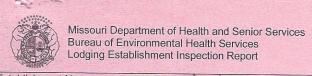
DH50 NEW OWNERS

Missouri Department of Health & Senior Services				FOR CENTRAL	ESTABLISHMENT NUMBER	
Bureau of Environmental Health Services				OFFICE	ESTABLISHIVIENT NOWIDER	
Lodging Establishment Inspection Report			•	USE ONLY		
Establishment Name				Name	General Manager	
The second secon	round 4 k	LESTE		CAR BUT	Na	
Physical Address			City	CAN COAL	Zip	
17972 CACK I	3 RD		EMIN	VENCE MO	65466	
Mailing Address		City		Zip		
120 BX 850		*				
County This inspection is a(n)	Telephone				urrent lodging license displayed?	
	Follow-up 573-22	\$1.7 July 1.54	Stories	9.9	□ No □ N/A- new	
Rooms Inspected:		Water Suppl		Wastewate		
A SEC PAGE A		™ Public	☐ Private	Public		
		Vater sample taken ☐ Yes ☐ No Regulated by: ☐ DHSS ☐ DNR				
Swimming Pools/Spas (check all that apply)						
		Indoor pool	Outdoor p	oool 🗆 Spa 🗆 Pool	larger than 2000 square feet	
Please check if the following	New Lodging Estab	lishments	> N/A			
local ordinances apply						
☐ Fire Safety ☐ Electrical Wiring	Smoke detectors hardw		es No N		ed	
☐ Plumbing	Fire alarm system instal	ilea 🗆 Y	es 🗆 No 🗆 N	Permit	□ Yes □ No	
☐ Swimming Pools/Spas	Sprinkler system installe	Y □ he	es 🗆 No 🗆 N		Yes No N/A	
Fuel Burning Appliances Based on an inspection this day, the itel						
renewal of your lodging license. Failure	to comply with any time	limits for correc	tions specified in	this notice may result in rev	vocation of your lodging license	
and/or prosecution. Owners may reque	st a hearing before the D	epartment Dire	ctor upon filing a	written request within ten da	ays after receipt of this notice.	
(RSMo 315.005-065, 19 CSR 20-3.050)						
	t=Not In Compliance, ex			NO=Not Observed	N/A=Not Applicable In Out NO N/A	
Section A & B: Water Supply & Wast 1. Approved source, construction and or			Section E: Fire	gings and mirrors	III Out NO N/A	
2. Complies with water quality standards				her type, inspected, and loca	ation	
3. Chlorinator maintained and operated		><	Vertical openi	ings fire-rated, self-closing	×	
4. Wastewater operation and maintenar				osing and fire-rated	X	
Section C: Sanitation/Housekeeping				tors hardwired, installed, goo oute and plan, installed, avail		
Walls, floors and ceilings in good rep. Housekeeping practices and furnishir				mps, maintained, storage		
3. Towels and bed linens clean			8. Means of egre	ess, number, maintained	2	
4. Mattresses and box springs clean				balconies maintained and a	ppropriate	
5. Pest control procedures	protocted			mming Pools/Spas dequate, proper closure med	hanism	
6. Ice machines, scoops, liners clean & 7. Garbage storage and disposal	protected			e, pool depth properly market		
8. Premises maintained, plant growth co	ontrolled		3. Deck is clean	and in good repair		
Food Inspection conducted according				quipment adequate, good	(
9. Food, equipment and single service/u	ISE	175		oH, disinfectant, & temp. mail s, and handrails installed, go		
10. Food protected from contamination11. Facilities to wash, rinse and sanitize			7. Adequate ver		od repail	
12. Handwashing facilities/hygienic practices		52	8. Electrical outl	ets, proper protection & dista	ance	
Section D: Life Safety	Kirchential System			ntained and signs posted		
1. Combustible/toxic items usage and s	torage		10. First aid kit a	available equate and in good repair		
 Building maintained to assure safe co CO detectors hardwired, installed, go 				mbing/Mechanical		
4. GFCI, outlets & switches installed, go			1. Equipment ad	dequate, good repair	*	
5. Exit signs installed, good repair		-		lequate, plumbing, restrooms		
6. Emergency lighting installed, good re	pair	><		alves adequate, good repair lischarge pipes installed, ade	equate	
7. Electric panel protected, labeled, good Required Annual Third Party Inspect				gaps, no cross connections	2	
1. Fire Alarm System			Section H: Hea	ating & Cooling		
2. Sprinkler System				l-burning appliance/space he	eater	
3. Local Fire and Building Codes/Ordina	ances	3	2. Fire resistant	room or sprinkler head		
Current Boiler/Pressure Vessels MDI Certification	-5	~	3. Location of he	eating/cooling units	\times	
5. Backflow Device(s) Test			4. Ventilation of	appliances and utility rooms	× .	
6: Liquid Propane Leak Test	of Cook		5. Operation an	d condition adequate		
INSPECTED BY (PRINT NAME an	d SIGN)	EPHS	NUMBER A		TELEPHONE	
RON GASTON (my Mosta	7 9	120 51	MANNON CO. H.D	573-	
LICENSING YEAR		and the second		ATE INSPECTED	FOLLOW UP DATE	
	PPROVED Y	ES N	0	5/14/2020	NA	
RECEIVED BY (PRINT NAME ANI				-111120	PAGE 1 OF 2	
	JITLE and SIGN)	7	A XI			
My Marin	Lhor			TOTAL IL		



Section Reference	CAMBORDANDY RESORT 18813 (:016 R B) EMINENCE MA
Section Reference	Observations, comments, and corrective measures
UNITS	NSACTED:
	0 1
	CABINS 17, 20, CCLO, Buck Hollow TPI, BUTTIN ROLL TPZ
	CABINS 17,20, CC10, Buck Hollow TPI, BUTTIN ROCK TPZ Willams Landing TP3 30,29,26,11,21
	N. C. M. C.
	NO VIOLATIONS
#6)	
	Markon Markon de la Roman de la companya de la com Markon de la companya de la company
INSPECTED BY	RECEIVED BY DATE
(Komio	1 Santa
MO 580-2569 (6-16) Distribution: White/Owner Canary/Central Office Pink/Local Office E9.02A