



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: Cold Water Ranch Name: Owner General Manager KATHY PHILLIPS

Physical Address: 17154 Cold Water Ranch Rd City: EMINENCE MO Zip: 65466

Mailing Address: _____ City: _____ Zip: _____

County: _____ This inspection is a(n) Initial Annual Follow-up Telephone: 573-226-3723 No. of Stories: 1 No. of Rooms: 6 Is the current lodging license displayed? Yes No N/A-new

Rooms Inspected: SEE PAGE #2

Water Supply Private Public
Water sample taken Yes No

Wastewater Private Public
Regulated by: DHSS DNR

Swimming Pools/Spas (check all that apply)
Indoor pool Outdoor pool Spa Pool larger than 2000 square feet

Please check if the following local ordinances apply

Fire Safety Electrical Wiring Plumbing Swimming Pools/Spas Fuel Burning Appliances

New Lodging Establishments N/A

Smoke detectors hardwired Yes No N/A
Fire alarm system installed Yes No N/A
Sprinkler system installed Yes No N/A

Swimming Pool Certified Yes No N/A
Building Certified to National Standards or Occupancy Permit Yes No
Historical Building Yes No 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						Section F: Swimming Pools/Spas										
1. Walls, floors and ceilings in good repair						1. Fence, gate adequate, proper closure mechanism										
2. Housekeeping practices and furnishings						2. Boundary line, pool depth properly marked										
3. Towels and bed linens clean						3. Deck is clean and in good repair										
4. Mattresses and box springs clean						4. Lifesaving equipment adequate, good repair										
5. Pest control procedures						5. Pool clarity, pH, disinfectant, & temp. maintained										
6. Ice machines, scoops, liners clean & protected						6. Steps, ladders, and handrails installed, good repair										
7. Garbage storage and disposal						7. Adequate ventilation										
8. Premises maintained, plant growth controlled						8. Electrical outlets, proper protection & distance										
Food Inspection conducted according to 19CSR20-1.025						9. Records maintained and signs posted										
9. Food, equipment and single service/use						10. First aid kit available										
10. Food protected from contamination						11. Lighting adequate and in good repair										
11. Facilities to wash, rinse and sanitize						Section G: Plumbing/Mechanical										
12. Handwashing facilities/hygienic practices						1. Equipment adequate, good repair										
Section D: Life Safety						2. Ventilation adequate, plumbing, restrooms										
1. Combustible/toxic items usage and storage						3. T & P relief valves adequate, good repair										
2. Building maintained to assure safe conditions						4. Relief valve discharge pipes installed, adequate										
3. CO detectors hardwired, installed, good repair						5. Backflow, air gaps, no cross connections										
4. GFCI, outlets & switches installed, good repair						Section H: Heating & Cooling										
5. Exit signs installed, good repair						1. Unvented fuel-burning appliance/space heater										
6. Emergency lighting installed, good repair						2. Fire resistant room or sprinkler head										
7. Electric panel protected, labeled, good repair						3. Location of heating/cooling units										
Required Annual Third Party Inspections						4. Ventilation of appliances and utility rooms										
1. Fire Alarm System						5. Operation and condition adequate										
2. Sprinkler System																
3. Local Fire and Building Codes/Ordinances																
4. Current Boiler/Pressure Vessels MDPS Certification																
5. Backflow Device(s) Test																
6. Liquid Propane Leak Test																

INSPECTED BY (PRINT NAME AND SIGN): RON GATTON EPHS NUMBER: 920 AGENCY: SHANNON TELEPHONE: 573-226-3714

LICENSING YEAR: 20 21 / 20 22 APPROVED YES NO DATE INSPECTED: 5/26/21 FOLLOW UP DATE: NA

RECEIVED BY (PRINT NAME AND TITLE and SIGN): _____ PAGE 1 OF 2



