



Establishment Name <i>Bunker Hill Resort</i>		Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Greg Thurell</i>	
Physical Address <i>6199 Bunker Hill Rd</i>		City <i>Abbeville</i>	Zip <i>65548</i>
Mailing Address —		City —	Zip —
County <i>203</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>417/734/2337</i>	No. of Stories <i>1</i>
		No. of Rooms <i>20</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>West Wing Room 2002</i>	Water Supply	Wastewater
	<input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	<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 <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments	<input checked="" type="checkbox"/> N/A
	Smoke detectors hardwired	<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
	Sprinkler system installed	<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
	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		In	Out	NO	N/A	Section E: Fire Safety		In	Out	NO	N/A
1. Approved source, construction and operation				X		1. Textiles, hangings and mirrors					
2. Complies with water quality standards				X		2. Fire extinguisher type, inspected, and location					
3. Chlorinator maintained and operated properly				X		3. Vertical openings fire-rated, self-closing					
4. Wastewater operation and maintenance				X		4. Doors, self-closing and fire-rated					
Section C: Sanitation/Housekeeping						5. Smoke detectors hardwired, installed, good repair					
1. Walls, floors and ceilings in good repair				X		6. Evacuation route and plan, installed, available					
2. Housekeeping practices and furnishings				X		7. Stairs and ramps, maintained, storage					
3. Towels and bed linens clean				X		8. Means of egress, number, maintained					
4. Mattresses and box springs clean				X		9. Handrails and balconies maintained and appropriate					
5. Pest control procedures				X		Section F: Swimming Pools/Spas					
6. Ice machines, scoops, liners clean & protected				X		1. Fence, gate adequate, proper closure mechanism					
7. Garbage storage and disposal				X		2. Boundary line, pool depth properly marked					
8. Premises maintained, plant growth controlled				X		3. Deck is clean and in good repair					
Food Inspection conducted according to 19CSR20-1.025						4. Lifesaving equipment adequate, good repair					
9. Food, equipment and single service/use				X		5. Pool clarity, pH, disinfectant, & temp. maintained					
10. Food protected from contamination				X		6. Steps, ladders, and handrails installed, good repair					
11. Facilities to wash, rinse and sanitize				X		7. Adequate ventilation					
12. Handwashing facilities/hygienic practices				X		8. Electrical outlets, proper protection & distance					
Section D: Life Safety						9. Records maintained and signs posted					
1. Combustible/toxic items usage and storage				X		10. First aid kit available					
2. Building maintained to assure safe conditions				X		11. Lighting adequate and in good repair					
3. CO detectors hardwired, installed, good repair				X		Section G: Plumbing/Mechanical					
4. GFCI, outlets & switches installed, good repair				X		1. Equipment adequate, good repair					
5. Exit signs installed, good repair				X		2. Ventilation adequate, plumbing, restrooms					
6. Emergency lighting installed, good repair				X		3. T & P relief valves adequate, good repair					
7. Electric panel protected, labeled, good repair				X		4. Relief valve discharge pipes installed, adequate					
5. Backflow Device(s) Test				X		5. Backflow, air gaps, no cross connections					
6. Liquid Propane Leak Test				X		Section H: Heating & Cooling					
1. Fire Alarm System				X		1. Unvented fuel-burning appliance/space heater					
2. Sprinkler System				X		2. Fire resistant room or sprinkler head					
3. Local Fire and Building Codes/Ordinances				X		3. Location of heating/cooling units					
4. Current Boiler/Pressure Vessels MDPS Certification				X		4. Ventilation of appliances and utility rooms					
5. Backflow Device(s) Test				X		5. Operation and condition adequate					
6. Liquid Propane Leak Test				X							

INSPECTED BY (PRINT NAME and SIGN) <i>Karen P. Dunder</i>	EPHS NUMBER <i>1773</i>	AGENCY <i>TCMD</i>	TELEPHONE <i>417/901/431</i>
LICENSING YEAR 20 <i>22</i> / 20 <i>23</i>	DATE INSPECTED <i>7/30/22</i>		FOLLOW UP DATE <i>NA</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Desk Appon!</i>			PAGE 1 OF <u>1</u>