



**LODGING ESTABLISHMENT INSPECTION REPORT**

ESTABLISHMENT NAME <b>EAGLE'S LANDING RIVER RESORT</b>		NAME OF OWNER/CONTACT PERSON <b>Richard Salter</b>	
MAILING ADDRESS <b>16073 SALTER LN.</b>		CITY <b>EMINENCE, MO</b>	ZIP CODE <b>65466</b>
PHYSICAL ADDRESS <b>"</b>		CITY <b>"</b>	ZIP CODE <b>"</b>
COUNTY <b>SHANNON</b>	THIS INSPECTION IS A(N) <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	TELEPHONE <b>573-226-5445</b>	NO. OF STORIES <b>2</b>
			NO. OF ROOMS <b>30</b>
			ROOMS INSPECTED <b>(SEE PAGE #2)</b>

Please check Yes or No next to each item.		YES	NO	WATER SUPPLY		YES	NO
Was this lodging facility built after October 31, 2005			X	Is the water supply private			X
				Is the water supply public	X		
If built after October 31, 2005, does it have certification to national standards or an occupancy permit		X		Water sample taken		X	
<b>Do the following local ordinances apply?</b>				<b>SEWAGE/WASTEWATER</b>			
Fire safety			X	Is the Sewage/Wastewater private			X
Electrical wiring			X	Is the Sewage/Wastewater public	X		
Fuel burning appliances			X	<b>SWIMMING POOLS/SPAS</b>			
Plumbing			X	Indoor pool			X
Swimming pools/spas			X	Outdoor pool			X
Food			X	Spa			X
				Pool larger than 2000 square feet			X

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. 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)

Yes = In Compliance      No = Not in Compliance, explain on additional page(s)      NB = Not Observed      NA = Not Applicable

SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
1. Approved source, construction & operation	X				2. Doors and locks permitted	X			
2. Complies with chemical, bacT & rad standards	X				3. Textiles, hangings and mirrors proper	X			
3. Chlorinator maintained & operating properly				X	4. Fire extinguisher type, inspected, location	X			
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					5. Vertical openings protected				X
1. Operating satisfactorily	X				6. Doors, self closing & fire rated				X
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					7. Smoke detectors installed, good repair	X			
1. Walls, floors & ceilings in good repair	X				8. Fire alarm & sprinkler systems tested & approved				X
2. Proper housekeeping practices	X				9. Evacuation route and plan, installed, available	X			
3. Towels & bed linens clean	X				10. Stairs and ramps maintained, good repair	X			
4. Mattresses & box springs clean	X				11. Means of egress, number, maintained	X			
5. No evidence of rodents & insects	X				<b>SECTION F: SWIMMING POOLS/SPAS</b>				
6. Ice machines, scoops, liners, clean & protected				X	1. Fence, gate adequate, proper closure mechanism				X
7. Garbage & refuse properly maintained	X				2. Boundary line, pool depth properly marked				X
8. Premises, plant growth controlled	X				3. Lifesaving equipment adequate, good repair				X
9. Food sources, sound condition, approved				X	4. Pool clarity, pH, disinfectant, temp maintained				X
10. Food protected from contamination				X	5. Steps, ladders, deck installed, good repair				X
11. Proper facilities to wash, rinse and sanitize				X	6. Adequate ventilation				X
12. Proper hygienic practices				X	7. Electrical outlets, proper protection & distance				X
<b>SECTION D: LIFE SAFETY</b>					8. Records maintained & signs posted				X
1. Combustible/toxic items properly used and stored	X				<b>SECTION G: PLUMBING/MECHANICAL</b>				
2. Building maintained to assure safe conditions	X				1. Equipment adequate, good repair	X			
3. CO detectors installed, good repair				X	2. Ventilation adequate, plumbing, restrooms	X			
4. GFCI and proper wiring installed, good repair	X				3. Boilers/pressure vessels MDPS certified				X
5. Exit signs installed, good repair	X				4. T & P relief valves adequate, good repair	X			
6. Emergency lighting installed, good repair	X				5. Relief valve discharge pipes installed, adequate	X			
7. Electric panel protected, labeled, good repair	X				6. Proper air gaps, no cross connections	X			
<b>SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)</b>					<b>SECTION H: HEATING &amp; COOLING</b>				
1. Smoke detectors hardwired & maintained				X	1. Unvented fuel-burn appliance/space heater approved	X			
2. Fire alarm system installed & maintained				X	2. Fire resistant room or sprinkler head/detector				X
3. Sprinkler system installed & maintained				X	3. Proper location of heating/cooling units	X			
<b>SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)</b>					4. Ventilation of appliances & utility rooms	X			
1. Complies with local building codes, fire codes & ordinances	X				5. Operation & condition adequate	X			
					6. Proper safety valve, thermo control, elect. switch	X			

INSPECTED BY <b>RON GASTON</b>	EPHS NUMBER <b>920</b>	AGENCY <b>SHANNON CO. H.D.</b>	TELEPHONE <b>573-226-3914</b>
LICENSING YEAR <b>2021-2022</b>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <b>5/12/21</b>	SCHEDULED FOLLOW UP DATE <b>NA</b>
		RECEIVED BY	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
 P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (573) 751-6095  
**SANITATION OBSERVATION**

- Food
- Lodging
- Onsite Wastewater
- Child care
- Other

ESTABLISHMENT NAME <b>Eagle's Landing River Resort</b>		FACILITY REPRESENTATIVE OR CONTACT AND TITLE <b>CHRISTAL OSBORNE</b>	
TELEPHONE NUMBER		FAX NUMBER	
ADDRESS/LOCATION		CITY	ZIP CODE
PURPOSE: <b>ROOMS INSPECTED: MOTEL # 3, 5, 7, 13, 11, 10</b> <b>CABINS 5, 4, 10</b>			
<b>NO VIOLATIONS</b>			
OBSERVATIONS/COMMENTS:			
<p>* THE DECK CEILING HAS PAINT THAT WILL NEED WORKED ON.</p>			
NAME <b>Ron D. Foster #920</b>		TITLE	
AGENCY NAME <b>Allen</b>		TELEPHONE NUMBER	FAX NUMBER
AGENCY ADDRESS		CITY	ZIP CODE
RECEIVED BY		DATE	PAGE OF