



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: Riviera Edge Name: Owner General Manager Eric Johnson

Physical Address: 16392 Aon Akers City: Feminine Zip: 65466

Mailing Address: 5400 City: Zip:

County: 203 This inspection is a(n) Initial Annual Follow-up Telephone: 577/220/3237 No. of Stories: 2 No. of Rooms: 32 Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: 2, 3, 6, 8

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

INSPECTED BY (PRINT NAME and SIGN): [Signature] EPHS NUMBER: 1773 AGENCY: TRHD TELEPHONE: 477/907/4171

LICENSING YEAR: 20 23 / 20 24 APPROVED YES NO DATE INSPECTED: 7/21/23 FOLLOW UP DATE: 9/28/23

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



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Establishment Name <i>Rivers Edge</i>	Physical Address <i>163 12 Tom Atkins</i>	City <i>Farmington</i>	<i>65406</i>
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Section Reference	Observations, comments, and corrective measures
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D-4	<p><i>Motel 8, Beach Cabin 12</i> <i>GFCI, Inoperative, Check on Recept</i></p>
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D-7	<p><i>Motel 3 Breaker Box has missing knock outs</i> <i>Replace, Needs labeled</i></p>
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6-6	<p><i>12 Beach Cabin Vent on fan hood in toilet</i> <i>Room out working</i></p>
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INSPECTED BY <i>[Signature]</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>9/21/23</i>
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