

DH50 * NAME/OWNER/ADDRESS CHANGES



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: **SHADY LANE RESORT** Name: Owner General Manager: **ROBERT MARTIN**

Physical Address: **1905 HWY 19** City: **EMINENCE, MO** Zip: **65466**

Mailing Address: **P.O. BOX 172** City: Zip:

County: **203 SHANNON** This inspection is a(n): Initial Annual Follow-up Telephone: **573-276-3893** No. of Stories: **2** No. of Rooms: **26** Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: "SEE PAGE 2"

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

INSPECTED BY (PRINT NAME and SIGN): **RON EASTON** EPHS NUMBER: **920** AGENCY: **SHANNON CO. H.D.** TELEPHONE: **573-276-2914**

LICENSING YEAR: 20 **21** / 20 **22** APPROVED YES NO DATE INSPECTED: **3/17/21** FOLLOW UP DATE: **NA**

RECEIVED BY (PRINT NAME AND TITLE and SIGN): **Robert Martin** PAGE 1 OF **2**



