



Establishment Name <i>Bunker Hill Resort</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Greg Howell</i>	
Physical Address <i>6177 Bunker Hill Rd</i>		City <i>Mo. View</i>	Zip <i>65118</i>
Mailing Address		City	Zip
County <i>Shannon</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>417/734/2333</i>	No. of Stories <i>1</i>
		No. of Rooms <i>20</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>3, 4, 7, 15, 8, 12, 16, 17, 18, 19</i>	Water Supply <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input type="checkbox"/> Public 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 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 <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	<i>X</i>	1. Textiles, hangings and mirrors	<i>X</i>
2. Complies with water quality standards	<i>X</i>	2. Fire extinguisher type, inspected, and location	<i>X</i>
3. Chlorinator maintained and operated properly	<i>X</i>	3. Vertical openings fire-rated, self-closing	<i>X</i>
4. Wastewater operation and maintenance	<i>X</i>	4. Doors, self-closing and fire-rated	<i>X</i>
Section C: Sanitation/Housekeeping		Section F: Swimming Pools/Spas	
1. Walls, floors and ceilings in good repair	<i>X</i>	1. Fence, gate adequate, proper closure mechanism	<i>X</i>
2. Housekeeping practices and furnishings	<i>X</i>	2. Boundary line, pool depth properly marked	<i>X</i>
3. Towels and bed linens clean	<i>X</i>	3. Deck is clean and in good repair	<i>X</i>
4. Mattresses and box springs clean	<i>X</i>	4. Lifesaving equipment adequate, good repair	<i>X</i>
5. Pest control procedures	<i>X</i>	5. Pool clarity, pH, disinfectant, & temp. maintained	<i>X</i>
6. Ice machines, scoops, liners clean & protected	<i>X</i>	6. Steps, ladders, and handrails installed, good repair	<i>X</i>
7. Garbage storage and disposal	<i>X</i>	7. Adequate ventilation	<i>X</i>
8. Premises maintained, plant growth controlled	<i>X</i>	8. Electrical outlets, proper protection & distance	<i>X</i>
Food Inspection conducted according to 19CSR20-1.025		Section G: Plumbing/Mechanical	
9. Food, equipment and single service/use	<i>X</i>	1. Equipment adequate, good repair	<i>X</i>
10. Food protected from contamination	<i>X</i>	2. Ventilation adequate, plumbing, restrooms	<i>X</i>
11. Facilities to wash, rinse and sanitize	<i>X</i>	3. T & P relief valves adequate, good repair	<i>X</i>
12. Handwashing facilities/hygienic practices	<i>X</i>	4. Relief valve discharge pipes installed, adequate	<i>X</i>
Section D: Life Safety		Section H: Heating & Cooling	
1. Combustible/toxic items usage and storage	<i>X</i>	1. Unvented fuel-burning appliance/space heater	<i>X</i>
2. Building maintained to assure safe conditions	<i>X</i>	2. Fire resistant room or sprinkler head	<i>X</i>
3. CO detectors hardwired, installed, good repair	<i>X</i>	3. Location of heating/cooling units	<i>X</i>
4. GFCI, outlets & switches installed, good repair	<i>X</i>	4. Ventilation of appliances and utility rooms	<i>X</i>
5. Exit signs installed, good repair	<i>X</i>	5. Operation and condition adequate	<i>X</i>
6. Emergency lighting installed, good repair	<i>X</i>		
7. Electric panel protected, labeled, good repair	<i>X</i>		

INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P Darden R P/L</i>	EPHS NUMBER <i>1773</i>	AGENCY <i>Tom Collette Dept</i>	TELEPHONE <i>417/767/418</i>
LICENSING YEAR 20 <i>22</i> / 20 <i>23</i>	DATE INSPECTED <i>7/13/22</i>		FOLLOW UP DATE <i>Will call me</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>X Greg Howell</i>			PAGE 1 OF <u>2</u>

