



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

FOR CENTRAL OFFICE USE ONLY

ESTABLISHMENT NUMBER

Establishment Name: SHADY LANE RESORT Name: Owner General Manager Robert Martin

Physical Address: 19105 Hwy 19 City: Emerald MO Zip: 65466

Mailing Address: PO Box 172 City: Zip:

County: 203 This inspection is a(n) Initial Annual Follow-up Telephone: 573/224/3883 No. of Stories: 2 No. of Rooms: 26 Is the current lodging license displayed? Yes No N/A - new

Rooms Inspected: 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150

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							
Section C: Sanitation/Housekeeping						Section F: Swimming Pools/Spas							
1. Walls, floors and ceilings in good repair						1. Fence, gate adequate, proper closure mechanism							
2. Housekeeping practices and furnishings						2. Boundary line, pool depth properly marked							
3. Towels and bed linens clean						3. Deck is clean and in good repair							
4. Mattresses and box springs clean						4. Lifesaving equipment adequate, good repair							
5. Pest control procedures						5. Pool clarity, pH, disinfectant, & temp. maintained							
6. Ice machines, scoops, liners clean & protected						6. Steps, ladders, and handrails installed, good repair							
7. Garbage storage and disposal						7. Adequate ventilation							
8. Premises maintained, plant growth controlled						8. Electrical outlets, proper protection & distance							
Food Inspection conducted according to 19CSR20-1.025						Section G: Plumbing/Mechanical							
9. Food, equipment and single service/use						1. Equipment adequate, good repair							
10. Food protected from contamination						2. Ventilation adequate, plumbing, restrooms							
11. Facilities to wash, rinse and sanitize						3. T & P relief valves adequate, good repair							
12. Handwashing facilities/hygienic practices						4. Relief valve discharge pipes installed, adequate							
Section D: Life Safety						Section H: Heating & Cooling							
1. Combustible/toxic items usage and storage						1. Unvented fuel-burning appliance/space heater							
2. Building maintained to assure safe conditions						2. Fire resistant room or sprinkler head							
3. CO detectors hardwired, installed, good repair						3. Location of heating/cooling units							
4. GFCI, outlets & switches installed, good repair						4. Ventilation of appliances and utility rooms							
5. Exit signs installed, good repair						5. Operation and condition adequate							
6. Emergency lighting installed, good repair													
7. Electric panel protected, labeled, good repair													
Required Annual Third Party Inspections													
1. Fire Alarm System													
2. Sprinkler System													
3. Local Fire and Building Codes/Ordinances													
4. Current Boiler/Pressure Vessels MDPS Certification													
5. Backflow Device(s) Test													
6. Liquid Propane Leak Test													

INSPECTED BY (PRINT NAME AND SIGN): Ken P. Durbin EPHS NUMBER: 1773 AGENCY: Texas Cullin TELEPHONE: 417/767/4131

LICENSING YEAR: 20 22 / 20 23 APPROVED YES NO DATE INSPECTED: 9/27/22 FOLLOW UP DATE: 10/5/22

RECEIVED BY (PRINT NAME AND TITLE and SIGN): _____ PAGE 1 OF 2



Establishment Name	Physical Address	City
Shades Lane Resort	19105 Hwy 19	Emmerson
Section Reference	Observations, comments, and corrective measures	
G-1	Ceiling tile in Bed Bedroom of 110 is missing - Replace or patch in place - mold on object under 7 + Vanity, Cabin 2	
D-4	- Faulty GFCI in Room 12 - Need GFCI in Shower Room 110	
F-3	- No Smoke Alarm, Front Bedroom of 110	
G-2	- A Non Working Vent Fan Bedroom 12 B	

INSPECTED BY [Signature]	RECEIVED BY [Signature]	DATE 9/27/22
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