



FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name: River Edge Name:  Owner  General Manager Frank Tom...

Physical Address: 16392 Tom Atkins Rd City: Excelsior Zip: 63046

Mailing Address: Same City: Excelsior Zip: 63046

County: St. Louis This inspection is a(n)  Initial  Annual  Follow-up Telephone: 573/226/3237 No. of Stories: 2 No. of Rooms: 32 Is the current lodging license displayed?  Yes  No  N/A - new

**Rooms Inspected:** A, C, E, 7, 8, 10, 11, 12

**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

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

INSPECTED BY (PRINT NAME and SIGN): Kevin P. Durbach EPHS NUMBER: 1773 AGENCY: Local Health Dept TELEPHONE: 417/567-4131

LICENSING YEAR: 2022 / 2023 APPROVED  YES  NO DATE INSPECTED: 9/12/22 FOLLOW UP DATE: N/A

RECEIVED BY (PRINT NAME AND TITLE and SIGN): [Signature] PAGE 1 OF 2



Establishment Name <i>Rivers Edge</i>	Physical Address <i>16392 Tom Akins</i>	City <i>Emmence</i>
Section Reference	Observations, comments, and corrective measures	

	A-C-7 Gas fire hood / CO unit GFCI unit	
	8/20/22	
	will return unit work to check tags	
	on fire extinguisher in E	
	KPD	
	Tugged fire ext. gas. photo in Rev. C. 2	
	9/13/22	
	KPD	

INSPECTED BY <i>[Signature]</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>9/13/22</i>
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