



Establishment Name Big Rock Candy Mountain	Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager Roger and Lela Franklin
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Physical Address 36225 Big Rock Candy Mountain Dr	City Jadwin	Zip 65501
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Mailing Address 36225 Big Rock Candy Mountain Dr	City Jadwin	Zip 65501
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County Shannon	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone 417-932-1223	No. of Stories 1	No. of Rooms 8	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A- new
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Rooms Inspected:	Water Supply	Wastewater
<u>Desk Approval</u>	<input type="checkbox"/> Private <input type="checkbox"/> Public	<input type="checkbox"/> Private <input type="checkbox"/> Public
<u>Glabin 1, 2, 3, 4 (via pictures)</u>	Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	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 checked="" 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 checked="" type="checkbox"/> N/A		
	<input type="checkbox"/> Fire Safety	Smoke detectors hardwired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified <input checked="" 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 checked="" type="checkbox"/> N/A	Building Certified to National Standards or Occupancy Permit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Historical Building <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances			

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				
1. Approved source, construction and operation			✓	
2. Complies with water quality standards			✓	
3. Chlorinator maintained and operated properly			✓	
4. Wastewater operation and maintenance	✓			
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. Pest control procedures			✓	
6. Ice machines, scoops, liners clean & protected			✓	
7. Garbage storage and disposal			✓	
8. Premises maintained, plant growth controlled			✓	
Food Inspection conducted according to 19CSR20-1.025				
9. Food, equipment and single service/use			✓	
10. Food protected from contamination			✓	
11. Facilities to wash, rinse and sanitize			✓	
12. Handwashing facilities/hygienic practices			✓	
Section D: Life Safety				
1. Combustible/toxic items usage and storage			✓	
2. Building maintained to assure safe conditions			✓	
3. CO detectors hard wired, installed, good repair			✓	
4. GFCI, outlets & switches installed, good repair			✓	
5. Exit signs installed, good repair			✓	
6. Emergency lighting installed, good repair			✓	
7. Electric panel protected, labeled, good repair			✓	
Required Annual Third Party Inspections				
1. Fire Alarm System			✓	
2. Sprinkler System			✓	
3. Local Fire and Building Codes/Ordinances			✓	
4. Current Boiler/pressure vessels MDPS Certification			✓	
5. Backflow Device(s) Test			✓	
6. Liquid Propane Leak Test			✓	
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. Stairs and ramps, maintained, storage			✓	
8. Means of egress, number, maintained			✓	
9. Handrails and balconies maintained and appropriate			✓	
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			✓	
11. Lighting adequate and in good repair			✓	
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			✓	
5. Backflow, air gaps, no cross connections			✓	
Section H: Heating & Cooling				
1. Unvented fuel-burning appliance/space heater			✓	
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) John Campbell	EPHS NUMBER 1572	AGENCY MO DHSS	TELEPHONE 314-285-8043
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LICENSING YEAR 20 <u>22</u> / 20 <u>23</u>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED 10/16/23	FOLLOW UP DATE
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RECEIVED BY (PRINT NAME AND TITLE and SIGN) Roger Franklin Manager	PAGE 1 OF 2
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