liners clean & protected	In		
7. Garbage storage and disposal	In		
8. Premises maintained, plant growth controlled	In		
Food Inspection conducted according to 19CSR20-1.025		Section G: Plumbing/Mechanical	
9. Food, equipment and single service/use	In		
10. Food protected from contamination	In		
11. Facilities to wash, rinse and sanitize	In		
12. Handwashing facilities/hygienic practices	In		
Section D: Life Safety		Section H: Heating & Cooling	
1. Combustible/toxic items usage and storage	In		
2. Building maintained to assure safe conditions	In		
3. CO detectors hardwired, installed, good repair	In		
4. GFCI, outlets & switches installed, good repair	In		
5. Exit signs installed, good repair	In		
6. Emergency lighting installed, good repair	In		
7. Electric panel protected, labeled, good repair	In		
Required Annual Third Party Inspections		1. Unvented fuel-burning appliance/space heater	
1. Fire Alarm System	In		
2. Sprinkler System	In		
3. Local Fire and Building Codes/Ordinances	In		
4. Current Boiler/Pressure Vessels MDPS Certification	In		
5. Backflow Device(s) Test	In		
6. Liquid Propane Leak Test	In		
			2. Fire resistant room or sprinkler head
			3. Location of heating/cooling units
			4. Ventilation of appliances and utility rooms
			5. Operation and condition adequate

INSPECTED BY (PRINT NAME and SIGN) <i>Kristin P. ...</i>	EPHS NUMBER <i>1777</i>	AGENCY <i>Tracy Colthall</i>	TELEPHONE <i>417/267-421</i>
LICENSING YEAR 20 <i>22</i> / 20 <i>23</i>	DATE INSPECTED <i>9/30/22</i>		FOLLOW UP DATE <i>10/15/22</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Tim McQueen MANAGER</i>			PAGE 1 OF <i>1</i>

