



Establishment Name <i>Cedar Stone Lodge</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Bill + Michele Hanks</i>	
Physical Address <i>15233 Cedar Stone Rd</i>		City <i>Farmersville</i>	Zip <i>64466</i>
Mailing Address <i>Co Vantage + Nud Seldumhouse</i>		City <i>Good Falls VA</i>	Zip <i>22064</i>
County <i>Shannon</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573/226/5656</i>	No. of Stories <i>2</i>
		No. of Rooms <i>18</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected: <i>46</i>	Water Supply <input 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 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 type="checkbox"/> 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			
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						1. Textiles, hangings and mirrors							
2. Complies with water quality standards						2. Fire extinguisher type, inspected, and location							
3. Chlorinator maintained and operated properly						3. Vertical openings fire-rated, self-closing							
4. Wastewater operation and maintenance						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						6. Evacuation route and plan, installed, available							
2. Housekeeping practices and furnishings						7. Stairs and ramps, maintained, storage							
3. Towels and bed linens clean						8. Means of egress, number, maintained							
4. Mattresses and box springs clean						9. Handrails and balconies maintained and appropriate							
5. Pest control procedures						Section F: Swimming Pools/Spas							
6. Ice machines, scoops, liners clean & protected						1. Fence, gate adequate, proper closure mechanism							
7. Garbage storage and disposal						2. Boundary line, pool depth properly marked							
8. Premises maintained, plant growth controlled						3. Deck is clean and in good repair							
Section D: Life Safety						4. Lifesaving equipment adequate, good repair							
1. Combustible/toxic items usage and storage						5. Pool clarity, pH, disinfectant, & temp. maintained							
2. Building maintained to assure safe conditions						6. Steps, ladders, and handrails installed, good repair							
3. CO detectors hardwired, installed, good repair						7. Adequate ventilation							
4. GFCI, outlets & switches installed, good repair						8. Electrical outlets, proper protection & distance							
5. Exit signs installed, good repair						9. Records maintained and signs posted							
6. Emergency lighting installed, good repair						10. First aid kit available							
7. Electric panel protected, labeled, good repair						11. Lighting adequate and in good repair							
Section E: Required Annual Third Party Inspections						Section G: Plumbing/Mechanical							
1. Fire Alarm System						1. Equipment adequate, good repair							
2. Sprinkler System						2. Ventilation adequate, plumbing, restrooms							
3. Local Fire and Building Codes/Ordinances						3. T & P relief valves adequate, good repair							
4. Current Boiler/Pressure Vessels MDPS Certification						4. Relief valve discharge pipes installed, adequate							
5. Backflow Device(s) Test						5. Backflow, air gaps, no cross connections							
6. Liquid Propane Leak Test						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) <i>Karen P. Darden</i>	EPHS NUMBER <i>1777</i>	AGENCY <i>Texas Co Hall</i>	TELEPHONE <i>477/167/413</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>[Signature]</i>	PAGE 1 OF <u>1</u>
---	--------------------