



FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name SHADY LAKE RESORT		Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager Phyllis Muth	
Physical Address 15105 Hwy 19		City Emmerson	Zip 65466
Mailing Address PO Box 172		City -	Zip -
County	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up	Telephone	No. of Stories 2 No. of Rooms 26 Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new
Rooms Inspected: 11/17, 12, 12B		Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Wastewater <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		New Lodging Establishments <input type="checkbox"/> N/A	
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring		Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Plumbing		Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Swimming Pools/Spas		Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Fuel Burning Appliances		Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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)	
Section A & B: Water Supply & Wastewater		Section E: Fire Safety	
In	Out	NO	N/A
1. Approved source, construction and operation			
2. Complies with water quality standards			
3. Chlorinator maintained and operated properly			
4. Wastewater operation and maintenance			
Section C: Sanitation/Housekeeping			
1. Walls, floors and ceilings in good repair	X		
2. Housekeeping practices and furnishings			
3. Towels and bed linens clean			
4. Mattresses and box springs clean			
5. Pest control procedures			
6. Ice machines, scoops, liners clean & protected			
7. Garbage storage and disposal			
8. Premises maintained, plant growth controlled			
Food Inspection conducted according to 19CSR20-1.025			
9. Food, equipment and single service/use			
10. Food protected from contamination			
11. Facilities to wash, rinse and sanitize			
12. Handwashing facilities/hygienic practices			
Section D: Life Safety			
1. Combustible/toxic items usage and storage			
2. Building maintained to assure safe conditions			
3. CO detectors hardwired, installed, good repair			
4. GFCI, outlets & switches installed, good repair	X		
5. Exit signs installed, good repair			
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) 2/11/22		EPHS NUMBER 1773	AGENCY TCHS
LICENSING YEAR 20 <u>22</u> / 20 <u>23</u>		DATE INSPECTED 10/19/22	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) [Signature]		TELEPHONE 417/967/431	
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FOLLOW UP DATE NA	
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