



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: **Eagle's Landing River Resort** Name: Owner General Manager: **Richard Salter**

Physical Address: **16273 Salter Ln** City: **EMINENCE, MO 65466** Zip: **65466**

Mailing Address: **SAME** City: **"** Zip: **"**

County: **203 SHANNON** This inspection is a(n) Initial Annual Follow-up Telephone: **573-226-5665** No. of Stories: **2** No. of Rooms: **30** Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: **#2 CABIN**

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

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

INSPECTED BY (PRINT NAME and SIGN): **Ron Gaston** EPHS NUMBER: **920** AGENCY: **SHANNON Co. H.A.** TELEPHONE: **573-226-3914**

LICENSING YEAR: **2020 / 2021** APPROVED YES NO DATE INSPECTED: **9/10/20** FOLLOW UP DATE: **NA**

RECEIVED BY (PRINT NAME AND TITLE and SIGN): **Billie Workman** PAGE 1 OF 1