



Establishment Name: ECHO BLUFF STATE PARK LODGE

Name:  Owner  General Manager

Physical Address: 34439 ECHO BLUFF DR City: EMERSON, MO Zip: 65466

Mailing Address: " City: " Zip: "

County: 203 This inspection is a(n)  Initial  Annual  Follow-up Telephone: 573-531-7003 No. of Stories: 2 No. of Rooms: 33 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

New Lodging Establishments  N/A

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

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
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>				
1. Approved source, construction and operation	<input checked="" type="checkbox"/>			
2. Complies with water quality standards	<input checked="" type="checkbox"/>			
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/>			
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>			
<b>Section C: Sanitation/Housekeeping</b>				
1. Walls, floors and ceilings in good repair	<input checked="" type="checkbox"/>			
2. Housekeeping practices and furnishings	<input checked="" type="checkbox"/>			
3. Towels and bed linens clean	<input checked="" type="checkbox"/>			
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>			
5. Pest control procedures	<input checked="" type="checkbox"/>			
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>			
7. Garbage storage and disposal	<input checked="" type="checkbox"/>			
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>			
<b>Food Inspection conducted according to 19CSR20-1.025</b>				
9. Food, equipment and single service/use	<input checked="" type="checkbox"/>			
10. Food protected from contamination	<input checked="" type="checkbox"/>			
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/>			
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/>			
<b>Section D: Life Safety</b>				
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>			
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>			
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>			
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/>			
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>			
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>			
<b>Required Annual Third Party Inspections</b>				
1. Fire Alarm System	<input checked="" type="checkbox"/>			
2. Sprinkler System	<input checked="" type="checkbox"/>			
3. Local Fire and Building Codes/Ordinances	<input checked="" type="checkbox"/>			
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/>			
5. Backflow Device(s) Test	<input checked="" type="checkbox"/>			
6. Liquid Propane Leak Test	<input checked="" type="checkbox"/>			
<b>Section E: Fire Safety</b>				
1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>			
2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>			
3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>			
4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>			
5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>			
6. Evacuation route and plan, installed, available	<input checked="" type="checkbox"/>			
7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>			
8. Means of egress, number, maintained	<input checked="" type="checkbox"/>			
9. Handrails and balconies maintained and appropriate	<input checked="" type="checkbox"/>			
<b>Section F: Swimming Pools/Spas</b>				
1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>			
2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>			
3. Deck is clean and in good repair	<input checked="" type="checkbox"/>			
4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>			
5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/>			
6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>			
7. Adequate ventilation	<input checked="" type="checkbox"/>			
8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>			
9. Records maintained and signs posted	<input checked="" type="checkbox"/>			
10. First aid kit available	<input checked="" type="checkbox"/>			
11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>			
<b>Section G: Plumbing/Mechanical</b>				
1. Equipment adequate, good repair	<input checked="" type="checkbox"/>			
2. Ventilation adequate, plumbing, restrooms	<input checked="" type="checkbox"/>			
3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>			
4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>			
5. Backflow, air gaps, no cross connections	<input checked="" type="checkbox"/>			
<b>Section H: Heating &amp; Cooling</b>				
1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>			
2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>			
3. Location of heating/cooling units	<input checked="" type="checkbox"/>			
4. Ventilation of appliances and utility rooms	<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.D. TELEPHONE: 573-226-3914

LICENSING YEAR: 20 21 / 20 22 APPROVED  YES  NO DATE INSPECTED: 6/16/21 FOLLOW UP DATE: NA

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

