

(DH-50 OWNER CHANGE)



Missouri Department of Health & Senior Services
Bureau of Environmental Health Services
Lodging Establishment Inspection Report

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name RIVERS Edge		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager ERMA JOHN MEYER	
Physical Address 16392 TOM AKERS RD		City EMINENCE, MO	Zip 65466
Mailing Address " " "		City " " "	Zip
County 203 SHANNON	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone 573-226-3233	No. of Stories 2 No. of Rooms 32 Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: * Laundry Room / Utilities / Fire * Upper Deck / Lighting	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input type="checkbox"/> Fuel Burning Appliances				

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
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"/>			
Section C: Sanitation/Housekeeping				
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"/>	
Food Inspection conducted according to 19CSR20-1.025				
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"/>	
Section D: Life Safety				
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"/>	
Required Annual Third Party Inspections				
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"/>	
Section E: Fire Safety				
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"/>	
Section F: Swimming Pools/Spas				
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"/>	
Section G: Plumbing/Mechanical				
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"/>	
Section H: Heating & Cooling				
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. HA	TELEPHONE 573-226-3914
LICENSING YEAR 20 21 / 20 22	DATE INSPECTED 7/8/21		FOLLOW UP DATE NA
RECEIVED BY (PRINT NAME AND TITLE and SIGN)			PAGE 1 OF 1