

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

				O											
Establishment Name							Nam	ne [Owner /	□ General	Manage	er			
Echo Bluff State Park Ludge						1010			54 K	i Clobarci	Som				
Physical Address						City						Zip	_ /		
34481 ECHO \$1411 Dr						Eminence						6	654/66		
Mailing Address						City						Zip			
Naguidation and 19							Triumpol (PP)						Production.		
County 203 This inspection is a(n) Telephone						No. of No. of Rooms Is the current lodging licer						nse dis	playe	d?	
Shanna Initial Annual	Follow-up	0 5	73/4	31/	7003	Stories		33	□ Ye	es 🗆 No 🗆	N/A- n	ew			
Rooms Inspected: Wastewater Wastewater															
		Ţ,		□ Priv	vate	■ Public			☐ Private	ĭ Pu	blic				
10 102, 200, 202, 204, Water					r sample	e taken 🗆 \	es □ N	Vo.	Regulate	d by: □ DF	ISS	D DI	NR		
3/13 3/11		g Pools/Spas (check all that apply)													
	r pool														
Please check if the following New Lodging Establishments N/A local ordinances apply															
	Constant		0				- N/A		B 10 (· · · · · · · · · · · · · · · · · · ·					
☐ Fire Safety ☐ Electrical Wiring Smoke detectors hardwired ☐ Plumbing Fire alarm system installed											Yes No NA				
			m insta	illea	LY	es li No	I N/A								
□ Swimming Pools/Spas □ Fuel Burning Appliances Sprinkler			n install	ed	п٧	es 🗆 No	N/A					-	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 repewal of your lodging license. Failure to comply with any time limits for corrections or pacified in this potion may require the comply with any time limits for corrections or pacified in this potion may require the comply with any time limits for corrections or pacified in this potion may require the comply with any time limits for corrections or pacified in this potion.															
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 filling 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 & Wast	ewater	ln	Out	NO		Section E:		ety			In	Out	NO	N/A	
 Approved source, construction and o 		1				1. Textiles, h					1		***************************************		
2. Complies with water quality standard		X				Fire exting					X				
Chlorinator maintained and operated		X				Vertical or					X				
4. Wastewater operation and maintenance						4. Doors, sel					1				
Section C: Sanitation/Housekeeping 1. Walls, floors and ceilings in good repair						5. Smoke de					1				
Housekeeping practices and furnishing		Y				6. Evacuatio7. Stairs and				allable	1				
Towels and bed linens clean	igs	Y.				8. Means of					X				
Mattresses and box springs clean		X.				9. Handrails				appropriate					
5. Pest control procedures		X				Section F: S				. пррориши					
6. Ice machines, scoops, liners clean & protected		Y				1. Fence, gat				echanism				1	
7. Garbage storage and disposal		X				2. Boundary				ed				1	
8. Premises maintained, plant growth controlled						3. Deck is cle									
Food Inspection conducted according to 19CSR20-1.025 9. Food, equipment and single service/use						4. Lifesavin									
Food, equipment and single service/to- Food protected from contamination	ise				X	Pool claritSteps, lad	y, pH, ai	sintectant,	& temp. ma	aintained				1	
11. Facilities to wash, rinse and sanitize						7. Adequate			s installed, (good repair				1	
12. Handwashing facilities/hygienic practices						8. Electrical			ection & dis	stance					
Section D: Life Safety						9. Records n									
Combustible/toxic items usage and storage		1				10. First aid l	kit availa	able							
2. Building maintained to assure safe conditions						11. Lighting a									
3. CO detectors hardwired, installed, good repair						Section G:									
4. GFCI, outlets & switches installed, good repair		- 1				1. Equipmen					1				
5. Exit signs installed, good repair		Y N				 Ventilation T & P relie 	adequa	ite, plumbi	ng, restroor	ns	X				
Emergency lighting installed, good repair Electric panel protected, labeled, good repair		\ \ \				4. Relief valv					1		-		
Required Annual Third Party Inspections						5. Backflow,					1				
1. Fire Alarm System		X				Section H:									
2. Sprinkler System		X				1. Unvented				heater	1-1				
Local Fire and Building Codes/Ordinances				1		Fire resista	ant room	or sprinkl	er head		X				
Current Boiler/Pressure Vessels MDPS Continue		1.													
Certification 5. Backflow Device(s) Test				-		3. Location o					X				
Backflow Device(s) Test Liquid Propane Leak Test		+					Ventilation of appliances and utility rooms Operation and condition adequate			IS					
INSPECTED BY (PRINT NAME and SIGN)									quate	TELL	EDHON	IE			
INSPECTED BY (PRINT NAME and SIGN) EPHS NUMBER AGENCY TELEPHONE												1			
Kunt Duden &	1	1/1	101	5)(01	in Inl	Ap Ly1	1/1/	211	413	11					
LICENSING YEAR							DATE	ATE INSPECTED			FOLLOW UP DATE				
00 77 100 77							7/	78/2	7			11	4		
				LU	146		1/6			DAG	E 4 0F	14/			
RECEIVED BY (PRINT NAME AND	IIILE a	110 SIC	JIV)							PAG	E 1 OF	1			
Teresa Richardson					A	tion (C)	Deva	1- Mar	WAY						