

DH-50 NEW OWNERS



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: **CIRCLE B Campground + Resort**
 Name: Owner General Manager
 Physical Address: **17823 Circle B Rd** City: **EMINENCE, MO** Zip: **65466**
 Mailing Address: **P.O. Box 850** City: " " Zip: " "

County: **303** This inspection is a(n) Initial Annual Follow-up Telephone: **573-226-3618**
 No. of Stories: **1** No. of Rooms: **38** Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected: **SEE PAGE 2**

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

INSPECTED BY (PRINT NAME and SIGN): **RON GASTON** (Signature)
 EPHS NUMBER: **920** AGENCY: **SHANNON Co. H.D.** TELEPHONE: **573-**
 LICENSING YEAR: **20 20 / 20 21** DATE INSPECTED: **5/14/2020** FOLLOW UP DATE: **NA**
 APPROVED YES NO
 RECEIVED BY (PRINT NAME AND TITLE and SIGN): **Donna Corathers** (Signature)
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Establishment Name	Physical Address	City
CIRCLE B CAMPGROUND RESORT	18823 Circle B. Rd	EMINENCE, Mo
Section Reference	Observations, comments, and corrective measures	

UNITS INSPECTED:

Cabins 17, 20, CC10, Buck Hollow TP1, BUTLIN Rock TP2
WILLIAMS Landing TP3 30, 29, 26, 11, 21

NO VIOLATIONS

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INSPECTED BY <i>Ronnie J. Foster</i>	RECEIVED BY <i>[Signature]</i>	DATE 5/14/20
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