



Establishment Name <i>River Side Motel + Cabins</i>		Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Judy Stewart</i>	
Physical Address <i>19159 Hwy 19</i>		City <i>Eminence</i>	Zip <i>65466</i>
Mailing Address <i>Eminence</i>		City	Zip
County <i>203 Shenandoah</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573/226/3129</i>	No. of Stories <i>1</i> No. of Rooms <i>20</i> Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected:	Water Supply	Wastewater
	<input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Private <input 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 <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input type="checkbox"/> N/A		
	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	
	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	
	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	

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	Section E: Fire Safety		
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		
Section C: Sanitation/Housekeeping	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	Section F: Swimming Pools/Spas		
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		
Food Inspection conducted according to 19CSR20-1.025	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		
Section D: Life Safety	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	Section G: Plumbing/Mechanical		
4. GFCL, 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		
Required Annual Third Party Inspections	5. Backflow, air gaps, no cross connections		
1. Fire Alarm System	Section H: Heating & Cooling		
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			
5. Backflow Device(s) Test	3. Location of heating/cooling units		
6. Liquid Propane Leak Test	4. Ventilation of appliances and utility rooms		
	5. Operation and condition adequate		

INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P Darden X-P/K</i>	EPHS NUMBER <i>1713</i>	AGENCY <i>Trigg Co. Health Dept</i>	TELEPHONE <i>417/967/4101</i>
LICENSING YEAR 20 <i>23</i> / 20 <i>20</i>	APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE INSPECTED <i>7/24/23</i>	FOLLOW UP DATE <i>NA</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Dest Approval</i>			PAGE 1 OF <u>1</u>